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Peer review

Using an educational pamphlet to promote help-seeking behaviour for urinary incontinence in people visiting their general practitioner

Abstract

The purpose of this research was to evaluate the effectiveness of a continence educational pamphlet to encourage people with urinary incontinence to seek professional help. We distributed a continence educational pamphlet to people who presented at a general practice clinic and who indicated that they experienced urinary incontinence. These people (n=55) consented to being interviewed two weeks following the receipt of the pamphlet. At the time of the interviews, 94.5% of participants still experienced urinary incontinence symptoms. Over half (59.6%) of the participants had taken action to manage their incontinence, with 67.7% of these people having done so as a result of receiving the pamphlet or being involved in the study. Of the people who had sought help for their incontinence (n=25), most had either visited their general practitioner (GP) (80.6%) or visited specialists in addition to their GP (12.9%). Continence educational pamphlets are an inexpensive method of promoting help-seeking behaviours in people with urinary incontinence and should be used in primary healthcare settings.

Keywords: urinary incontinence, general practice, health promotion, patient education handout, patient information

The burden of incontinence in Australia is substantial¹. It is estimated that more than two million Australians experience the condition² and the financial cost to the health and residential aged care sectors alone is estimated at \$1.5 billion¹. For individuals, incontinence often leads to fears of humiliation³, diminished psychosocial functioning⁴, reduced quality of life⁵, social isolation⁶, impaired sexual functioning³, falls⁷, institutionalisation⁸ and loss of healthy years¹. Despite the high prevalence and profoundly negative impact of the condition, researchers report that only 14%⁵ to 38%⁹ of people consult their general practitioner (GP) about symptoms that they are experiencing. People with incontinence need to be encouraged to seek help from their GP so that their conditions can be treated.

Recent estimates of the prevalence of incontinence in the Australian population suggest that 24% of the population experience urinary incontinence and 8% have faecal incontinence². Both types of incontinence are more prevalent in females (urinary incontinence – 38%; faecal incontinence – 10%) than males (urinary incontinence – 10%; faecal incontinence – 6%). The prevalence of incontinence increases with age, with 7% of those aged 15 to 19 having the condition and at least 35% of those aged 50 or older reporting symptoms.

People tend not to discuss their incontinence symptoms with their GP¹⁰. Common themes appearing in the literature for why people do not seek help from their GPs include:

- Shame and embarrassment about having the condition.
- Regarding incontinence to be a normal aspect of childbirth and ageing (suggesting that they are misinformed about the topic).
- Taboos associated with speaking about such matters^{11,12}.
- Not finding the condition to be a big problem¹³.

This silence about incontinence may be compounded because many doctors could be unaware that this health condition is so prevalent or may, themselves, be reluctant, or inadequately trained, to raise the subject with their patients¹⁰.

One way in which help-seeking behaviour for incontinence could be encouraged is through educational pamphlets. Recent research has shown that pamphlets can be an effective way of promoting changes in people's behavioural intentions towards confiding in significant others when feeling depressed or suicidal¹⁴,

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using condoms¹⁵, consuming the recommended daily intake of fruit and vegetables¹⁶, and caring for their backs¹⁷. Research has shown that after reading education pamphlets, people have been encouraged to make behavioural changes that have assisted them to prevent reoccurrences of genital warts¹⁸, reduce their binge drinking¹⁹, seek help for urinary incontinence^{20,21} and reduce the severity of undiagnosed urinary incontinence²². Although these last studies with people who had incontinence have demonstrated that pamphlets can promote help-seeking behaviours in patients being discharged from care^{20,21} and support self-help behaviours in general practice patients²², what is unknown is whether the distribution of pamphlets about incontinence is an effective way of encouraging general practice patients to seek help for their incontinence issues.

The waiting rooms of GPs may be the ideal place to locate pamphlets about incontinence. In 2005–2006, the majority of the Australian population (88%) visited their GP on at least one occasion, with each person making, on average, six visits to their GP during the year²³. Further rationale for distributing continence information in GPs' waiting rooms comes from an Australian study in which it was found that 45% of the people in waiting rooms had urinary incontinence and 69% of the general public thought that GPs' surgeries would be the best source of information about urinary incontinence²⁴.

The aim of this study was to distribute and evaluate the use of a continence educational pamphlet in a general practice. The main objective of this project was to determine whether a continence educational pamphlet prompted individuals who experience urinary incontinence symptoms to seek professional help.

Method

Participants

The participants (n=55 adults) were recruited from the waiting room of a large general practice clinic in the south-eastern suburbs of Melbourne, Victoria, Australia. People were included in the study if they were 18 years or older, if they could provide informed consent, if they could read or speak conversational English and if their responses to the items of the *Continence Self-Assessment Awareness Questionnaire* (CSAAQ) revealed that they experienced urinary incontinence. We were unaware of the reasons why potential participants were attending the clinic.

Materials

The continence educational pamphlet, *A Guide to Developing Healthy Bladder and Bowel Habits*, contained facts about incontinence, information about healthy bladder and bowel habits, instructions on how to perform pelvic floor exercises and details about when to act and who to seek help from if incontinence is experienced. The development of this pamphlet is described elsewhere²¹.

Measures

The self-administered questionnaire, CSAAQ, was designed to identify symptoms of incontinence, risk factors for incontinence and the effect of incontinence on behaviour²¹. The CSAAQ has 22 items that represent four subscales: urinary incontinence symptoms (seven items), faecal incontinence symptoms (five items), risk factors for incontinence (five items) and behavioural changes as a result of incontinence (five items). Because the present study was not concerned with faecal incontinence, the items relating to the symptoms of this condition were removed from the questionnaire. This questionnaire has face and content validity and its development is described elsewhere²¹.

Interview questions

The main questions about participants' urinary incontinence problems were:

- Do you still have a bladder leakage problem?
- Does it bother you?
- Have you done anything about it?
- If you did something about your problem, was it a result of being in the study or the pamphlet?

The primary questions about the pamphlet were:

- Did you read the pamphlet?
- Did anyone else read the pamphlet?
- Was the pamphlet helpful?
- Did you follow any of the instructions?
- Did you discuss your problems with anyone else?
- Have you kept the pamphlet?

Procedures

Following approval from the Deakin University Human Research Ethics Committee, we approached patients in the waiting room of a general practice clinic to inform them about our study and invite them to participate. Recruitment took place over a one-month period on days that were convenient for the research team. We asked those who agreed to participate in the study to complete the modified CSAAQ. If participants' responses on the CSAAQ indicated that they had experienced incontinence symptoms, we handed them a continence educational pamphlet. Two weeks later, we telephoned participants who had identified that they had incontinence symptoms to interview them about the pamphlet and their incontinence issues.

Analysis

We used descriptive statistics (frequencies, percentages) to summarise the data.

Results

The participants were 42 women (76.4%) and 13 men (23.6%) with a mean age of 57 years (SD=13). Apart from three females

aged in their 20s, the participants were aged between 40 and 84. At the time the participants were recruited, all reported experiencing symptoms of urinary incontinence.

When participants were telephoned two weeks after they were given the continence education pamphlets, the majority of participants (n=52, 94.5%) were still experiencing bladder leakage problems. With regard to the participants who no longer had bladder leakage problems (n=3, 5.5%), one person reported that their problem had resolved itself and two people stated that they had sought the assistance of their GPs and had been prescribed antibiotics to resolve their incontinence. Over one-third of the participants who experienced bladder leakage problems (n=20, 38.5%) reported that the condition bothered them. The main reasons why participants were bothered were that the condition made them feel embarrassed (70.0%), limited their activities (25.0%), made them feel anxious (20.0%) and made them feel old (15%). In contrast, the reasons why bladder leakage problems did not bother some people were that they could manage the condition (37.5%), they did not consider it to be a problem (34.4%) and they said it only happened occasionally (31.3%). Over half of the participants had done something about their bladder leakage problems (n=31, 59.6%). Of these people, 74.2% (n=25) had sought help and 22.6% were managing their conditions with pads. Of the people who had sought help, 80.6% had visited their GPs and 12.9% had consulted specialists in addition to visiting their GPs. Of the participants who had taken action to address their incontinence problems (n=31), 67.7% (n=21) reported that they had done so based on the pamphlet or their involvement in this study.

All of the participants reported that they had read the pamphlet and over half (n=32, 58.2%) indicated that someone else had also read the pamphlet. Most participants (n=42, 76.4%) found the pamphlet helpful. Over two-thirds of the participants (n=38, 69.1%) reported that they had followed some of the instructions within the pamphlet. The instructions that these participants followed were those about exercises (84.2%), hints (71.1%) and seeing their GP (18.4%). After receiving the pamphlet, almost two-thirds (n=35, 63.6%) indicated that they had discussed their incontinence problems with someone else other than their GPs, with the most common being friends (57.1%) and partners (34.3%). Nearly three-quarters of participants (n=40, 72.7%) had kept their pamphlets.

Discussion

Consistent with previous research on the positive outcomes from distributing health promotion pamphlets on topics frequently regarded as taboo,^{14,15,18-22} this study has shown that providing a continence education pamphlet to patients in the waiting room of a general practice was effective in encouraging people to address this health problem. Similar to our findings in acute and subacute populations with incontinence issues²⁰, two-thirds of the general practice patients in the present study had taken action to deal with this issue.

Although the pamphlets proved successful in encouraging some people to address their incontinence issues, most participants still had urinary incontinence issues two weeks after receiving the pamphlets. One reason for this finding is that 22.6% of the people who had done something about their incontinence issues were managing their conditions with pads. Such a strategy does not resolve urinary incontinence. People with urinary incontinence need to be strongly encouraged to seek professional advice about effective strategies for resolving symptoms, such as making behavioural modifications (e.g. bladder training²⁵, losing weight^{26,27}), performing pelvic floor exercises²⁸⁻³⁰, taking medicines (e.g. oxybutynin³⁰) and surgery (e.g. injecting collagen³⁰, open retropubic colposuspension, suburethral sling procedure³¹). Another reason why almost all participants still experienced incontinence two weeks after the intervention was the short length of time between the receipt of the pamphlet and the telephone interview. Our research with patients who had received a continence pamphlet when discharged from acute and subacute settings showed that 29.7% of participants no longer had incontinence at three months²⁰. These findings suggest that studies with follow-up periods of several months are warranted to establish the efficacy of health promotion pamphlets on incontinence symptoms.

The finding that most of the participants who found urinary incontinence bothersome also found the condition embarrassing is consistent with previous research. Shame and embarrassment is a common reason why people do not seek help for incontinence from their GPs^{11,12}. With over half the participants in the present study speaking to others about their condition and almost one-fifth consulting their GPs, the brochures may play a useful role in normalising and de-stigmatising incontinence.

The reluctance of some participants to address their urinary incontinence issues because they do not regard them to be a significant problem is also in line with previous research¹³. In one US study, the top predictors of help-seeking behaviour were having severe incontinence, talking with others about urinary incontinence, experiencing incontinence for three or more years and keeping regular appointments for routine/preventive care⁹. These findings suggest that people may commonly wait for their incontinence to worsen before they speak with others and seek help for this health issue.

Limitations of this study were that data was collected at only one general practice clinic and the sample size was small. Given the strength of the results in this study, however, extending this research using experimental designs that are stronger than the one used in the present study would seem highly worthwhile. A randomised control trial would have greater internal validity than the design in this study and could be used to establish the efficacy of receiving the pamphlet (intervention condition) versus usual care (control condition). A further limitation of this research is that it is unknown what effect being involved in the study and being given the continence education pamphlet had on

participant behaviour. Although there was minimal interaction between the researchers and the participants, being involved in this study and being handed the continence education pamphlet may have motivated some people to read the material and to take action to address their urinary incontinence problems. Having the pamphlets displayed prominently in GPs' waiting rooms or requesting that receptionists distribute them to patients on arrival, rather than researchers handing them to patients, would enhance the ecological validity of future work.

Conclusion

This study provides evidence that a continence educational brochure may be effective in encouraging help-seeking behaviour in people with urinary incontinence. Given the low financial cost of printing brochures, having them displayed in GPs' surgeries, as well as on the premises of other healthcare providers (e.g. pharmacies), would seem a worthwhile health promotion activity.

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