

## **Daly, Ciara ME, et al., 2021 Abstract**

### **Self-Management of OAB Using TTNS**

#### **Objective**

The aim of this study was to explore women's experiences of overactive bladder (OAB) syndrome and the use of transcutaneous tibial nerve stimulation (TTNS) treatment and the perceived factors influencing participation and adherence.

#### **Results**

The study found that women self-managing OAB considered TTNS easy to administer, flexible, and favorably 'convenient,' especially when the participant was bound by work and other life commitments. In contrast to OAB symptoms 'dominating life,' self-managing bladder treatment was empowering and fitted around home life demands.

Flexibility and control engendered by self-management facilitated women's willingness to participate in TTNS. Women attending a hospital clinic for TTNS enjoyed the social aspects but found that routine appointments constrained their lives.

The study provided insights into women's experiences of self-managing their OAB using TTNS compared to hospital/health care professional-led (HCP-led) management in the clinical setting. It highlights positive experiences of self-managing TTNS at home and a willingness to continue in the longer term, facilitated by ease of use and convenience.

#### **Participants and Researchers**

Sixteen women were interviewed, eight self-managing TTNS at home and eight receiving TTNS in twice-weekly hospital clinic appointments.

The researchers were Ciara Daly, Lynette Loi, Dalia Saidan, Karen Guerrero, and Veenu Tyagi from the Department of Urogynaecology, Queen Elizabeth University Hospital, Glasgow, Scotland, UK; and Jo Booth, School of Health and Life Sciences, Glasgow Caledonian University, Glasgow.

#### **Methods**

For both groups, the TTNS programme involved delivery of 30-minute stimulation sessions twice weekly for six weeks, using the NeuroTrac Continence NT4 device (Verity Medical). The study was semi-structured, with individual interviews conducted as part of a mixed-methods, randomised, feasibility trial of self-managed versus HCP-led TTNS.

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