

Research review

This article highlights some papers of interest that have been published in other journals. A further selection can be found in the journal's extended online content.

A small study by Ates *et al.* (2016) suggests that overactive bladder may be linked to autonomic sympathetic dysfunction in some women. This may be especially true in those who are refractory to anticholinergics.

In a review of new evidence about the conservative management of female urinary incontinence (UI) and pelvic organ prolapse, Dumoulin *et al.* (2016) show, among other things, that:

- (1) pregnant women who participated in a more “intensive and supervised” (Dumoulin *et al.* 2016, p. 16) pelvic floor muscle (PFM) training (PFMT) programme than usual antenatal care were less likely to experience UI from late pregnancy to 6 months postpartum; and
- (2) for women in general, supervised PFMT should be offered as the first-line conservative treatment (Grade A recommended), and clinicians should provide the most intensive PFMT possible, with more instructor contact being beneficial (Grade A recommended).

A randomized controlled trial (RCT) by Kolberg Tennfjord *et al.* (2016) involved 175 Norwegian mothers at 6 weeks after the vaginal delivery of their first pregnancy. The participants were either allocated to: (1) a 4-month PFM exercise programme consisting of weekly classes led by a physical therapist and instructions to do home exercises (three sets of eight to 12 maximal contractions); or (2) a control group who were provided with a leaflet.

All the women were examined by a consultant at 6 weeks postpartum. Levator ani muscle defects were assessed by transperineal ultrasonography. Pelvic floor muscle strength and endurance were assessed by a high-precision pressure transducer attached to vaginal balloon catheter. The participants completed the International Consultation on Incontinence Vaginal Symptoms and Female Lower Urinary Tract Symptoms questionnaires. A physical therapist used observation and vaginal palpation to assess the women, and taught them how to do a PFM contraction.

The purpose of Kolberg Tennfjord *et al.*'s (2016) RCT was to investigate the effects of PFMT on vaginal symptoms and sexual issues, i.e. dyspareunia and coital incontinence, following a vaginal delivery with or without instruments. The objective measures, questionnaires and ultrasound assessment were repeated at 6 months postpartum. Eighty-eight per cent of the women had had sex again by the time of the 6-month follow-up. The sample size was small, but no significant differences were found between the PFMT and control groups with respect to the objective measures. With regard to the women with significant levator ani muscle defects, those in the PFMT group had a significantly smaller risk of feeling that their vagina was loose or lax than the control group.

Kolberg Tennfjord *et al.* (2016) do not indicate how the class was run. Furthermore, the questionnaires and, possibly, some of the sexual issues these authors were attempting to analyse are not specific to postpartum women.

Rantell *et al.* (2016) describe the development of a set of minimum standards for continence care in the UK, and suggest a modular approach to training.

An RCT by Wyndaele *et al.* (2016) reports on a new treatment for stress UI involving the placing of a small inflatable balloon in the bladder.

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References

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- Kolberg Tennfjord M., Hilde G., Stær-Jensen J., *et al.* (2016) Effect of postpartum pelvic floor muscle training on vaginal symptoms and sexual dysfunction – secondary analysis of a randomised trial. *BJOG: An International Journal of Obstetrics and Gynaecology* 123 (4), 634–642.
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Wyndaele J.-J., De Wachter S., Tommaselli G. A., *et al.*
(2016) A randomized, controlled clinical trial of an in-
travesical pressure-attenuation balloon system for the

treatment of stress urinary incontinence in females.
Neurourology and Urodynamics **35** (2), 252–259.