

The Role Physio Plays in Urinary Incontinence

Katie Knapton*

Founder, Physiotherapy Fast Online, UK

***Corresponding Author:** Katie Knapton, Founder, Physiotherapy Fast Online, UK.

Received: January 10, 2020; **Published:** January 23, 2020

A problem for 5 million...

The Chartered Society of Physiotherapy reports that Urinary Incontinence (UI), the involuntary loss of urine, affects 20.4% of people aged 40 years and over - equivalent to 5 million people in the UK. For women aged 80 and over, this figure increases to 35.6%. Although not everyone may need or indeed want help with their circumstances, the annual cost to the NHS in 2000 was estimated at £233 million with a further £178 million spent by individuals looking to self-manage UI.

UI can be distressing with many people describing the problem as 'socially disruptive and embarrassing'. Many women often delay treatment for years due to embarrassment or shame. It is widely understood that UI is a sensitive health issue and can often cause personal health and hygiene problems with many experiencing restricted employment, educational and leisure opportunities.

Recent research has shown that UI substantially increases the risk of hospitalisation and admission to a nursing home. It is also a common preconception that UI is inevitable after childbirth or with advancing age. However, simple lifestyle changes have been proven to be very successful in tackling the problem, though many people with UI may not be aware of the home-based treatment options.

First-line management

50% of women report that they are moderately or greatly bothered by incontinence with 27% unwilling to visit places if they're unsure about the availability of toilets there. 31% of women say that they dress differently because of the problem and 25% feel embarrassed about the issue. It is no surprise then, that hundreds of millions of pounds is being spent to tackle the problem.

Products of all shapes and sizes have flooded online pharmaceutical platforms but research has shown that simple home-based exercises, advised by a physiotherapist, are more effective. It is important to understand that UI can be brought on by a weakening of the pelvic floor muscles that support the bladder and urethra.

The most common form of Urinary Incontinence is known as 'stress UI' - the loss of urine on effort, physical exertion, coughing or sneezing. Training and strengthening pelvic floor muscles is recommended as first-line management for women with 'stress' and 'urge' urinary incontinence.

For those experiencing urinary incontinence, seeing the problem as a 'muscular' one can positively affect the approach to treatment. Light muscle-strengthening exercises for women in their first pregnancy have also been proven successful as a preventive strategy for UI.

Self-referral making treatment easy

Self-referral is a system of access that allows the patient to refer themselves directly to a physiotherapist without being referred by another health professional. Leading research has also found that video physiotherapy consultations are as effective as face-to-face appointments where 3 in 4 people can be triaged, assessed and supported online without any need for physical treatment.

Specialist physios like physiofastonline.co.uk offer interactive videocall appointments with a qualified physiotherapist to treat UI. A recent project evaluating the benefit of self-referral for women with bladder or pelvic floor problems was shown to:

- Be well accepted by service users, who reported high levels of satisfaction.
- Deliver a more responsive service with wider access.
- Empower service users and achieve greater levels of attendance.

Clinically effective and cost effective

An economic evaluation comparing pelvic floor muscle training to Duloxetine, a drug used to treat UI, showed that pelvic floor training 'dominated' Duloxetine, being both cheaper and more clinically effective. A recent health technology assessment reviewed the clinical evidence and modelled several non-surgical strategies, which showed that intensive pelvic floor muscle training, plus lifestyle changes, was the most clinical and cost effective first-line strategy.

UI has a major impact on quality of life and affects a significant number of women. Contact with a physiotherapist offers both recommended first-line treatment for UI and health promotion and prevention strategies, proven to be both clinically effective and cost effective.

Volume 4 Issue 2 February 2020

©All rights reserved by Katie Knapton.