Video Transcript

Association for Continence Advice
Driving Excellence in Bladder and Bowel Care

Behavioural Intervention Groups

DR RONA AGNEW: I am Rona Agnew. I am the service manager for NHS Greater Glasgow and Clyde Incontinence Services.

My experience working with bladder and bowel dysfunction originally started with my district nursing. At that point in 1988, there was no real assessments being done for people with bladder or bowel dysfunction and there was no products available either. Patients had to buy their own. As a district nurse, that impacted on the quality care you were able to provide patients who were living in their own homes who did have bladder and bowel problems.

The service that I now manage originated in 1995 and the aim behind that was to look at supporting people to self-manage and promote continence rather than just using containment products.

The education that we provide is simple lifestyle and behavioural approaches, simple things like reducing caffeine, looking at their weight management, maybe if they are overweight, looking at their diet and trying to improve the dietary intake so it fits very nicely with other health improvement programmes as well that exist within the NHS.

We bring groups of women together in a group of ten for the bladder education and we have actually found it is very supportive for women to come together and although we don't ask them to disclose any information at the groups, we often find them disclosing things that we wouldn't expect.

They will maybe start talking about bowel habits or bowel problems they have had whereas before, they would never have talked about that before to anybody and it has often been hidden.

Because we are dealing with patients who are coming forward with specific bladder and bowel problems, then we do have registered general nurses delivering this. We feel that that is necessary because of the dynamics and sometimes the complex questions that can be asked at these groups.

We have found that by the behavioural intervention groups, we are getting women who are more motivated to engage with us. They understand the practicalities of lifestyle and behavioural changes that can impact on their bladder health and therefore when they actually attend the clinical nurse specialist, they are also very much more in a better place to engage with them and they understand about how the bladder works and are able to understand the pelvic floor a bit better and so when the clinical nurse specialist or physio speaks to them, they are not as naïve or ignorant to the fact of how the bladder etc., works.

So we feel that these patients are actually telling us they are better prepared to engage with that process and they get a lot more out of the one to one consultation as well. We have also recognised that there has been a reduction in the patients not attending, where beforehand we had something like a 75% did not attend rate. We are now just under 25% did not attend. So, where we had three quarters of our clinic appointments being wasted on non-attenders, we are now maximising them to the best.

The pathway has definitely changed. The behavioural intervention groups have definitely changed. It has empowered patients, it has empowered the staff and for the health service as a whole, it has really made that more cost effective as a service.

I think it is really important that we start to take the key messages, the lifestyle and the behavioural intervention messages more into public health agenda and actually make the whole population of their responsibility in making sure that they have good bladder and bowel health. We have younger people who are becoming more and more obese which will impact on their pelvic floors which could then impact on bladder health and leakage. We also have younger people drinking high caffeine, high energy drinks which impacts on the bladder as well. We also have younger women who are getting pregnant and don't fully understand the role of the pelvic floor in pregnancy and obviously, that can lead to damage post-pregnancy after birth and these all contribute to later stage problems with bladder and bowel health.

From my point of view, it doesn't matter what age you are, there is real potential to at least make improvements, if not cure and in fact, I had a lady who was 98 who attended at the behavioural intervention groups and actually improved to such an extent that she no longer required to use containment

products. I can imagine she was a very angry lady because she has spent 20 years using a product that was unnecessary, so she was not very happy. So, for me, the message is there is no age limit to this.