

Urinary Incontinence

Physiotherapy for women with Urinary Incontinence is highly clinically effective and cost effective

What is Urinary Incontinence?

Urinary Incontinence (UI) is 'the complaint of any involuntary leakage of urine'. The most common form is stress UI, which is leakage of urine on effort or exertion or coughing or sneezing.⁽¹⁾

UI is distressing and socially disruptive. It may be the cause of personal health and hygiene problems. It may restrict employment and educational or leisure opportunities, and lead to embarrassment and exclusion.⁽²⁾ The second most common reason for admission to a nursing home is incontinence.

Due to the highly sensitive nature of this health care issue women may take up to 10 years before seeking help. They may be too embarrassed to seek advice and may not wish to bother their general practitioner (GP). Many believe UI to be a normal consequence of the ageing process or may not appreciate that effective treatments are available.⁽³⁾

Physiotherapy is clinically effective

- Training and strengthening the pelvic floor muscles (these are the muscles that support the bladder and urethra), is recommended as first-line management for women with stress, urge or mixed urinary incontinence.⁽¹⁾

- Pelvic floor muscle training should be offered to women in their first pregnancy as a preventive strategy for UI.⁽¹⁾ ▶▶



The Cost of Urinary Incontinence

- The high prevalence of UI results in a high overall cost of treatment and containment. A recent study estimated the combined health care, personal and societal expenditure was **£248 per person** per year in the UK. The health care cost to the UK National Health Service (NHS) was estimated at **£117 million** per year.⁽⁴⁾

23% said it reduced their activity levels



- Physiotherapists give advice, to women with UI, on key public health messages that improve lifestyle and well being including; weight loss, reduction of caffeine / fluid intake, cessation of smoking and an increase in physical exercise.⁽¹⁾

Physiotherapy is cost effective

An economic evaluation comparing pelvic floor muscle training to Duloxetine, a drug used to treat UI showed that the pelvic floor training ‘dominated’ Duloxetine, being cheaper and more clinically effective.⁽¹⁾

A recent health technology assessment reviewed the clinical evidence and modelled several non-surgical strategies.

The results showed that more intensive pelvic floor muscle training, for example by delivering extra sessions (more than two per month), plus lifestyle changes was the most clinical and cost effective first line strategy. This combination had a very high probability of having a cost per QALY* significantly below the level usually considered to be affordable in the NHS (about £20,000 to £30,000 per QALY).⁽⁴⁾

A study evaluated the clinical effectiveness and costs of physiotherapy sessions in a group compared with the same sessions delivered to individuals. The group sessions had comparable health outcomes and notable lower costs (£8 compared to £53 per patient).⁽⁵⁾

Self referral project

Self referral (SR) is a system of access that allows the patient to refer themselves directly to a physiotherapist without being referred by another health professional. The CSP is currently involved in a one year pilot of ‘self referral’ for women with bladder or pelvic floor problems. This is modelled on a national MSK QIPP endorsed pathway: <http://www.library.nhs.uk/qipp/ViewResource.aspx?resID=406806&tabID=289&catID=15440I>

SR to musculoskeletal physiotherapy services has been shown to:

- streamline pathways of care;
- encourage autonomous patient behaviour;
- reduce workload and cost within GP practice.

Acknowledgements The CSP would like to thank: Teresa Cook (Women’s Health Physiotherapist) and Joyce Craig (Craig Health Economics Consultancy Limited).

References

1. National Institute for Health and Clinical Excellence. Urinary incontinence: the management of urinary incontinence in women. CG40. London: National Institute for Health and Clinical Excellence; 2006. URL: <http://guidance.nice.org.uk/CG40>
2. Hermansen IL, O’Connell BO, Gaskin CJ. Women’s explanations for urinary Incontinence, their management strategies, and their quality of life during the postpartum period. Journal of Wound Ostomy & Continence Nursing. 2010;37(2):187-92.
3. Papanicolaou S, Pons ME, Hampel C, et al. Medical resource utilisation and cost of care for women seeking treatment for urinary incontinence in an outpatient setting. Examples from three countries participating in the PURE study. Maturitas. 2005 Nov 30;52 Suppl 2:S35-47.

Size of the problem



- It has been estimated that UI affects **20.4%** of people aged 40 years and over, equivalent to **5 million** people in the UK although not all may need or want help. In women this figure increases to **35.6%** at age 80 and over⁽⁶⁾
- **50%** of women reporting incontinence were moderately or greatly bothered by it
- **27%** were unwilling to go to places where they were unsure about the availability of toilets
- **31%** dressed differently because of the problem
- **23%** said it affected their sex life
- **23%** said it reduced their activity levels
- **25%** described feelings of frustration and/or embarrassment.

Conclusion

UI has a major impact on quality of life and affects a significant number of women. Contact with a physiotherapist offers both recommended first line treatment for UI as well as health promotion and prevention strategies, and has been proven to be both clinically and cost effective.

Further information



CSP Enquiry Handling Unit

Tel: 0207 306 6666
 Email: enquiries@csp.org.uk
 Web: www.csp.org.uk



*QALY = Quality Adjusted Life Year - meaning an extra year of healthy life expectancy