National Institute for Health and Care Excellence

Draft for consultation

Urinary incontinence and pelvic organ prolapse in women: management

[B] Treatment options for women using absorbent containment products

NICE guideline tbc

Evidence review

October 2018

Draft for consultation

These evidence reviews were developed by the National Guideline Alliance hosted by the Royal College of Obstetricians and Gynaecologists

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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ISBN:

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Treatment option review for women using absorbent containment products

Review question

How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

Introduction

The aim of this review is to determine how often women using absorbent containment products should be reviewed for alternative treatment options. There is concern amongst stakeholders and the committee that many women are using containment products in the long term without opportunity for reassessment and that there is variation in the supply of absorbent containment products.

Summary of the protocol

See Table 1Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of this review.

Table 1: Summary of protocol (PICO table)

Population	Women over 18 years of age with urinary incontinence using absorbent containment products.
Intervention	Scheduled review of absorbent containment product management. Comparisons of: • Frequency • Healthcare professional conducting assessment (e.g. other HCP or district nursing service) • Components of assessment.
Comparison	Scheduled review of absorbent containment product management: • Annual review • Review by community continence nurse (Continence Service) • Components of assessment.
Outcomes	**Critical** • Skin breakdown, ulcers • Other procedures offered (i.e. surgery)/Women moving to an alternative treatment option • Incontinence specific health-related quality of life (e.g. ICIQ, BFLUTS, I-QOL, SUIQQ, UISS, SEAPI-QMM, ISI and KHQ and E-PAQ. **Important** • Infection • Patient satisfaction

BFLUTS: Bristol Female Lower Urinary Tract Symptoms; E-PAQ: Electronic Personal Assessment Questionnaires; HCP: Healthcare Professional; ICIQ: International Consultation on Incontinence Questionnaire;

I-QOL: Urinary Incontinence Quality of Life Questionnaire; ISI: Incontinence Symptom Index; KHQ: Kings Health Questionnaire; SEAPI-QMM: Incontinence Classification System; SUIQQ: Stress and Urgency Incontinence and Quality of Life Questionnaire; UISS: Urinary Incontinence Severity Score.

For further details see review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual 2014. Methods specific to this review question are described in the review protocol in appendix A and for a full description of the methods see supplementary material C.

Declarations of interest were recorded according to NICE's 2014 conflicts of interest policy until 31 March 2018. From 1 April 2018, declarations of interest were recorded according to NICE's 2018 conflicts of interest policy. Those interests declared until April 2018 were reclassified according to NICE's 2018 conflicts of interest policy (see Register of Interests).

Clinical evidence

Included studies

A systematic review of the clinical literature was conducted but no studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and the study selection flow chart in appendix C.

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

Summary of clinical studies included in the evidence review

No studies were identified which were applicable to this review question.

Quality assessment of clinical studies included in the evidence review

No studies were identified which were applicable to this review question.

Economic evidence

Included studies

A systematic review of the economic literature was conducted but no studies were identified which were applicable to this review question. See supplementary material D for further information.

Excluded studies

No studies were identified which were applicable to this review question.

Summary of studies included in the economic evidence review

No economic evaluations were identified which were applicable to this review question.

Economic model

This question was not prioritised for economic modelling because the evidence to base this on was anticipated to be limited.

Clinical evidence statements

No studies were identified which were applicable to this review question.

Economic evidence statements

No studies were identified which were applicable to this review question.

Recommendations

B1.1 Absorbent containment products, hand held urinals and toileting aids should not be considered as a treatment for UI. Use them only as:

- a coping strategy pending definitive treatment
- an adjunct to ongoing therapy
- long-term management of UI only after treatment options have been explored. **[2006]**

B1.2 Offer a review at least once a year to women who are using absorbent containment products for long-term management of UI. The review should cover:

- routine assessment of continence
- assessment of skin integrity
- changes to symptoms, comorbidities, lifestyle, mobility, medication, BMI, and social and environmental factors
- the suitability of alternative treatment options
- the efficacy of the absorbent containment product the woman is currently using and the quantities used
- long-term management strategies. **[2019]**

B1.3 Reviews for women who are using absorbent containment products for long-term management of UI should be carried out by either:

- a registered healthcare professional who is trained in assessing continence and making referrals to specialist services **or**
- a non-registered healthcare worker, under the supervision of a registered healthcare professional who is trained in assessing continence and making referrals to specialist services.

See indications for referral to a specialist service in this guideline. **[2019]**

Rationale and impact

To be finalised during consultation.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The committee considered the following three outcomes to be critical because they have the greatest impact on a woman's quality of life and costs to the NHS: skin breakdown, ulcers, other procedures offered (i.e. surgery)/women moving to an alternative treatment option and incontinence specific health-related quality of life (e.g. ICIQ, BFLUTS, I-QOL, SUIQQ, UISS, SEAPI-QMM, ISI, KHQ and E-PAQ). The outcome of infection was considered to be an important outcome because urinary tract and skin infections are associated with significant morbidity. Patient satisfaction was an important outcome because these interventions affect daily life. No data for either the critical or important outcomes were identified.

The quality of the evidence

No clinical evidence on alternative treatment option review strategies for women who are using absorbent containment products was identified.

Benefits and harms

The committee was aware that no clinical evidence was available. The committee developed recommendations as part of this evidence review based on their clinical expertise and experience and by consensus. No recommendations had been made in the previous guidelines on how reviews for women who are using absorbent containment products should be undertaken, and how often or by whom the reviews should be undertaken.

The committee was aware of the need to review women who are using absorbent containment products to identify whether their condition had changed within the last 12 months and assess whether these women were suitable for alternative treatment options to reduce the need for long-term management with absorbent containment products. The committee discussed the important factors that need to be taken into account during this assessment. Women using absorbent containment products may be prone to skin breakdown especially if there is prolonged contact with urine, and the committee recommended that this should be regularly assessed. They were aware that there are many patient, lifestyle, social and environmental factors which may have an effect on urinary incontinence and requirement for provision of absorbent containment products should also be reviewed regularly. The committee agreed that reassessment at least once a year was necessary since some women may not receive a review of their care once they had been given absorbent containment products.

The committee agreed that the provision of routine review of the use of absorbent containment products will lead to more reviews being undertaken; provide access to opportunities for further care and support by trained professionals, and prevent women remaining on long-term use of absorbent containment products when alternatives may be better options, thereby improving quality of life. In particular the committee agreed that review should include an examination to confirm skin integrity as containment products may result in vulval skin breakdown which can cause discomfort and distress. Reviewing the impact of co-morbidities and their treatments may mean that alternatives to containment products can be offered. The committee specified some of the issues that a review should cover; the committee agreed that it should be established whether the product is needed and is effective (by assessing continence and the efficacy and quantities used), it should be assess whether the product adversely effects the skin because of the residual moisture from the product, alternative short or long-term options should to be explored with the woman to see whether another treatment may be suitable and preferable and it also needs to be

established whether the use of the product impacts on other aspects of life (for example on lifestyle and comorbidities).

The committee acknowledged that there is variation in practice in terms of who undertakes reviews of women who are using absorbent containment products, and variation in service provision. Reviews may be undertaken by a healthcare professional (for example, nurses, physiotherapists, or an assistant practitioner who works within a nursing service) or may be delegated to non-healthcare professionals. The committee was concerned that reviews may be being delegated to non-healthcare professionals without supervision by healthcare professionals trained in continence assessment, therefore highlighting the need for recommendations on appropriate delegation. The committee decided that it was important to provide a recommendation to standardise practice to ensure that reviews are undertaken or supervised by healthcare professionals trained in continence assessment.

Due to the lack of evidence the committee also discussed whether a research recommendation was needed. However, they decided that it would be difficult to create a study where women would be given different approaches to reviews of absorbent containment products (how often and by whom) since this would vary widely and would need to be tailored to each individual woman's preferences and circumstances. This was considered a low priority area for research.

Cost effectiveness and resource use

No economic evidence on alternative treatment option review strategies for women who are using absorbent containment products was available.

The committee expressed the view that many women are using absorbent containment products and it is a high-cost area for the NHS. Moreover, both women with SUI and a general UI population were being considered. As a result, small changes to the treatment review strategies are likely to have significant cost implications to the NHS. For example, every woman will need to be reviewed by someone with a certain skill and expertise every six months to a year. Therefore only small differences in staff pay rates or merely changing the frequency from once to twice a year etc., would potentially have an enormous cost impact on the NHS. The committee discussed the potential cost implications associated with ensuring that services are adequately resourced to undertake routine reviews.

The committee explained that even though a more frequent review would be more costly in terms of staff costs it might identify the need for appropriate treatment sooner. Timely, appropriate and effective treatment could save substantial sums of money to the NHS. In most cases the trade-off is between the prolonged use of absorbent containment products, occasionally for up to 20 years, and the effective appropriate conservative or surgical treatment that may have high initial costs, but potentially prevent the long-term, inefficient use of pads. There is enormous waste associated with inappropriate use of conservative treatment options, mainly pads, and that this results in substantial costs to the NHS.

The committee noted that any additional treatment costs associated with undertaking any review strategy that leads to the timely identification, and appropriate treatment, of urinary incontinence would likely be outweighed by both the longer-term improvements in health outcomes and the potential future cost savings to the healthcare system. The committee agreed that delays in appropriate treatment exacerbate symptoms and worsen the condition (by not treating it effectively), leading to enormous waste in absorbent products (that is, pads and other associated consumables). Furthermore, providing appropriate treatment (conservative or surgical) may lead to substantial cost savings to the NHS through the reduction of prolonged and inefficient use of absorbent products. The costs of which, over time, add up to substantial sums to the NHS.

Other factors the committee took into account

The committee agreed that these recommendations should consider older women and those with cognitive and physical impairments who may particularly benefit from the recommendations.

References

No studies were identified which were applicable to this review question

Appendices

Appendix A – Review protocols

Review protocol for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

Table 2: Review protocol for alternative treatment options for women using absorbent containment products

Field (based on PRISMA-P)	Content
Review question	How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?
Type of review question	Intervention
Objective of the review	The aim of this review is to determine how often women using absorbent containment products should be reviewed for alternative treatment options. There is concern amongst stakeholders and the Guideline Committee that many women are using containment products in the long term without opportunity for reassessment, that there is variation in the supply of absorbent containment products.
Eligibility criteria – population/disease/condition/issue/domain	Women over 18 years of age with urinary incontinence using absorbent containment products.
Eligibility criteria – intervention(s)/exposure(s)/prognostic factor(s)	Scheduled review of absorbent containment product management. **Comparisons of:** • Frequency • Healthcare professional conducting assessment (e.g. other HCP or district nursing service) • Components of assessment.
Eligibility criteria – comparator(s)/control or reference (gold) standard	Scheduled review of absorbent containment product management: Annual review Review by community continence nurse (Continence Service) Components of assessment

Field (based on PRISMA-P)	Content
Outcomes and prioritisation	**Critical** • Skin breakdown, ulcers • Other procedures offered (i.e. surgery)/Women moving to an alternative treatment option • Incontinence specific health-related quality of life (e.g. ICIQ, BFLUTS, I-QOL, SUIQQ, UISS, SEAPI-QMM, ISI and KHQ and E-PAQ. **Important** • Infection • Patient satisfaction
Eligibility criteria – study design	Systematic reviews of RCT RCT Comparative cohort studies will be included if no RCT evidence is retrieved.
Other inclusion exclusion criteria	Patients with neurological disease will be excluded as per the scope.
Proposed sensitivity/sub-group analysis, or meta-regression	Special consideration will be given to the following groups for which data will be reviewed and analysed separately if available: • older women • women with physical disabilities • women with cognitive impairment Special consideration of women who are considering future pregnancy was not prioritised for this question. Stratify outcomes based on long-term or short-term.
Selection process – duplicate screening/selection/analysis	Formal duplicate screening will not be undertaken for this question, although there will be senior supervision of the selection process. Hard copies of retrieved papers will be read by two reviewers and any disputes will be resolved in discussion with the Topic Advisor. Data extraction will be supervised by a senior reviewer. Draft excluded studies and evidence tables will be discussed with

Field (based on PRISMA-P)	Content
	the Topic Advisor, prior to circulation to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair.
Data management (software)	Pairwise meta-analyses, if possible, will be performed using Cochrane Review Manager (RevMan5). 'GRADEpro' will be used to assess the quality of evidence for each outcome. NGA STAR software will be used for generating bibliographies/citations, study sifting, data extraction and recording quality assessment using checklists.
Information sources – databases and dates	Sources to be searched: Medline, Medline In-Process, CCTR, CDSR, DARE, HTA, Embase Limits (e.g. date, study design): Apply standard animal/non-English language exclusion Limit to RCTs and systematic reviews in first instance but download all results Dates from 1995. For full details please see appendix B.
Identify if an update	This is a new review question in the guideline that will add to current recommendations in CG171: 1.6.1 Absorbent products, hand held urinals and toileting aids should not be considered as a treatment for UI. Use them only as: •a coping strategy pending definitive treatment •an adjunct to ongoing therapy •long-term management of UI only after treatment options have been explored. [2006]
Author contacts	Developer: The National Guideline Alliance https://www.nice.org.uk/guidance/indevelopment/gid-ng10035.
Highlight if amendment to previous protocol	For details please see section 4.5 of Developing NICE guidelines: the manual 2014.
Search strategy – for one database	For details please see appendix B.
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables).
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables) or H (economic evidence tables).

Field (based on PRISMA-P)	Content
Methods for assessing bias at outcome/study level	Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual 2014. The risk of bias across all available evidence was evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/
Criteria for quantitative synthesis (where suitable)	For details please see section 6.4 of Developing NICE guidelines: the manual 2014.
Methods for analysis – combining studies and exploring (in)consistency	For details of the methods please see supplementary material C.
Meta-bias assessment – publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual 2014. If sufficient relevant RCT evidence is available, publication bias will be explored using RevMan software to examine funnel plots. Trial registries will be examined to identify missing evidence: Clinical trials.gov, NIHR Clinical Trials Gateway.
Assessment of confidence in cumulative evidence	The GRADE approach was used. For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual 2014.
Rationale/context – Current management	For details please see the introduction to the evidence review.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by the National Guideline Alliance and chaired by Dr Fergus Macbeth in line with section 3 of Developing NICE guidelines: the manual 2014. Staff from the National Guideline Alliance undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the guideline in collaboration with the committee. For details of the methods please see supplementary material C.
Sources of funding/support	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists.
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists.
Roles of sponsor	NICE funds the National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England.

Field (based on PRISMA-P)	Content
PROSPERO registration number	Not registered with PROSPERO.

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Appendix B – Literature search strategies

Literature search strategies for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

Database: Medline & Embase (Multifile)
Last searched on Embase Classic+Embase 1947 to 2017 April 27, Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Date of last search: 28th April 2017

#	Searches
1	Urinary Incontinence/ use ppez
2	urine incontinence/ use emczd
3	Urinary Incontinence, Stress/ use ppez
4	stress incontinence/ use emczd
5	Urinary Incontinence, Urge/ use ppez
6	urge incontinence/ use emczd
7	Urinary Bladder, Overactive/ use ppez
8	overactive bladder/ use emczd
9	bladder instability/ use emczd
10	Nocturia/ use ppez
11	nocturia/ use emczd
12	exp Enuresis/ use ppez
13	exp enuresis/ use emczd
14	mixed incontinence/ use emczd
15	((stress$ or mix$ or urg$ or urin$) adj5 incontinen$).tw.
16	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).tw.
17	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).tw.
18	OAB.tw.
19	((urgency adj2 frequency) or (frequency adj2 urgency)).tw.
20	((urin$ or bladder$) adj2 (urg$ or frequen$)).tw.
21	(nocturia$ or enuresis$).tw.
22	SUI.tw.
23	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22
24	exp Absorbent Pads/ use ppez
25	exp diaper/ use emczd
26	absorbent pad/ use emczd
27	hygiene product/ use emczd
28	((continen$ or incontinen$ or absorb$ or contain$ or dispos$ or protect$ or control$) adj3 (pad$ or product$ or liner$ or shield$)).tw.
29	(underpad$ or bedpad$ or underlay pad$ or under-pad$ or bed-pad$ or under-lay pad$).tw.
30	(pant or pants or diaper$ or napkin$ or towel$).tw.
31	(panty adj (liner$ or shield$)).tw.
32	24 or 25 or 26 or 27 or 28 or 29 or 30 or 31
33	23 and 32
34	remove duplicates from 33
35	limit 34 to english language
36	letter/
37	editorial/
38	news/
39	exp historical article/
40	Anecdotes as Topic/
41	comment/
42	case report/
43	(letter or comment*).ti.
44	36 or 37 or 38 or 39 or 40 or 41 or 42 or 43
45	randomized controlled trial/ or random*.ti,ab.
46	44 not 45
47	animals/ not humans/
48	exp Animals, Laboratory/
49	exp Animal Experimentation/

#	Searches
50	exp Models, Animal/
51	exp Rodentia/
52	(rat or rats or mouse or mice).ti.
53	46 or 47 or 48 or 49 or 50 or 51 or 52
54	53 use ppez
55	letter.pt. or letter/
56	note.pt.
57	editorial.pt.
58	case report/ or case study/
59	(letter or comment*).ti.
60	55 or 56 or 57 or 58 or 59
61	randomized controlled trial/ or random*.ti,ab.
62	60 not 61
63	animal/ not human/
64	nonhuman/
65	exp Animal Experiment/
66	exp Experimental Animal/
67	animal model/
68	exp Rodent/
69	(rat or rats or mouse or mice).ti.
70	62 or 63 or 64 or 65 or 66 or 67 or 68 or 69
71	70 use emczd
72	54 or 71
73	35 and 72
74	35 not 73
75	limit 74 to yr="1990 -Current"

Database: Cochrane Library via Wiley Online

Date of last search: 28th April 2017

#	Searches
#1	MeSH descriptor: [Urinary Incontinence] this term only
#2	MeSH descriptor: [Urinary Incontinence, Urge] this term only
#3	MeSH descriptor: [Urinary Incontinence, Stress] this term only
#4	MeSH descriptor: [Urinary Bladder, Overactive] this term only
#5	MeSH descriptor: [Nocturia] this term only
#6	MeSH descriptor: [Enuresis] explode all trees
#7	((stress* or mix* or urg* or urin*) near/5 incontinen*):ti,ab,kw (Word variations have been searched)
#8	(bladder* near/5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*)):ti,ab,kw (Word variations have been searched)
#9	OAB:ti,ab,kw (Word variations have been searched)
#10	((urgency NEAR.2 frequency) or (frequency near/2 urgency)):ti,ab,kw (Word variations have been searched)
#11	(detrusor* near/5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*)):ti,ab,kw (Word variations have been searched)
#12	(nocturia* or enuresis*):ti,ab,kw (Word variations have been searched)
#13	SUI:ti,ab,kw (Word variations have been searched)
#14	((urin* or bladder*) near/2 (urg* or frequen*)):ti,ab,kw (Word variations have been searched)
#15	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14
#16	MeSH descriptor: [Absorbent Pads] explode all trees
#17	((continen* or incontinen* or absorb* or contain* or dispos* or protect* or control*) near/5 (pad* or product* or liner* or shield*)):ti,ab,kw (Word variations have been searched)
#18	(underpad* or bedpad* or underlay pad* or under-pad* or bed-pad* or under-lay pad*):ti,ab,kw (Word variations have been searched)
#19	(pant or pants or diaper* or napkin* or towel*):ti,ab,kw (Word variations have been searched)
#20	(panty next (liner* or shield*)):ti,ab,kw (Word variations have been searched)
#21	#16 or #17 or #18 or #19 or #20
#22	#15 and #21 Publication Year from 1980 to 2017

Database: Cinahl Plus

Date of last search: 28th April 2017

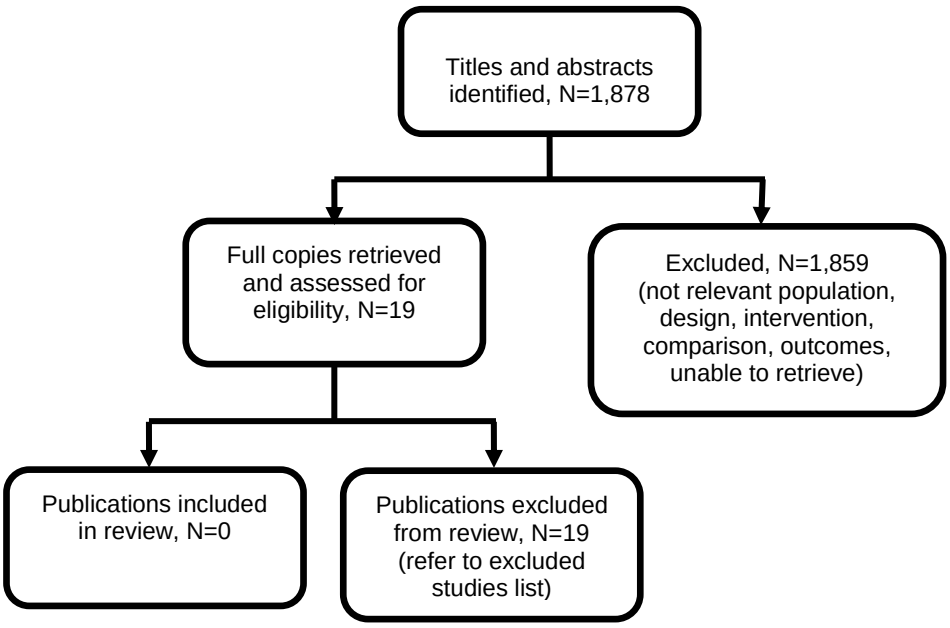
#	Searches
S15	S9 AND S14 [Limiters - Publication Year: 1990-2017, Language: English]
S14	S10 OR S11 OR S12 OR S13
S13	TI (panty N2 (liner* or shield*)) or AB (panty N2 (liner* or shield*))

#	Searches
S12	TI (underpad* or bedpad* or underlay pad* or under-pad* or bed-pad* or under-lay pad* or pant or pants or diaper* or napkin* or towel*) or AB (underpad* or bedpad* or underlay pad* or under-pad* or bed-pad* or under-lay pad* or pant or pants or diaper* or napkin* or towel*)
S11	TI ((continen* or incontinen* or absorb* or contain* or dispos* or protect* or control*) N3 (pad* or product* or liner* or shield*)) or AB ((continen* or incontinen* or absorb* or contain* or dispos* or protect* or control*) N3 (pad* or product* or liner* or shield*))
S10	(MH "INCONTINENCE AIDS")
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8
S8	TI (urgency N3 frequency) or AB (urgency N3 frequency)
S7	TI ((urin* or bladder*) N3 (urg* or frequen*)) or AB ((urin* or bladder*) N3 (urg* or frequen*))
S6	TI (nocturia* or enuresis*) or AB (nocturia* or enuresis*)
S5	TI (OAB or SUI) or AB (OAB or SUI)
S4	TI (detrusor* N3 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*)) or AB (detrusor* N3 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*))
S3	TI (bladder* N3 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*)) or AB (bladder* N3 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*))
S2	TI ((stress* or urg* or urin* or mix*) N3 incontinen*) or AB ((stress* or urg* or urin* or mix*) N3 incontinen*)
S1	(MH "URINARY INCONTINENCE") OR (MH "STRESS INCONTINENCE") OR (MH "URGE INCONTINENCE") OR (MH "OVERACTIVE BLADDER")

Appendix C – Clinical evidence study selection

Clinical evidence study selection for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

Figure 1: PRISMA flow chart for review question: how often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?



Appendix D – Clinical evidence tables

Clinical evidence tables for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No studies were identified which were applicable to this review question.

Appendix E – Forest plots

Forest plots for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No studies were identified which were applicable to this review question.

Appendix F – GRADE tables

GRADE tables for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No studies were identified which were applicable to this review question.

Appendix G – Economic evidence study selection

Economic evidence study selection for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

One global search was conducted for this review question. See supplementary material D for further information.

Appendix H – Economic evidence tables

Economic evidence tables for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No economic studies were identified which were applicable to this review question.

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No economic studies were identified which were applicable to this review question.

Appendix J – Economic analysis

Economic evidence analysis for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

Clinical studies

Table 3: Excluded studies and reasons for their exclusion

Excluded studies	
Study	**Reason for Exclusion**
Anders, K., Recent developments in stress urinary incontinence in women, Nursing standard (Royal College of Nursing (Great Britain) : 1987), 20, 48-54, 2006	Narrative literature review
Benvenuti, F., Banfi, R., D'Ippolito, P., Cottenden, A., Mencarelli, M. A., Di Benedetto, P., Criteria for prescribing aids for the management of urinary incontinence, Europa Medicophysica, 39, 101-110, 2003	Narrative literature review
Desai, N., Keane, T., Wagg, A., Wardle, J., Provision of continence pads by the continence services in Great Britain: fair all round?, Journal of wound, ostomy, and continence nursing : official publication of The Wound, Ostomy and Continence Nurses Society / WOCN, 35, 510-514, 2008	Population and intervention not relevant- questionnaire data only, no comparative data
Houston, K. A., Incontinence and the older woman, Clinics in Geriatric Medicine, 9, 157-171, 1993	Narrative literature review
Kehinde, Olufunmilola, Common incontinence problems seen by community nurses, Journal of Community Nursing, 30, 46-55, 2016	Narrative literature review
Kinn, A. C., Zaar, A., Quality of life and urinary incontinence pad use in women, International Urogynecology Journal, 9, 83-87, 1998	Study design does not meet inclusion criteria - no comparative data
Masuko, Tendayi, Continence product use: a review, Journal of Community Nursing, 26, 21-26, 2012	Study design does not meet inclusion criteria - no comparator group

Excluded studies	
McKeever, M. P., An investigation of recognized incontinence within a health authority, Journal of Advanced Nursing, 15, 1197-1207, 1990	Data is not presented separately for women
Payne, D., Selecting appropriate absorbent products to treat urinary incontinence, British journal of community nursing, 20, 551-558, 2015	Narrative literature review
Peet, S. M., Castleden, C. M., McGrother, C. W., Duffin, H. M., The management of urinary incontinence in residential and nursing homes for older people, Age and Ageing, 25, 139-143, 1996	Data is not presented separately for women
Ping, Yu, Traynor, Victoria, Hailey, David, Urinary continence care in Australian nursing homes, Australian Journal of Advanced Nursing, 32, 39-46, 2014	Study design does not meet inclusion criteria - no comparative data
Pyne, K., Stott, M., Continence. Delivering the best service, Nursing Times, 92, 60-62, 1996	Outcomes not relevant to protocol
Reid, Janice, Managing urinary incontinence: guidelines for community nurses, Journal of Community Nursing, 28, 20-26, 2014	Narrative literature review
Rivas Cerdeira, R. M., Cantarero Lafuente, L., La Orden Macorra, M. J., Reina Garfia, M. M., Burgos Gorjón, MÁ, Páez Fernández, A., Díaz Rico, MÁ, Efficiency of an intervention carried out by liaison nurses in the prescribing of absorbents, Metas de Enfermería, 10, 28-31, 2007	Unable to obtain full text publication
Smith, J. P., The problem of incontinence. 1982, Journal of Advanced Nursing, 53, 493-494, 2006	Editorial article
Sprinks, J., Treatment not pads, Nursing standard (Royal College of Nursing (Great Britain) : 1987), 27, 23, 2013	Narrative literature review
Thakar, R., Stanton, S., Regular review: management of urinary incontinence in women, BMJ, 321, 1326-31, 2000	Narrative literature review
Wagg, A. S., Newman, D. K., Leichsenring, K., van Houten, P., Developing an internationally-applicable service specification for continence care: systematic review, evidence synthesis and expert consensus, PLoS ONE [Electronic Resource], 9, e104129, 2014	Systematic review - references checked for inclusion
Wells, M., Meeting the needs of people with urinary incontinence, Community nurse, 6, 35-36, 2000	Narrative literature review

Economic studies

No economic evidence was identified for this review question. See supplementary document D for further information.

Appendix L – Research recommendations

Research recommendations for review question: How often, by whom and how should alternative treatment options be reviewed for women who are using absorbent containment products?

No research recommendation was made for this review question.