

UPDATED ENVIRONMENTAL SCAN: Dissemination and Implementation of Nonsurgical Urinary Incontinence (UI) Treatment for Women in Primary Care

KEY FINDINGS

- The updated environmental scan, published in March of 2024, identified 48 articles, representing 27 studies, that addressed the dissemination and implementation of nonsurgical UI interventions at the primary care level. This nearly doubled the number of studies identified in the original scan, which was published in October of 2022.
- Three supplemental searches, focused on referral by UI specialists to physical therapy, referral by primary care physicians (PCPs) to physical therapy for non-UI conditions, and referral by PCPs to nonsurgical treatment for obesity and weight management, were also conducted.
- The updated scan partially addressed a gap from the Base Year scan, which was the dearth of studies on interventions related to referrals to specialty care. Studies that evaluated referrals in primary care and other settings for both UI and other conditions were identified.
- Additional focus on strategies to improve UI diagnosis, treatment, and referral, as well as tailoring UI interventions from specialty care, such as patient education, is needed.

About this Project

The Agency for Healthcare Research and Quality's (AHRQ) Managing Urinary Incontinence initiative builds on the success of the Agency's EvidenceNOW model to address important gaps in nonsurgical UI care for women in the primary care setting. As part of the initiative, AHRQ is funding five cooperative agreement (U18) grantees to develop primary care extension services to disseminate and implement improved nonsurgical treatment of UI for women within primary care. The RAND Corporation, in partnership with AcademyHealth, has been contracted to support the Managing Urinary Incontinence grantees and evaluate the initiative. Learn more at: <https://www.ahrq.gov/evidencenow/projects/urinary/index.html>

Research Gaps in Disseminating and Implementing Improved UI Care and Specialty Referral Remain in Updated Scan

Background

Studies in the United States indicate that nearly 50 percent of women 40 years of age and older report symptoms that are consistent with UI.¹ The condition also has a significant impact on patients' lives, including lower quality of life, higher rates of social isolation and depression, more sedentary lifestyles, increased risk for falls and fractures, and poorer management of other chronic medical conditions.²⁻⁵



Despite the existence of screening tools and a variety of affordable, evidence-based nonsurgical treatments for UI, many women are not diagnosed or treated. Primary care clinicians are often best positioned to address this, but do not routinely ask patients about this problem.

As part of the Agency for Healthcare Research and Quality (AHRQ) national Managing Urinary Incontinence initiative, RAND conducted an initial environmental scan in 2022 to identify existing evidence for disseminating and implementing nonsurgical UI treatments for women at the primary care level. Findings suggested that improved screening for UI is a necessary first step in bettering treatment and revealed the need for additional focus on management and referral to specialty care. In 2023, the scan was updated by extending the date range of the original search and including supplemental searches on referral to specialty care in other settings or for comparable conditions.

Citations

1. Minassian, Vatche A., Xiaowei Yan, Marc J.; Lichtenfeld, Haiyan Sun, and Walter F. Stewart, "The Iceberg of Health Care Utilization in Women with Urinary Incontinence," *International Urogynecology Journal*, Vol. 23, No. 8, August 2012, pp. 1087-1093.
2. Coyne, Karin S., Chris C. Sexton, Debra E. Irwin, Zoe S. Kopp, Con J. Kelleher, and Ian Milsom, "The Impact of Overactive Bladder, Incontinence and Other Lower Urinary Tract Symptoms on Quality of Life, Work Productivity, Sexuality and Emotional Well-Being in Men and Women: Results from the EPIC Study," *BJU International*, Vol. 101, No. 11, June 2008, pp. 1388-1395.
3. Hung, Kristin J., Christopher S. Awtrey, and Alexander C. Tsai, "Urinary Incontinence, Depression, and Economic Outcomes in a Cohort of Women Between the Ages of 54 and 65 Years," *Obstetrics and Gynecology*, Vol. 123, No. 4, April 2014, pp. 822-827.
4. Jerez-Roig, Javier, Joanne Booth, Dawn A. Skelton, Maria Giné-Garriga, Sebastien F. M. Chastin, and Suzanne Hagen, "Is Urinary Incontinence Associated with Sedentary Behaviour in Older Women? Analysis of Data from the National Health and Nutrition Examination Survey," *PLoS One*, Vol. 15, No. 2, 2020, e0227195.
5. Brown, Jeanette S., Eric Vittinghoff, Jean F. Wyman, Katie L. Stone, Michael C. Nevitt, Kristine E. Ensrud, and Deborah Grady, "Urinary Incontinence: Does It Increase Risk for Falls and Fractures?" *Journal of the American Geriatrics Society*, Vol. 48, No. 7, July 2000, pp. 721-725.



Total Publications Reviewed

2,631



Extended Original Scan Results

Total Articles Identified: **48**
Representing **27** Studies




Supplemental Search Results

Total Articles Identified: **19**
Representing **18** Studies


Focus of the 27 studies

Clinical care interventions addressed multiple levels and groups in primary care and covered the stages of care (i.e., screening & diagnosing, managing, referral to specialty care). Specific D&I interventions included funding and reimbursement incentives, media campaigns, train-the-trainer programs, and use of quality improvement methods and approaches to engage patients and families.




Focus of the 18 studies

Referral to physical therapy (PT) for both UI and other indications or referral to weight management programs. Covered a range of referral improvement interventions, such as the addition of PT services, patient education, risk stratification, and self-referral. These were not specific to UI, but displayed promising effectiveness.



Key Areas for Further Study to Improve UI Care

While additional studies identified in the updated scan partially addressed gaps in the Base Year report, the number of studies relevant to the D&I of UI treatment for women in primary care remains small. Many relevant studies on D&I interventions focused on clinical outcomes and did not assess whether the D&I components were actually used or put in place or the overall effectiveness of the D&I interventions.



The updated environmental scan revealed remaining gaps in the literature, suggesting three areas of opportunity to grow the evidence base on managing UI for women in primary care, including:

- Assessing the diagnosis and treatment of UI in primary care;
- Tailoring UI interventions from specialty care to primary care, such as patient education; and
- Adapting referral processes from other countries or for other health conditions for primary care settings in the U.S.