

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

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Modified Pilates as an adjunct to Standard Physiotherapy Care for Urinary Incontinence: a pilot study

Funded by the National Institute for Health Research – Research for Patient Benefit (RPB) Programme

Background to the project	Project Design	Recruitment Challenges
<p>Urinary incontinence is a very distressing condition affecting more than 5 million women in the United Kingdom. Women with incontinence typically get caught in a cycle of the symptoms of stress and urge incontinence that include:</p> <ul style="list-style-type: none"> not exercising putting on weight loss of confidence reduced self-esteem depression less social interaction less active i.e. playing with their children fear of smell and wetting <p>Standard treatment – pelvic floor muscle exercises and lifestyle advice – evidence that it is clinically effective but there are issues with motivation and compliance.</p> <p>At Colchester Hospital Modified Pilates classes were being offered to some women. These were popular and anecdotally successful – but no research evidence exists that demonstrates that it is effective. Feedback from women who had participated in the classes included the following comments:</p> <p>‘improved my condition’ ‘enjoyed very much!’ ‘more aware of my problem’ ‘I am doing things that I would never have dared to do before the classes’</p> <p>We realised that we needed to break into the cycle of incontinence problems by and improve quality of life. A team from Colchester Hospital University NHS Foundation Trust and the University of Essex formed a project group to design a study to investigate the effectiveness of using Pilates to improve the impact of the symptoms of incontinence. Women who had participated in the Pilates classes at the hospital were invited to join a Patient and Public Involvement (PPI) group to contribute to the study design and its delivery. Particular areas in which the PPI group were involved included developing the questions for the qualitative interviews and designing the information leaflets for both the quantitative study and the interviews.</p>	<p>It was clear that a full trial was required but first a pilot study was necessary to:</p> <ol style="list-style-type: none"> assess the feasibility of the trial processes to assess variation of the main outcome measures to inform the sample size for a full trial provide some early data about the effect of Modified Pilates (MP) classes <p>The final design was a 33 month longitudinal study using a mixed methods approach to provide preliminary information about the effectiveness and experience of participating in a 6 week course of Modified Pilates classes as an adjunct to standard physiotherapy care for women suffering from urinary incontinence. The intention was to recruit 100 participants. The design includes:</p> <p>Quantitative methods: a pilot Randomised Controlled Trial. Participants are randomised to:</p> <ul style="list-style-type: none"> Group 1: a standard physiotherapy intervention (group) Group 2: a standard physiotherapy intervention group plus a 6 week course of Modified Pilates <p>Qualitative methods: semi-structured interviews</p>	<p>The main reasons for the slower than anticipated recruitment appear to be:</p> <ul style="list-style-type: none"> A proportion of women not meeting the inclusion criteria A proportion of potential recruits feeling unable to commit to the study due to childcare commitments etc. Difficulties of travelling to the hospital from a wider geographical area A proportion of women being unwilling to be randomised between Group 1 Standard Physiotherapy care and Group 2 Standard Physiotherapy care plus Modified Pilates <p>A proportion of women dropped out before consenting for varying reasons i.e. car parking costs, work and child care commitments and the requirement to consent to attend all the Pilates groups</p> <p>Recruitment was discussed with the project’s PPI group and using their advice a number of substantial amendments were submitted to the ethics committee to: a) increase advertising to increase the pool of potential recruits, b) improve recruitment of potential participants. Approval for these amendments was given.</p>
Research for Patient Benefit	Outcome Measures	Where are we now?
<p>This programme is intended to support research which is related to the day-to-day practice of health services staff and is capable of showing a demonstrable impact on the health or health care of users of the service.</p> <p>The projects normally involve a NHS and University Partnership and Patient and Public Involvement. This is based upon the belief that patients have personal knowledge and with patients’ help research will be developed that is more meaningful and more likely to benefit other sufferers.</p>	<p>Symptom severity, self-esteem, quality of life, body mass index</p> <p>at 3 time points</p> <ul style="list-style-type: none"> T1: baseline (randomisation) T2: completion of treatment T3: 5 months after randomisation 	<p>Recruitment to the study has now finished and we have recruited 74 participants.</p> <p>Data have been collected for 46 / 67 participants at T2 and 50 / 65 at T3.</p> <p>16 participants have been interviewed at T2 and 15 at T3 (1 participant has withdrawn)</p> <p>Data analysis is ongoing.</p>
Interviews	Project Team	
<p>n=16 (8 from each group) selected for diversity (age, ethnicity, symptom severity)</p> <p>interviews at T2 and T3</p> <p>women’s EXPERIENCES of the two forms of treatment</p>	<p>Colchester Hospital University NHS Foundation Trust</p> <p>Sarahtha Head – Physiotherapist and Principal Investigator</p> <p>Faith Gage – Research Physiotherapist</p> <p>Toni Reynolds – Project Administrator</p> <p>University of Essex</p> <p>Professor Jo Jackson – Academic Physiotherapist</p> <p>Professor Jo Louise Mansland – Qualitative Researcher</p> <p>Professor Bernhard Lüsseler – Statistician</p> <p>Adi Flonta – Clinical Trial Assistant</p>	

This poster summarises independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit Programme (Grant Reference Number PIS-PG-1016-23226). The views expressed are those of the author(s) and not necessarily those of the NIHR, the NHS or the Department of Health

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

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.

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.

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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.

POP HOME
 Vaginal pessary self-management

The Health Foundation Inspiring Improvement

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The challenge
 Pelvic organ prolapse (POP) is a common condition. Smith et al reported a lifetime risk of prolapse surgery of 19% [1]. Pessary management is offered to all women with symptomatic prolapse as an alternative to surgery, with nearly two thirds of women opting for a pessary as initial management [2]. For most women in the UK, pessary management involves attending a healthcare professional to change the pessary at three to six monthly intervals [3]. This continues for the duration of pessary use with 300 annual outpatient appointments for pessary changes at our institution alone and NHS data indicating that there are over 27,000 current pessary users [4]. Our aim was to develop a programme to teach women to self-manage their ring or sieve pessaries. We hoped to improve patient satisfaction levels of pessary use, reduce outpatient appointments and free capacity to see new patients.

Response
 Information regarding the project was sent to 71 women identified as using a pessary from clinic records in the previous year. A further 50 women who presented with prolapse during the project were offered the option of self-management and a further 16 women were referred in to access the self-management option. Four women wished to move to self-management (SM) from doctor led care (DM), the remaining patients were telephoned to explore reasons for declining (see Table 1). A one-to-one appointment with a specialist physiotherapist was supplemented with written diagrammatic information. A patient satisfaction survey was given to pessary users. A focus group of women with prolapse was established and an online video was developed to provide additional instruction and support.

<http://www.cuhk.org.uk/units/ins-hospital-departments-services/urogynaecology/pelvic-organ-prolapse/managing-your-pessary>

Results
 Seventy women, aged between 29–84 years of age, enrolled in the programme with 51 women self-managing successfully. Of the women SM the median duration of pessary use prior to starting to self-manage was 2 months compared with a median duration of 25 months in the group who remained in the doctor led care group (see Table 2 for demographics of groups). Patient satisfaction levels at 3 months were higher in SM group compared to DM group (see Table 3). To date 102 appointment slots have been released at our institution through patients moving to self-management. See Figure 4 for quality impact measures against referral rate.

Lessons learnt
 Self-management of pessary treatment for prolapse is an acceptable option for some women that can reduce use of healthcare services, improve patient satisfaction and empower them in managing their own health. We have observed this option is more acceptable to women when offered at the introduction of pessary management compared with women who have become accustomed to seeing a health care professional for pessary changes.

Table 1.

Barrier not to join self-management	Total (n=77)
Physical barriers & personal discomfort	15
Problems doctor led care	8
Historically a medical professional found it too difficult to fit pessary	6
Nature/size of intervention	5
Time/painful	4
Emotional barriers (e.g. nervous, apprehensive, anxious)	4
Patient feels too old	3
Poor cognitive ability	3
Trust arrangements	2
Personal circumstances	2

*Two patients gave multiple options, 19 women did not answer the question

Table 2.

	SM	DM
Total Women	14	46
Age Range	29-84	40-82
Median Age	45	76
Null	32%	39%
Ring	48%	43%
Duration of pessary use (months)	0-120	1-155
Median Size (cm)	71	71
Median Duration (months)	2	25

Table 3.

	I find pessary changes comfortable		I plan to use the pessary in the long term. I'll manage my prolapse	
	SM group % (n=21)	DM group % (n=46)	SM group %	DM group %
Agree	80	53	100	70
Disagree	10	47	0	30

Table 4. Patient appointments with quality impact measures

References

1. Smith B, Johnson CJ, Marshall RL, Jackson J (2001) Lifetime risk of undergoing surgery for pelvic organ prolapse. *Obstet and Gynaecol* 15: 1038–1040.
2. Brown CA, Champness M, Kearney R, Lausen B, Jackson J (2009) Clinical outcomes and patient satisfaction of self-managed pessary changes. *Obstet & Gynaecol* 20: 1071–1075.
3. Brown CA, Champness M, Kearney R, Lausen B, Jackson J (2010) Pessary management: a longitudinal survey of practice. *Int J Gynaecol Obstet* 110: 107–110.
4. Brown CA, Champness M, Kearney R, Lausen B, Jackson J (2011) Lifetime risk of undergoing surgery for pelvic organ prolapse and associated outcomes: a longitudinal survey of practice. *Int J Gynaecol Obstet* 114: 107–110.

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

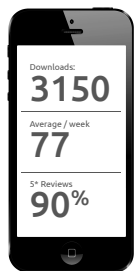
Self-management of pessary treatment for prolapse is an acceptable option for some women. It can reduce their use of healthcare services, improve levels of satisfaction and empower them in managing their own health. Teaching this approach is an additional skill for most physiotherapists, who may find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

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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



One year on...



Take-up...

64 people have proactively commented on Squeezy – of these 24 commented on how it helped improve compliance

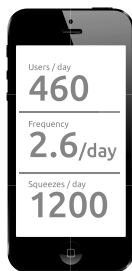
Many positive reviews, e.g.

"It has changed my life... I will continue this daily forever"

"Finally I am doing the exercises and making some progress"

"The little prompts are so helpful, and I can already feel the difference"

"It really makes me do my exercises regularly and has made a huge difference to my pelvic floor."



In action...

On average 460 different people are logged using Squeezy each day

About a quarter actually hit their target!

Each of these use it on average 2.6 times a day (around 34 minutes a week)

Overall around 1,200 'squeezes' are performed each day

Women have performed over 1.5 million squeezes



Progress...

Android available!

'Squeezy for Men' on its way

Now available in 13 countries, including Australia and New Zealand – more soon

Squeezy Pro – supports physio / patient interaction – in development

In-App Audit coming soon

"Does Squeezy aid compliance?" – future research project

Your thoughts?

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.

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In partnership with propagator

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