Recommendation 3.1 Evidence Profile (Quantitative)

Recommendation Question 3: Should an interprofessional approach be recommended to improve outcomes in persons living with urinary incontinence?

Recommendation 3.1: The expert panel suggests that health-service organizations implement an interprofessional approach to providing care for persons living with urinary incontinence.

Population: Adults (18 and older) living with urinary incontinence
Intervention: Interprofessional approach
Comparison: No interprofessional approach
Outcomes: Quality of life, patient satisfaction and episodes of incontinence

Setting: All health care settings

Bibliography: 272, 98

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
Quality of life (measured using ICIQ-UI-SF[1] questionnaire)													
1	Non-blinded prospective study	Serious[a]	Not serious	Not serious	Serious[b]	Not serious	98: Denmark	An interprofessinal approach to care was provided for overweight women with stress or mixed urinary incontinence referred to the incontinence clinic at a hospital gynecology department. Four individual dietary counseling sessions (at weeks 1,4, 8, 12) and a group session (at week 6) were provided by a clinical dietitian. An exercise program consisting of two 1-hour training sessions/per week for 12 weeks were led by experienced gynecological physiotherapists. One lesson in groups pelvic floor function and PFMT program were given by physiotherapists.	N=33 Baseline = 15.17 ± 2.88 (Mean ± SD) At 12 weeks = 10.42 ± 3.81 (Mean ± SD) 95% confidence interval (CI) = 4.75 [3.42; 6.08], p value < 0.001 36 weeks = No change	No control group, same group of women were followed-up	The study reported an improvement in QOL at 12 weeks in comparison to the baseline, after receiving the intervention. **ICIQ-UI-SF has a maximum score of 21. The higher the score, the more severe the UI and reduced QOL.*	⊕◯◯◯ VERY LOW	98: Fjerbaek et al., 2019

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
Patient satisfaction (measured using self-developed questionnaires, PGI-I[2])													
1	Prospective survey design	Serious [a]	Not serious[c]	Not serious	Not serious	Not serious	272: Netherlands	A structured telephone survey was carried out by 3 specialized continence nurses and a research assistant approximately 1 year after the end of treatment at a multidisciplinary academic pelvic care clinic (PcC). Multidisciplinary team at PcC included urologist, gynecologist, colorectal surgeon, sexologist, psychiatrist, physiotherapist and incontinence nurse. Patients with urinary incontinence seen and received treatment at PcC were surveyed (T2).The interview took 5-10 min.	N = 440 A total of 52.5% of patients reported to be satisfied or very satisfied with their current health status regarding UI (Fig. 4). A total of 26.3% were dissatisfied or very dissatisfied. Patient satisfaction with PcC treatment and the PcC itself was high, with 45.5% "very satisfied" and 35.8% being "satisfied" (Fig. 5).	No control	The study survey results show an overall improvement in patient satisfaction after receiving treatment at a multidisciplinary PcC.	⊕◯◯◯ VERY LOW	272: Vrijens et al., 2015
							98: Denmark	An interprofessinal approach to care was provided for overweight women with stress or mixed urinary incontinence referred to the incontinence clinic at a hospital gynecology department. Four individual dietary counseling sessions (at weeks 1,4, 8, 12) and a group session (at week 6) were provided by a clinical dietitian. An exercise	N=33 Baseline = Not measured At 12 weeks = 2.7 ± 1.0 (Mean ± SD) At 36 weeks = 2.9 ± 1.5 (Mean ± SD)	No control group, same group of women were followed-up	Overall, the study reported positive improvement in satisfaction with pelvic floor muscle strength at 36 weeks in comparison 12 weeks, after receiving the intervention.		98: Fjerbaek et al., 2019

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
								program consisting of two 1-hour training sessions/per week for 12 weeks were led by experienced gynecological physiotherapists. One lesson in groups pelvic floor function and PFMT program were given by physiotherapists.					
Episodes of Incontinence (measured using self-developed telephone survey)													
1	Prospective survey design	Serious [a]	Not serious	Not serious	Not serious	Not serious	272: Netherlands	A structured telephone survey was carried out by 3 specialized continence nurses and a research assistant, approximately 1 year after the end of treatment at a multidisciplinary academic pelvic care clinic (PcC). Multidisciplinary team at PcC included urologist, gynecologist, colorectal surgeon, sexologist, psychiatrist, physiotherapist and incontinence nurse. Patients with urinary incontinence seen and received treatment at PcC were surveyed (T2).The interview took 5-10 min.	N = 440 Pre-treatment UI mean severity (scale 0-10) = 7.2 ± 1.6 End of treatment (scale 0-10) = 4.3 ± 3.0 (survey after 1 year) (p<0.001)	No control	The study survey results show a reduction in episodes of incontinence after receiving treatment at the multidisciplinary PcC. A total of 20.6% of patients with UI reported the absence of UI at T2 (p< 0.001).	⊕⊕◯◯ LOW	272: Vrijens et al., 2015

1. ICIQ-UI-SF: The International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form
2. PGI-I: Patient Global Impression of Improvement

Explanations

a. Based on the ROBINS-I tool for quasi-experimental studies, the study had serious concerns related to risk of bias due to limitations in how the study was conducted. We downgraded by 1.

b. Total number of participants in this study was less than the optimal 400 participants. We downgraded by 1.

c. The direction of result was positive for both studies. However, the studies used different tools to measure satisfaction. Therefore, we downgraded by 0.5 .