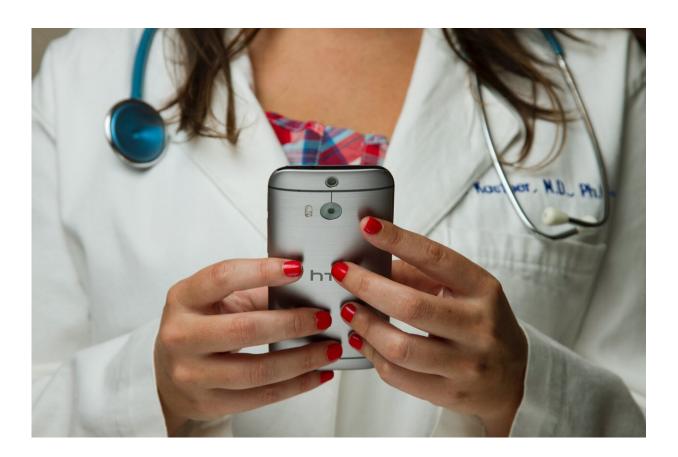


## In pilot study, asynchronous telehealth visits effectively treat overactive bladder

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Women who received treatment for overactive bladder (OAB) using asynchronous telehealth visits had significant improvement in their symptoms and high satisfaction with their care, concludes an exploratory



pilot study published in Menopause.

Overactive bladder is a common disorder that affects one in five women. This condition dramatically affects the quality of life of women affected by it, but treatment adherence is notoriously low. "Successful treatment of <u>overactive bladder</u> often requires both medication and altering behavior, such as reducing the amount of liquids consumed and cutting back on beverages containing caffeine, a bladder irritant," says first author Marcus Ortega, MD, a female pelvic medicine and reconstructive surgeon at Massachusetts General Hospital (MGH). "Patients often discontinue medications because of side effects, and the behavioral changes aren't easy to make without positive reinforcement and objective proof that they are effective. We wanted to test whether we could enhance treatment by keeping patients engaged in care and expediting therapy options."

The 23 women enrolled in the <u>pilot study</u> had been newly diagnosed with OAB during an in-person outpatient visit at MGH. Instead of scheduling a traditional clinic follow-up visit for OAB at three months, however, the women received their first asynchronous visit approximately one month from their initial in-office visit. The telehealth visit consisted of an electronic questionnaire from a clinician asking patients about their symptoms and treatment progress. Based on the patient's answers, the clinician responded with specific recommendations. "For example, the clinician might recommend switching to a different medication because of side effects or lack of efficacy, or reinforce certain behaviors to improve symptoms," Ortega explains. "The patient's answers on the validated medical questionnaires also allow us to objectively compare over time whether symptoms are improving, since it can be difficult for patients to keep track of subjective symptoms month after month."

The study participants completed a total of 50 e-visits over a mean 135 days, with most women completing two telehealth visits. All study



participants had a statistically significant improvement in urinary symptoms and a decrease in the number of incontinence episodes between their first asynchronous visit and the last one. The women reduced their fluid intake, including caffeinated and carbonated beverages, and more than 30% switched medications or had the dosage adjusted. Participants were very satisfied with the experience, rating the asynchronous visits an 8.8 on a 10-point satisfaction scale.

Despite the recent advances in overactive bladder therapies, nearly 50% of patients are frustrated with treatment results. The investigators attribute the participants' improvement in urinary symptoms in this study to more frequent engagement with their clinicians, which ultimately led to the patients' better compliance in behavioral changes and medication use. Asynchronous visits may also accelerate the time for patients to receive advanced therapies, such as Botox injections, tibial nerve stimulation, or sacral neuromodulation. Often, insurance companies require at least two medication trials before approving advanced treatment options, and asynchronous visits allow clinicians to more quickly optimize treatment and try different medications, as opposed to waiting 90 days for the patient to return for a follow-up office visit.

The investigators plan to conduct a randomized clinical trial to test whether asynchronous visits improve outcomes in OAB compared with regular office-based care. "If we can confirm the efficacy of this delivery model in a randomized trial, we hope this platform will become more widely available for other <u>medical conditions</u>," says Ortega. In addition to keeping patients engaged in follow-up care, asynchronous visits offer many other advantages, such as not requiring a camera, reduction in unnecessary medical visits, and the convenience of receiving care at a distance, especially in rural areas where few specialists practice.

More information: Marcus V. Ortega et al, Asynchronous telehealth



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