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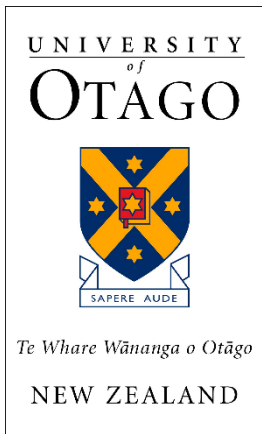
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optimising pelvic floor exercises to achieve longterm benefits



NIHR CLAHRC
South West Peninsula



A 24 month longitudinal qualitative study of women's experience of electro-myography biofeedback pelvic floor muscle training (PFMT) and PFMT alone for urinary incontinence: adherence, outcome and context

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BE THE DIFFERENCE

Study Aim & Methods

Aim: To investigate women's experiences of electromyography (EMG) biofeedback with pelvic floor muscle training (PFMT) versus PFMT alone for stress or mixed urinary incontinence (UI) to explain the contextual factors that influence intervention adherence and outcome within a randomised controlled trial.

Design: Two tailed (biofeedback PFMT and PFMT alone groups), longitudinal, qualitative case study design in parallel to the OPAL Trial.

Methods: semi-structured interviews at baseline, 6, 12 and 24 months.

Analysis: Case study analytic traditions.

Results: Sample

- 40 women (20 BF PFMT; 20 PFMT alone)
- median age XX years, range 20-76 years
- 11 stress UI, 29 mixed UI
- 24 women had data at all four time points

Results: Adherence to BF-PFMT or PFMT alone

- Adherence varied considerably between individual women and over time.
- Patterns of adherence were similar between the biofeedback PFMT and PFMT alone groups.
- Self-efficacy was (mostly) maintained to restart exercise after a break.

“I don’t feel like I need to go back and see a doctor or, you know, see a nurse or anything, I feel like if it got bad again I could, you know, I’ve got these exercises to fall back on” [Case 27, 24 month interview, biofeedback PFMT group].

Results: Outcome examples at 24 months

Nature of outcome	Biofeedback PFMT	PFMT alone
Good outcome	Case 27 almost cured with few stress UI symptoms at 24 months, occasional urgency persisted.	Case 20 almost cured with stress UI symptoms gone completely and urgency only occurring occasionally.
Intermediate outcome	Case 17's symptoms were not gone but much improved e.g. makes it to the toilet most of the time.	Case 36 continued to have UI symptoms but they were better than pre-trial e.g. she had more time to get to the toilet.
Poor outcome	Case 32's UI symptoms were worse at 24 months than pre-trial.	Case 24's symptoms were the same or worse at 24 months than pre-trial.

Results: Context

Facilitators to adherence:

- Desire to improve/ prevent deterioration of symptoms
- Influence of treating therapist

*“[therapist name] is, is a very good therapist, that made a big difference”
[Case 36, six month interview, PFMT alone group].*

Barriers to Adherence:

- *Lack of time in the context of women’s busy lives*
- *Life taking over*

*“I haven't really had an awful lot of time to concentrate **on?** exercises and stuff like that, just because we've been so busy ... our business is still just really extremely, extremely busy” [Case 15, 24 month interview, PFMT alone group].*

Concluding message

- Context influenced adherence to PFMT (regardless of group allocation).
- Women face difficult personal choices about life priorities, balancing these with PFMT adherence and UI outcome. Even with the value placed on therapist input, women need to create an achievable balance between life and exercise to maintain adherence.
- For clinicians, consideration of this complexity is necessary, along with specific attention to problem solving and action planning for relapse management.