

INTRODUCTION

According to the International Continence Society (2002), Urinary Incontinence (UI) is defined as the complaint of any involuntary loss of urine, representing a Public Health problem of high prevalence among peri- and postmenopausal women, with a negative impact on Quality of Life (QoL), Sexual Function and Work Productivity [1,2]. UI remains underreported and undertreated [3]. Previous eHealth interventions have been efficacious with women [4].

PURI-PRO (Portuguese Urinary Incontinence Project)

PHASE 1

• OBJECTIVES

1) Analyze the relationship between Urinary Incontinence (UI) symptoms severity and Quality of Life (QoL), Sexual Functioning, Social Isolation, and Work Productivity in peri-menopausal/post-menopausal women with UI, aged 40-65 years old;

2) Explore the association between coping strategies to manage UI and UI-related beliefs, using complementarily quantitative self-report and in depth-interviews (based on Self-Regulation Model[12]) to comprehensively understand how dysfunctional beliefs/coping (regarding UI) are associated in peri-menopausal/post-menopausal women with UI (aged 40-65 years old).

• PARTICIPANTS

2134 pre/peri/post-menopausal women aged 40-65 collected online – 1086 with U.

• DESIGN

PURI-PRO (Phase1) follows a mixed-methods, observational-descriptive, cross-sectional, and correlational design, entailing the necessary procedures for psychometric validation, structural equation model building, and qualitative analysis.

• MEASURES

- 1) King's Health Questionnaire;
 - 2) International Consultation on Incontinence Questionnaire – Short Form;
 - 3) WHO Quality of Life-Bref;
 - 4) Female Sexual Function Index;
 - 5) Work Productivity and Activity Impairment – General Health
 - 6) Brief Illness Perception Questionnaire;
 - 7) Coping Strategies for UI Instrument;
 - 8) Social Isolation Questionnaire
 - 9) Perceived Barriers to UI Treatment Search
- (7, 8 and 9 will be validated in the present study)

• DATA ANALYSIS

Structural equation model. The interviews will be analyzed with Directed Qualitative Content Analysis (MAXQDA software) and Multiple Correspondence Analysis (SPSS software).

• EXPECTED RESULTS

It is expected that women with more severe UI symptoms, will present a lower QoL, a worse sexual function, less work productivity, less functional coping strategies, a greater social isolation, a higher BMI, and more negative beliefs about UI.

PURI-PRO (Portuguese Urinary Incontinence Project)

PHASE 2

• OBJECTIVES

An individual eHealth cognitive-behavioural intervention will be developed to promote UI symptoms improvement, delivered online (weekly email format, 3-month period), to participants with UI (transitioning from Phase 1). The intervention will promote Pelvic Floor Muscle Training (PFMT), use adherence techniques, promote adaptive beliefs and functional coping strategies to manage UI (based on HAPA model [6]). The control group will receive a health literacy single-leaflet, delivered through email. Assessment moments for both groups will be at baseline, post-treatment and 6- and 12-month follow-up. This phase is intended to test the effectiveness of a low cost, easily disseminated intervention.

• PARTICIPANTS

The sample will consist of 40 women with UI, derived distributed in two groups (EG and CG).

• DESIGN

PURI-PRO(Phase2) follows an experimental design (RCT): 12 modules/weekly emails involving UI intervention (Experimental Group) vs. Health Literacy single-leaflet (Control Group), both delivered through the internet (eHealth); the study is comparative (EG vs CG) and longitudinal [baseline assessment (T0), post-intervention assessment (T1), and follow-ups at 6-month (T2) and 12-months (T3)] and quantitative.

• MEASURES

Same as Phase 1.

• DATA ANALYSIS

Repeated-measures ANOVA.

• EXPECTED RESULTS

Improvement of UI symptoms and QoL.

REFERENCES

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