Group physiotherapy compared to individual physiotherapy to treat urinary incontinence in older women: A non-inferiority randomized control trial

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Background

Individual pelvic floor physiotherapy is the recommended first-line treatment for stress or mixed urinary incontinence (UI) in women, but human and financial resources limit its delivery. Group-based treatments could alleviate this problem, but individual and group-based pelvic floor physiotherapy for UI in women have never been compared in an adequately powered trial.

Methods

In a non-inferiority multicenter trial, 362 women age 60 and over with stress or mixed UI were randomized to a 12-week physiotherapy intervention either in groups or in one-on-one sessions. The primary outcome measure was the percentage reduction in UI episodes at one-year on the 7-day bladder diary; the non-inferiority threshold was 10%. Secondary outcomes included UI-related signs, symptoms and quality of life (QOL) in addition to the patient's global impression of improvement and adverse events.

Results

At one-year, median percentage reduction in UI episodes was 70% (95% confidence interval [CI], 44% to 89%) in individual compared to 74% (95% CI, 46% to 86%) in group-based physiotherapy (difference 4 %; 95% CI, -10% to 7%; P=0.58). Both interventions were similarly effective in reducing UI-related signs and symptoms and in improving incontinence-specific QOL. A high proportion of women in each study arm reported feeling 'much better' or 'very much better' (85% vs. 86%). Adverse events were minor and uncommon.

Conclusions

Group-based physiotherapy is not inferior to the recommended, resource-intense individual physiotherapy intervention for the treatment of stress and mixed UI in older women. Widespread use in clinical practice could positively impact continence-care accessibility.