Urogenital workstreams

Workstream Title	Problem How big a problem is this and who for?	Strategy What are we planning to do to address it?	Stage Where are we up to in our plans?	Impact What are we hoping to realistically achieve?
Prevention and treatment of pelvic organ prolapse	Prolapse, which is the descent of the female pelvic organs (uterus, bladder and rectum) into the vagina, is a distressing condition affecting up to 50% of women worldwide. It is associated with vaginal, bladder, bowel and sexual symptoms which affect daily activities and quality of life. 7% of women will have surgery for prolapse in their lifetime. Surgery however is associated with side-effects and a high prolapse recurrence rate. Conservative treatment options are pelvic floor muscle training (PFMT) and vaginal pessary, which have few if any side-effects and tend to be the domain of the specialist physiotherapist or nurse. Conservative options can augment other treatments such are surgery.	Establish whether PFMT is an effective treatment for prolapse.	• Cochrane review published, updated twice • Pilot and full multi-centre trial of PFMT for treatment of prolapse completed. Implementation study to roll out the results in development.	• Recommendation of PFMT for prolapse in guidelines. • Increased delivery of PFMT for women with prolapse. • Decreased prolapse surgery rates. • Improved health outcomes/symptom reduction.
		Establish whether PFMT is effective in preventing prolapse developing.	• Cochrane review above updated to include prevention as well as treatment. • Full trial underway, to be completed end 2013.	• Decreased rates of women seeking treatment for prolapse. • Increased awareness in women of all ages and HCPs of the supportive function of the PF muscles.
		Establish what evidence there is about pessaries as a treatment for prolapse with a view to answering key research questions.	• Cochrane review published and updated. • Survey of UK pessary practice undertaken. • Pilot trial of pessary+PFMT vs pessary alone for prolapse completed. • Funding sought for JLA research priority-setting study for pessaries.	• Consumer- and HCP-informed research agenda. • Guideline on various aspects of pessary care/service delivery. • Use of a wider range of pessary types. • Increased uptake of pessaries in a wider range of women. • Decreased rates of surgery.
		Establish the benefit of peri-operative PFMT in the post-surgery reduction of symptoms and POP recurrence	• Feasibility and pilot trial for an RCT of PFMT pre- and post-surgery for prolapse complete and published.	• Recommendation of peri-op. PFMT in guidelines. • Increased delivery of PFMT for women having surgery. • Decreased rates of re-operation. • Improved health outcomes/symptom reduction.

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PFMT for female urinary incontinence	Urinary incontinence, defined as "any involuntary loss of urine", is a common condition in women. The main types are stress, urge and mixed. Approximately 50% of all women with UI have stress UI, followed by mixed (~30%), and urge UI (~10%). UI is prevalent and costly to the NHS, and to women both financially and in terms of physical and mental wellbeing. Pelvic floor muscle training is known to be effective for UI, however the optimal regime is unknown.	We plan to investigate how PFMT can be optimised to give the best outcome in terms of cure or improvement of UI for women.	• We are undertaking the multi-centre OPAL trial (funded by NIHR HTA) involving 600 women to establish whether a basic PFMT regime can be optimised by adding EMG biofeedback as an adjunct, and whether it is cost-effective to do so. • Alongside the trial a process evaluation and interviews with women and their clinicians are being carried out to aid the interpretation of the trial findings.	• NICE guidelines updated to give firm recommendations about the inclusion or otherwise of EMG biofeedback within routine practice. • Roll out of the theory - derived trial intervention protocols to continence specialists in clinical practice. • UI cure and improvement rates with PFMT are increased. • Decreased rates of surgery for UI.

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Abdominal massage		Establish whether abdominal massage is an effective treatment for constipation in people with MS.	• Cochrane review being written • Pilot study within the MS population and Parkinson's completed • Full multi-centred trial funded. Implementation study to roll out the results planned	• Recommendation of abdominal massage for constipation in guidelines. • Increased delivery of abdominal massage for all patients with chronic constipation . • Decreased rates faecal impaction • Improved health outcomes/symptom reduction.
		Establish whether Abdominal massage can be delivered effectively by the patient themselves and or a carer.	• Cochrane review above updated to include prevention as well as treatment. • Full trial underway, to be completed end 2013.	• Training for clinician • Simple training and guidance for patients
		Establish how abdominal massage may be effective	• Small study within the multi-centred study looking at possible mechanism of action of the abdominal massage	• Consumer- and HCP-informed research agenda. • Guideline on various aspects of abdominal massage care/service delivery. • Use of abdominal massage in various populations • Decreased rates of laxative use and admission rate for impaction.

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Intermittent Self-catheterisation (ISC)	Clean intermittent self-catheterisation (CISC) is an important management option for people who cannot empty their bladder naturally due to bladder outlet obstruction, or due to failure or incoordination of bladder muscle contraction which is most frequently associated with neurological disease. The National Health Service (NHS) England prescription database shows that approximately 47 million CISC catheters were prescribed in 2010 at a cost of £64 million.	**COSMOS** ISC is widely advocated within the MS population but it is not always continued - for example in a study of 75 patients 25% of males and 40% of females with MS had stopped using ISC within one year of being taught. What we do not know are the experiences and factors which affect continuity or discontinuity of use. A longitudinal observational study with a qualitative component will be undertaken	The study was funded by the MS Society. Recruitment is complete and we are in the final stages of data collection	Strategies to increase continued use of ISC will be developed
		ANTIC Recurrent urinary tract infection (UTI) is the commonest adverse event experienced by CISC-users affecting between 12% and 88% of cohorts. Once-daily low dose antibiotic prophylaxis is effective for women without bladder emptying problems who suffer simple recurrent UTI.	HTA funding. A pragmatic, patient randomised superiority trial comparing an experimental strategy of once daily antibiotic prophylaxis against a control strategy of no prophylaxis. Primary objectives. Site ethics application submitted RA advertised	• Determine the relative impact on incidence of UTI over 12 months • Determine the incremental cost per symptomatic UTI avoided
		Mul*TI*cath Evaluating the safety and acceptability of reusing catheters for intermittent catheterisation is one of the top 10 continence research priorities. UK practice is only to use single-use catheters	NIHR programme grant. 2 Phase study, Phase one 3 modules – cleaning, interview and implementation followed by a non-inferiority RCT comparing use of a mixed package with single use catheters. RA advertised. Collaborator's agreement about to be signed.	Robust evidence as to whether the mixed package is as good as the use of single-use catheters only in terms of urine infections, acceptability, preference and cost-effectiveness.