Conference poster digest

Introduction

As POGP Research Officer Shirley Bustard writes in her article in ''Notes and news'' (see pp. 79–80), several high-quality poster presentations were made at the 2014 Annual Conference. Delegates voted for the one that they regarded as the best, and a certificate and prize money of £50 were awarded to Claire Brown for her submission (see p. 61). The competition encouraged delegates to view the entries, and then engage in discussion with the presenters.

Summaries of the contents follow, and these are accompanied by thumbnail images of the actual posters. The full-size versions can be viewed on the POGP microsite (http://pogp.csp.org.uk/).

Andrew J. Wilson
Managing Editor

Modified Pilates as an adjunct to standard physiotherapy care for urinary incontinence: a pilot study

Anecdotal evidence suggests that Modified Pilates (MP) is of benefit to women with urinary incontinence (UI), but there is no evidence base to support this belief (Fig. 1). The aims of this research are to: undertake a pilot study assessing the feasibility of the research protocol to inform a future multicentre study to improve the quality of life of women with UI; assess variation of the main outcome measures to inform the sample size of the future study; and provide some early data about the effect of using MP to improve the impact of the symptoms of UI. In addition, unstructured interviews were undertaken to identify the benefits and limitations of the MP classes, and explore the acceptability of these sessions.

Seventy-four women who had been referred for physiotherapy treatment for UI were recruited into the study. Inclusion and exclusion criteria were applied.

The study design was a randomized controlled trial with randomization into either a standard physiotherapy care group (SPC) or an SPC group with MP classes. Prior to randomization, stratification by body mass and symptom severity indices was undertaken. Data on symptom severity, self-esteem, quality of life and body mass index were collected at baseline, the end of treatment and 5 months after initial randomization. Sixteen participants were interviewed at the end of treatment, and 15 at 5 months after initial randomization.

Figure 1. ''Modified Pilates as an adjunct to standard physiotherapy care for urinary incontinence: a pilot study'' poster.

The data collection is now complete, and an ongoing analysis involving comparison of the two groups at the different time points is in progress. A framework approach will be taken to analyse the qualitative data. An initial analysis of the qualitative data suggests that the women's stories are all unique, those in the Pilates classes enjoyed these sessions and some improvement of symptoms was noted.

With a number of modifications, it appears that it will be feasible to transfer the research protocol to a larger multicentre trial. It is still

too early to establish whether the addition of MP classes as an adjunct to SPC for women with UI is of benefit.

S. Head, F. Gage & T. Reynolds
Colchester Hospital University NHS Foundation Trust
Colchester
UK
E-mail: faith@gage.me.uk

J. Jackson, L. Marsland, B. Lausen & A. Florea
University of Essex
Colchester
UK

POP Home: vaginal pessary self-management

Pelvic organ prolapse (POP) is a common condition, and the lifetime risk of prolapse surgery has been reported to be 19% (Fig. 2). For most women in the UK, pessary management involves attending an appointment with a healthcare professional, who will change the pessary at 3–6-monthly intervals. The aim of the POP Home project was to develop a programme to teach women self-management (SM) of their ring or sieve pessaries. It was hoped to improve patient satisfaction levels with regard to pessary use, reduce outpatient appointments and increase the capacity to see new patients.

Information regarding the project was sent to 71 women who had been identified as using a pessary from clinic records for the previous year. Fifty more women who presented with prolapse during the project were offered the option of SM, and a further 16 were referred to the SM programme. A one-to-one appointment with a specialist physiotherapist was supplemented with written diagrammatic information. A patient satisfaction survey was given to all pessary users, and a patient satisfaction questionnaire was presented to the SM group as well as women who remained under doctor-led management (DM).

Seventy women aged between 29 and 84 years of age enrolled in the programme, with 51 women successfully undertaking SM. Patient satisfaction levels at 3 months were higher in the SM group than the DM group. At the time of the presentation of this poster, 102 appointment slots had been released at our institution because of patients moving to SM.

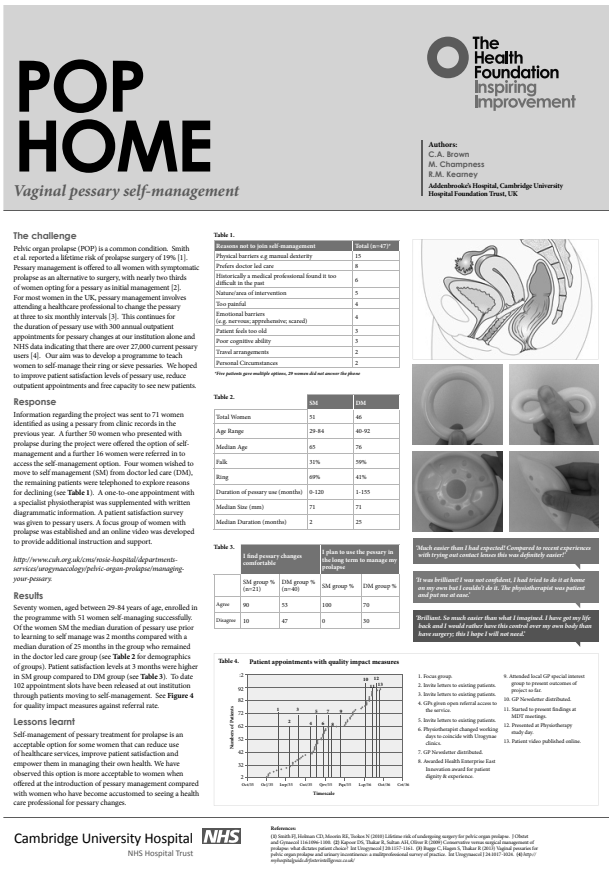

Figure 2. "POP Home: vaginal pessary self-management" poster.

Self-management of pessary treatment for prolapse is an acceptable option for some women. It can reduce their use of healthcare services, improve levels of satisfaction and empower them in managing their own health. Teaching this approach is an additional skill for most physiotherapists, who may find pessary SM a useful adjunct to prolapse treatment that can save the National Health Service money and increase the capacity to see new patients.

C. A. Brown, M. Champness & R. M. Kearney
Addenbrooke's Hospital
Cambridge University Hospitals NHS Foundation Trust
Cambridge
UK
E-mail: claire.brown2@addenbrookes.nhs.uk

Squeezy: one year on. . .

The Squeezy pelvic floor muscle exercise (PFME) mobile phone application (app) was launched at the 2013 POGP Annual Conference (Fig. 3). Since then, it has been downloaded over

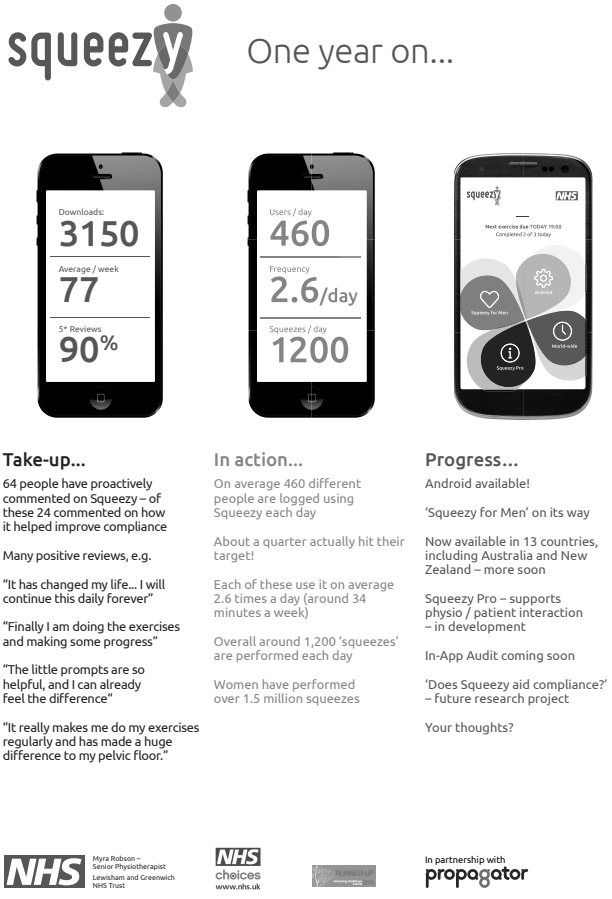

Figure 3. "Squeezy: one year on. . ." poster.

4500 times, and more than 90% of reviews on the iTunes App Store give Squeezy five stars. A version for Android phones was released on the Google Play store one year later, and Squeezy for Men was launched soon after. This app informs women and men about PFMEs, and supports them while they perform these exercises. It is especially designed to work in conjunction with treatment administered by a specialist physiotherapist, and subjective feedback is showing the positive effect it is having on compliance. Further research is currently being planned.

M. Robson
Physiotherapy Department
Lewisham Hospital
Lewisham and Greenwich NHS Trust
London
UK
E-mail: myra.robson@nhs.net