

#497: Needs Assessment Regarding Management Decision-Making for Women with Stress Urinary Incontinence: A patient and health professional perspective.

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INTRODUCTION

46% of female adults suffer from stress urinary incontinence (SUI) (1). The informed consent and decision-making process have been reexamined in light of ongoing concerns with surgical treatments, such as the risks of mesh complications and chronic pain from mid-urethral slings (MUS). We sought to determine the management decision needs of SUI-affected female adults. Specifically, we aimed to ascertain the needs, conflicts and barriers involved in decision making, as well as the current knowledge gaps and support needs of patients and role of health professionals. The purpose of this data collection is to allow for the creation of an evidence-based patient decision aid (PDA) aligned with the needs of patients experiencing SUI to support the decision-making process.

METHODS

To gain a deeper understanding of both healthcare professional and patient perspectives, this study used two methods of data collection to maximize the potential for triangulation:

1. Individual patient semi-structured interviews

- Recruited female participants, >18 years with SUI, undergoing care at urology or urogynecology clinics.
- Semi-structured interviews: 13 questions evaluating their knowledge of SUI-management, pertinent values, and biases, as well as their decisional needs, barriers, and facilitators.

2. Focus groups of practicing health care professionals

- 2 separate semi-structured, 1-hour virtual focus groups (one in English, and one in French, based on participant preference),
- Participants were prompted to provide their opinions on 12 questions concerning decisional needs, barriers, knowledge, support needs and the role of healthcare professionals in informed decision making.

Both patients and health care professionals were asked to answer baseline demographic questions prior to the interviews and focus groups. Direct content qualitative analysis assessed recurrent themes from the interviews by using the Ottawa Decision Support Framework and the International Standards for Decision Support as references.

RESULTS

PATIENT INTERVIEWS (FIGURE 1)

- 13 patients were contacted; 9 agreed to partake in interviews.
- Median age: 65 ± 18.5 years.
- 56% previously tried conservative interventions such as pelvic floor muscle training (PFMT) and incontinence pessaries.
- 78% underwent ≥1 surgical procedures.
- Patient satisfaction with their management choice ranged from not satisfied at all to completely satisfied, with lack of communication from their healthcare provider being one of the factors influencing this satisfaction.
- 89% of patients mentioned SUI having a negative impact on their lifestyle and associated changes.
- 56% of patients felt there was a lack of consultation time with healthcare professionals, and 44% perceived a lack of communication from their physicians.

HEALTHCARE PROFESSIONAL FOCUS GROUPS

- Of 16 healthcare professionals invited, 13 attended the focus groups, [9 physicians (6 urogynecologists and 3 urologists) and 4 physiotherapists]
- Providers perceived inconsistent knowledge among SUI patients concerning their potential management options.
- Providers reported a need for further education facilitated by a new format of PDAs consisting of accessible educational material.
- Healthcare professionals agreed that new PDAs for the management options of SUI emphasizing both conservative and surgical management should be developed.
- Healthcare providers found a link between patient knowledge and their acceptance of risk and satisfaction, specifically that the more that patients felt they understood, the more satisfied they were with the outcomes.

COMMON THEMES (FIGURE 2)

- Patients acknowledged that the discomfort brought on by SUI symptoms had an impact on their decision-making, and medical experts concurred that patients took these symptoms into account when choosing their SUI treatments.
 - Both patients and health care professionals confirmed the importance of the influence patients' family and friends had in the decision-making process.
 - 78% of participants cited financial factors, specifically for PFMT, which is not covered by most patients' insurance plans in our healthcare setting heavily influencing the decision-making process. Health professionals also reported financial factors to be a barrier to patients.
 - Out of 44% of participants voiced fears about undergoing invasive procedures of which 56% were specifically concerned about possible complications related to MUS secondary to recent media scrutiny of the procedure. Similarly, physicians were concerned about the misinformation surrounding MUS, which has led to longer consultations in order to address patients' concerns. This phenomenon has led to hesitancy of physicians to perform MUS procedures.
 - Healthcare professionals and patients were in accordance that pamphlet/PDF formats were essential, but most agreed that supplemental websites presenting diverse information would be beneficial for both parties.
- Our group also identified a need for inclusive language to be included within any new PDAs developed.

Figure 1. Themes from SUI participants content analysis

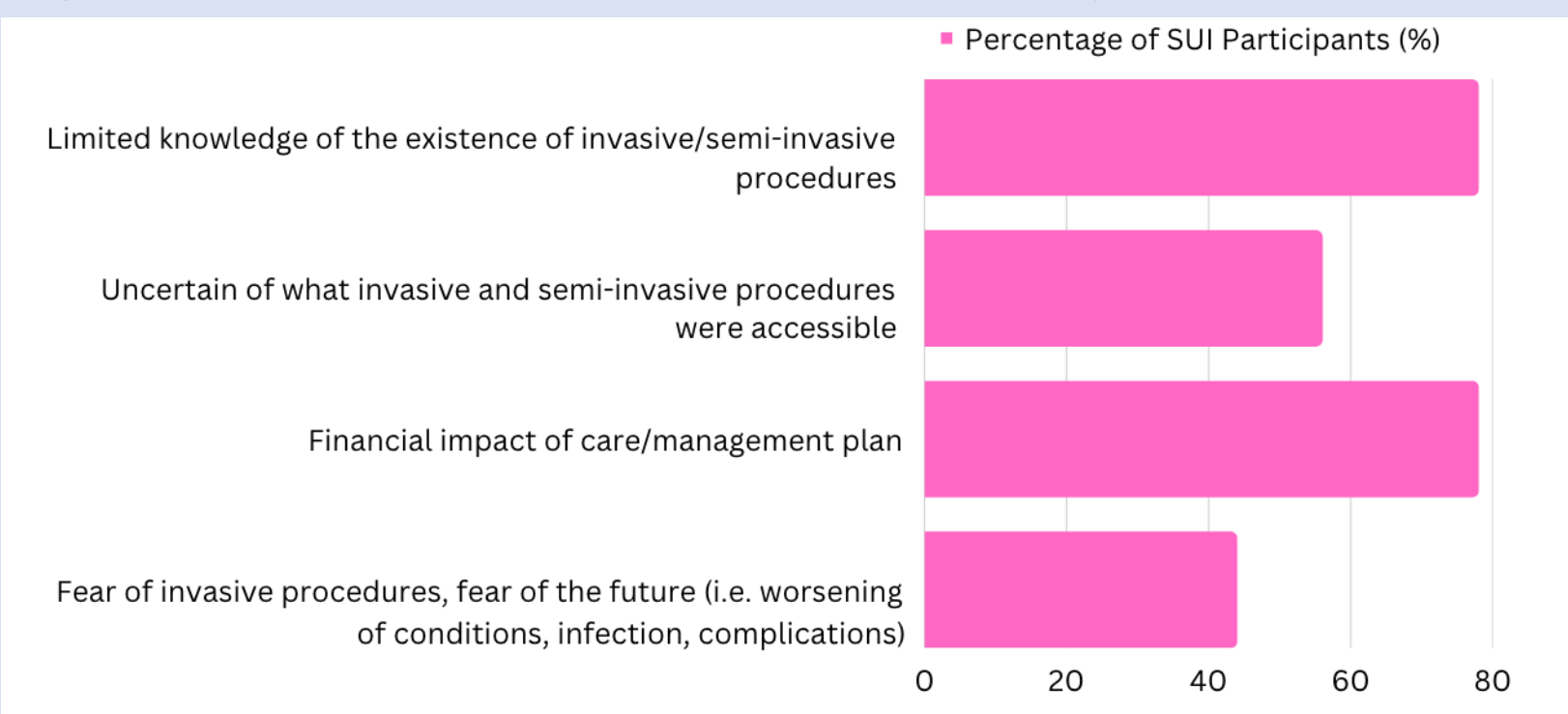
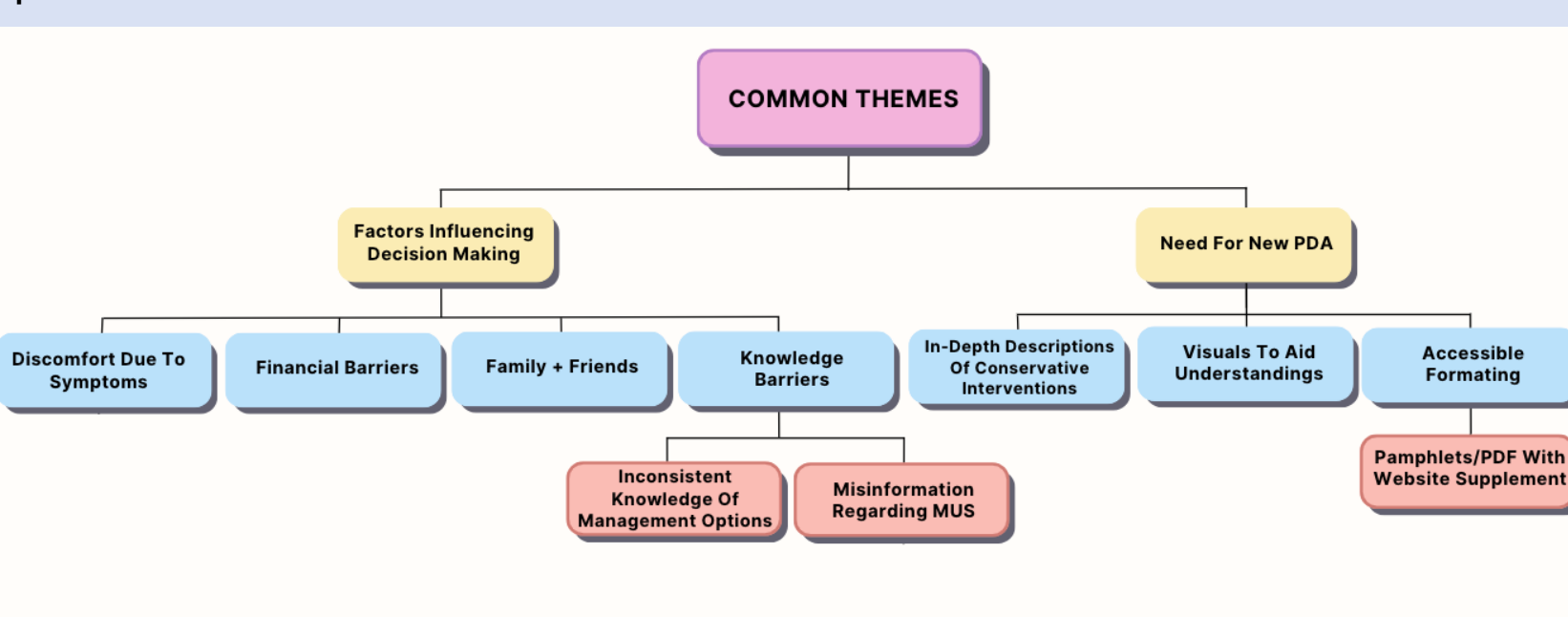


Figure 2. Themes in-common between SUI participants and healthcare professionals.



CONCLUSIONS

In general, there was a consensus that knowledge regarding SUI management options was incomplete among female participants with SUI. There is a need for the development of an improved PDA that is visually engaging describing SUI management options in order to better serve patients and help health providers provide optimal decision support. Such a PDA should be offered in pamphlet/PDF format supplemented with hyperlinks in order to facilitate the understanding and comprehension of all patient age groups, and in inclusive language.

REFERENCES

1. Botlero R, Urquhart DM, Davis SR, Bell RJ. Prevalence and incidence of urinary incontinence in women: review of the literature and investigation of methodological issues. *Int J Urol.* 2008;15(3):230-234. doi:10.1111/j.1442-2042.2007.01976.x.