

The effects of involving a nurse practitioner in primary care for adult patients with urinary incontinence

Submission date 20/12/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 20/12/2005	Overall study status Completed	<input checked="" type="checkbox"/> Protocol
Last Edited 30/04/2008	Condition category Urological and Genital Diseases	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Study information

Scientific Title

Study objectives

The involvement of a nurse practitioner will lead to a reduction or even complete disappearance of urinary incontinence in the majority of patients and lead to lower health care costs.

Ethics approval required

Old ethics approval format

Ethics approval(s)

This trial received ethics approval from all participating regions:

1. University Maastricht and the University Hospital Maastricht, the Netherlands. Date of approval: 20/04/2005 (ref: MEC 05-002.4/pl)
2. UMC St. Radboud Nijmegen, the Netherlands. Date of approval: 12/07/2005 (AMO nr. 05/041)
3. Medical Ethics Committee (METC-ZWH), the Hague, the Netherlands. Date of approval: 14/12/2005 (ref: 2005-983; METC-nr: 05-94)
4. Medical Ethics Committee of of QUARTZ, Elkerliek Hospital, Helmond, the Netherlands. Date of approval: 29/06/2006 (PC/hb/06-476)

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

Urinary incontinence

Interventions

Please note that, as of 30/04/2008, the anticipated end date of this trial was amended from 30/11/2007 to 01/07/2008.

In this pragmatic trial the intervention is designed as close as possible to treatment options in clinical practice (including 'cascades' of patient management choices). This way implementation in the future is easier.

When the patient is allocated to the intervention group the GP has the availability to refer the patient to the nurse practitioner according to a precisely described care protocol.

The main goal of the intervention of the nurse practitioner is to provide a tailored, patient specific diagnostic and treatment plan to all eligible patients, thereby preventing or reducing the use of incontinence pads. Based on guidelines and protocols the nurse practitioner takes over from the GP tasks related to diagnostics, intervention and monitoring of incontinence.

Furthermore, the nurse practitioner supports patients motivation, compliance and adherence both on the short and the long term by monitoring patients over time in a systematic way to ensure that patients will accept, understand, are willing and able to do and actually do and keep doing or following up advices on lifestyle and bladder- and/or pelvic floor muscle training according to a health education model.

Another task of the nurse practitioner is to give adequate information and advice about (when still necessary) the choice and the use of non-curative means like incontinence pads. She/he will always report to the GP and acts as the contact person between the other healthcare providers. In case of unclear pathology, a complex health problem or failure of treatment the nurse practitioner can advise a referral to a specialist or specialised physiotherapist.

In all cases, the decisions for referral is at the GP. Altogether this means that a regular meeting between nurse practitioner and GP to discuss patients is needed.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

1. Severity of involuntary loss of urine: measured by the self-completed condition specific International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) which measures frequency, volume and impact on daily life of involuntary urine loss (see supplement for questions and scoring). The outcome is a sum score of the first two weighted items and the VAS score of impact on daily life. The questionnaire underwent extensive psychometric testing. It is expected that the International Consultation on Incontinence (ICI) will rate this questionnaire as Grade A, meaning highly recommendable.
2. Medical costs (the use of diagnostics, treatment and incontinence pads) and non-medical costs (productivity costs, time costs and travel costs): collected using both registration systems and cost diaries during four weeks.

Key secondary outcome(s)

1. Quality of life: a) Condition specific self-completed quality of life questionnaire: International Incontinence Questionnaire (IIQ): this in Dutch validated 30 items questionnaire measures impact of urinary loss on five domains: mobility, physical functioning, social functioning, emotional health and embarrassment. b) Generic self-completed quality of life questionnaire.
2. Quantification of symptoms relevant for urinary incontinence (the degree of pad usage times of micturation, voided volumes, incontinence episodes, fluid intake, the degree of urgency, complications, complaints): measured with a self completed bladder diary during 3 consecutive days.
3. Patients satisfaction with provided care by the GP and/or the nurse practitioner for urinary incontinence will be measured with the for urinary incontinence adjusted QUOTE self completed questionnaire.
4. Perceptions of GPs about the availability and involvement of the route via the nurse practitioner: data of a sample of participating GPs will be collected by semi-structured interview and/or questionnaires before, once during the first 2 months and after the study about ideas /expectations, promoting and /or hampering factors for (not) using the nurse practitioner and experiences in relation to quality of care with the nurse practitioner.
5. Perceptions of nurse practitioners: data of participating nurse practitioners will be collected with semi-structured interview and/or questionnaires before, during and after the study about ideas/expectations and experiences in relation to quality of care.

Completion date

01/07/2008

Eligibility

Key inclusion criteria

All consecutive patients (both male and female) consulting their GP within one year for symptoms and signs of stress, urge and mixed urinary incontinence (according to the guidelines of the Dutch College of General Practitioners on urinary incontinence).

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Patients below 18
2. Women with prolaps degree III or more
3. Patients with signs of reflex- or overflow incontinence
4. Patients with tumours in the abdomen
5. Patients with severe neurological diseases associated with incontinence (multiple sclerosis, CVA, diabetes, cauda equina syndrome), actual urinary tract infection, hematuria without urinary tract infection
6. Men below 65 with unclear reason for incontinence
7. Failure after operation or failure of conservative therapy
8. Severe cognitive problems
9. Patients not well versed in the Dutch language
10. Patients who refuse to participate/cooperate
11. Patients for whom the GP considers the management via the nurse practitioner as impossible /undesired, or unexpected circumstances not related to the trial (such as moving away, sickness)

Date of first enrolment

01/12/2004

Date of final enrolment

01/07/2008

Locations

Countries of recruitment

Netherlands

Study participating centre

University Hospital Maastricht
Maastricht
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6202 AZ

Sponsor information

Organisation

University Hospital Maastricht (The Netherlands)

ROR

<https://ror.org/02d9ce178>

Funder(s)

Funder type

Research organisation

Funder Name

The Netherlands Organization for Health Research and Development (ZonMw) (The Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	Protocol	15/04/2008		Yes	No