Continence Health Promotion and Awareness Raising Project

RFA 230/0506
Submitted to
Australian Government
Department of Health and Ageing

Submitted by
Continence Foundation of Australia
Executive Summary

Under The Continence Health Promotion and Awareness Raising Project (RFA 230/0506) the Continence Foundation of Australia (CFA) conducted a clinical content review of forty five current information products available under the National Continence Management Strategy. The review process included:

- undertaking a review of current printed information products available under the National Continence Management Strategy (the Strategy), including reviewing clinical content with research, multi disciplinary and clinical input; and
- conducting one on one and focus group testing linked to the provision of information resources developed in the clinical review

1 Methods

1.1 Clinical Review

Two methodologies for clinical review were employed. A Clinical Review Workshop was conducted with a group of relevant and interested professionals to review resources which could be most effectively reviewed through group discussion. Individual Clinical Review was undertaken by selected relevant professionals for resources which required individual attention, due to resource length and complexity.

1.1.1 Workshop Procedure

- Standard Series and The Bladder Management Problems Self Assessment Checklist

All resources were reviewed in terms of content and format only. English only versions were reviewed, and no testing of translated versions of resources for cultural appropriateness was undertaken, as this was beyond the scope of this project.

During the workshop, the written materials were evaluated using a checklist developed from the criteria derived by Paul et al., which have been shown to have content validity and to be considered important by both experts and consumers. The Expert Review Panel Checklist included seven relevant criteria:

- Currency and accuracy
- Content
- Relevance
- Writing style
- Illustrations
- Motivational messages, and
- Cueing for important points.

The response options for each criterion were:

- Strongly disagree
- Disagree
- Not sure
- Agree
- Strongly agree, and
Comments were encouraged for each checklist section. A copy of the Expert Review Panel Checklist can be found at Appendix 2. The checklists and summary sheets developed for the Clinical Review ensured standardisation of ratings and comments across all experts, to maintain the rigour of the review.

The review panel was separated into three heterogeneous groups of experts to discuss a cross-section each of the resources. Given the number of resources, this was felt to be the most efficient way to achieve review of all resources. The resources allocated to each group included sets of resources which were expected to have potential for overlap (for example, pamphlet CFA-05, fact sheet DOHA-6 and ATSI series pamphlet 11 on Dementia and Incontinence were all reviewed by the same group). Resources were also allocated according to the relevant expertise of the individuals making up the groups, for example resources related to pregnant women or those who had babies were allocated to the group which included a urogynaecologist. A selection of three resources was also reviewed across all three groups to gain a measure of inter-rater reliability.

Experts reviewed each allocated resource individually, then discussed their opinions with other group members. During this discussion, the group decided upon an overall rating for each resource.

1.1.2 Expert Reviewers

Health and aged care professionals, including continence nurses, continence physiotherapists, aged care educators, urogynaecologists and gerontologists, were invited to review the National Continence Management Strategy Publications.

1.2 Focus Group Testing

A Discussion Guide was developed for Health Care Professionals and a separate Guide developed for use with those currently affected and those at risk of being affected by incontinence.

Three key audiences were included in the research:

- Those currently affected by incontinence
- Those at risk of being affected by incontinence
- Health care professionals

The objectives were addressed using qualitative research by way of focus groups and in-depth interviews. The research was conducted in two stages:

- Review of existing resources
- Review of New Resources

The Initial Resource Review was used to review both the messages and the format of the information resources, as well as to provide input into the development of replacement brochures. The Existing Resource Review was conducted using the existing resources prior to the completion of the clinical reviews.

The Review of New Resources used mock ups of the resources that were rewritten after the clinical review.
2 Results

A Standard Series of resources has been identified, and this series has been sub divided into two subsets: a general set and a specialist set.

The following chart shows the new standard series of resources, along with the reviewer’s rating of the resource and the resource status at the end of this project.

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Rating</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Set</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder Management Problems Self Assessment Checklist (Incontinence: You don’t have to put up with it. Bladder Control Self Assessment)</td>
<td>Satisfactory with major changes</td>
<td>Rewritten</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Women Pamphlet (CFA-01)</td>
<td>Satisfactory with minor changes</td>
<td>Rewritten</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men Pamphlet (CFA-02)</td>
<td>Satisfactory with minor changes</td>
<td>Rewritten</td>
</tr>
<tr>
<td>What is a Continence Assessment Fact Sheet (DOHA-11)</td>
<td>Satisfactory with major changes</td>
<td>Rewritten</td>
</tr>
<tr>
<td>Dementia And Incontinence Fact Sheet (DOHA-6)</td>
<td>Satisfactory with minor changes</td>
<td>Rewritten</td>
</tr>
<tr>
<td>Faecal Incontinence Pamphlet (DOHA-14)</td>
<td>Unsatisfactory</td>
<td>Rewritten</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone Pamphlet (CFA-07)</td>
<td>Satisfactory with major changes</td>
<td>Rewritten</td>
</tr>
<tr>
<td><strong>Specialist Set</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expecting A Baby Pamphlet (CFA-08)</td>
<td>Satisfactory with minor changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Bladder Training Fact Sheet (DOHA-3)</td>
<td>Satisfactory with major changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Bed-Wetting In Young Adults Pamphlet (CFA-10)</td>
<td>Satisfactory with minor changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Incontinence Aids And Appliances Fact Sheet (DOHA-9)</td>
<td>Satisfactory with minor changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Childhood Bedwetting Pamphlet (CFA-13)</td>
<td>Satisfactory with minor changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Bladder Problems and the Prostate Pamphlet (CFA-14)</td>
<td>Satisfactory with minor changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Nocturia-Going To The Toilet At Night Pamphlet (CFA-15)</td>
<td>Satisfactory with major changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>One In Three Women Who Ever Had A Baby Wet Themselves Fact Sheet (DOHA-13)</td>
<td>Satisfactory with major changes</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td>Surgery For Stress Incontinence In Women Fact Sheet (DOHA-15)</td>
<td>Unsatisfactory</td>
<td>Recommend Specialist Rewrite</td>
</tr>
<tr>
<td><strong>Other Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 In 3 Women Who Ever Had A Baby Booklet and Magnet</td>
<td>Satisfactory with minor changes.</td>
<td>Retained</td>
</tr>
<tr>
<td>Continence Speakers Kit</td>
<td>Satisfactory with (very) minor changes.</td>
<td>Retained</td>
</tr>
</tbody>
</table>

3 Conclusions

There were some general comments made about resources which should be carried across all resources produced for continence promotion. Briefly, these were:
Ensure that all main messages are prominent (i.e. upfront and emphasised)
Minimise distractions from the main message (e.g., “Diabetes Warning”)
Date all resources (MM/YYYY), so that the next review can judge comparative currency of resources more easily
Use Australian English, not US English
Standardise all terms used (e.g., for incontinence, urine, constipation, etc.)
Standardise all recommendations (e.g., level of fluid intake)
Review the most recent recommendations and definitions from the ICS (International Continence Society) for all resources
Change “Pelvic Floor exercises” to “Pelvic Floor Muscle Training” throughout all resources (ICS recommendation)
Provide alternative simple explanation for technical terms (e.g., ‘urge’ = rush to use the toilet)
Standardise and simplify the Back Page for all resources, with contact numbers and recommended health professionals. See the model given in rewritten resources. Contact numbers should be checked regularly for accuracy
Reduce the number of words and simplify words for all resources. Reading Age should be checked for all text. Aim for Reading Age of 7 years. A significant proportion (45%–55%) of the adult population in Australia fall into the lowest two of the five International Adult Literacy Survey levels. For a general population sample, we would usually recommend that health promotion materials be pitched at a reading Age of 9 which is the average accepted reading age across the general population. However, given that the target group for incontinence includes a greater proportion of older and frail people, to allow for greater accessibility to this information, we have recommended that these materials be pitched at a Reading Age of 7 years.

The outcome of the review project has been the development of a new standard series of resources. This standard series comprises:
- a general set of information resources which have been rewritten; and
- a specialist set which have been reviewed, and recommended changes identified.

Whilst outside the scope of this project, the report also identifies how the standard series can be adapted to meet the needs of the CALD and ATSI communities. The adaptations will require appropriate cultural sensitivities being addressed.

4 Recommendations

The final recommendations are encapsulated in the identification of resources that have been changed, those still requiring changes and those to be deleted.

Seven resources (the Standard Series – General Set) that have been rewritten and mock ups created for focus testing in the second phase of the project.

<table>
<thead>
<tr>
<th>Standard Series - General Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Floor Exercises For Women Pamphlet (CFA-01)</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men Pamphlet (CFA-02)</td>
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<td>What is a Continence Assessment Fact Sheet (DOHA-11)</td>
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<td>Dementia And Incontinence Fact Sheet (DOHA-6)</td>
</tr>
<tr>
<td>Faecal Incontinence Pamphlet (DOHA-14)</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone Pamphlet (CFA-07)</td>
</tr>
</tbody>
</table>
A Standard Series - Specialist Set of resources, with more specific target audiences, or for those with specialist knowledge has been identified. These resources have not been rewritten, but versions of the existing text have been annotated with the recommendations of the review workshop.

<table>
<thead>
<tr>
<th>Standard Series - Specialist Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expecting A Baby Pamphlet (CFA-08)</td>
</tr>
<tr>
<td>Bladder Training Fact Sheet (DOHA-3)</td>
</tr>
<tr>
<td>Bed-Wetting In Young Adults Pamphlet (CFA-10)</td>
</tr>
<tr>
<td>Incontinence Aids And Appliances Fact Sheet (DOHA-9)</td>
</tr>
<tr>
<td>Childhood Bedwetting Pamphlet (CFA-13)</td>
</tr>
<tr>
<td>Bladder Problems and the Prostate Pamphlet (CFA-14)</td>
</tr>
<tr>
<td>Nocturia-Going To The Toilet At Night Pamphlet (CFA-15)</td>
</tr>
<tr>
<td>One In Three Women Who Ever Had A Baby Wet Themselves Fact Sheet (DOHA-13)</td>
</tr>
<tr>
<td>Surgery For Stress Incontinence In Women Fact Sheet (DOHA-15)</td>
</tr>
</tbody>
</table>

Fourteen resources were rejected and were not included in any of the Standard Series.

<table>
<thead>
<tr>
<th>Rejected Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Floor Exercises For Women Fact Sheet (DOHA-5)</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men Fact Sheet (DOHA-4)</td>
</tr>
<tr>
<td>Constipation And Incontinence Pamphlet (CFA-03)</td>
</tr>
<tr>
<td>Constipation And Incontinence Fact Sheet (DOHA-7)</td>
</tr>
<tr>
<td>Continence Assessment Pamphlet (CFA-04)</td>
</tr>
<tr>
<td>Dementia And Incontinence Pamphlet (CFA-05)</td>
</tr>
<tr>
<td>Faecal Incontinence Fact Sheet (CFA-06)</td>
</tr>
<tr>
<td>Bladder Training Pamphlet (CFA-09)</td>
</tr>
<tr>
<td>Aids And Appliances Pamphlet (CFA-11)</td>
</tr>
<tr>
<td>Urinary Incontinence: What Is It? Pamphlet (CFA-12)</td>
</tr>
<tr>
<td>Urinary Incontinence: What Is It? Fact Sheet (DOHA-1)</td>
</tr>
<tr>
<td>Bladder Problems And The Prostate Fact Sheet (DOHA-8)</td>
</tr>
<tr>
<td>Incontinence: Myths And Facts Fact Sheet (DOHA-10)</td>
</tr>
<tr>
<td>Frequently Asked Questions Fact Sheet (DOHA-12)</td>
</tr>
</tbody>
</table>

A set of ATSI resources, which are based on the Standard Series - General Set, has been identified.

<table>
<thead>
<tr>
<th>ATSI Retained Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Training</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone</td>
</tr>
<tr>
<td>What Is A Continence Assessment</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Women</td>
</tr>
<tr>
<td>Dementia and Urinary Incontinence</td>
</tr>
<tr>
<td>Continence Products and Appliances</td>
</tr>
<tr>
<td>Bladder Problems and the Prostate Pamphlet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATSI Rejected Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continence Myths And Facts</td>
</tr>
<tr>
<td>What Is Urinary Incontinence?</td>
</tr>
<tr>
<td>Constipation and Urinary Incontinence</td>
</tr>
<tr>
<td>A List of Ten Frequently Asked Questions</td>
</tr>
</tbody>
</table>
Recommendations from the clinical review

The clinical review produced a series of general and brochure specific recommendations. The general recommendations are:

- Emphasise the main message
- Minimise distractions from the main message
- Date all resources (MM/YYYY)
- Use Australian English
- Standardise all terms, all recommendations, all numbers and quantities, all Back Pages and information contact details
- Review all recommendations and definitions to conform with ICS (International Continence Society) recommendations
- Simplify all language, especially technical terms, and aim for a Reading Age of 7 years
- Test all terms for consumer comprehension and accepted lay alternatives
- Check all telephone contacts and websites for accuracy
- Review all resources at a minimum of every 5 years, particularly for accuracy and currency. A review every 2 years would be preferred.

As part of the specific recommendations, a general standard set of brochures has been rewritten:

- Incontinence: You don't have to put up with it. Bladder Control Self Assessment
- Good Bladder Habits For Everyone
- Poor Bowel Control
- Assessment of Bladder Control
- Pelvic Floor Muscle Training For Women
- Pelvic Floor Muscle Training For Men
- Dementia And Incontinence

The resources in the specialist standard need to be rewritten. The detailed information required for the rewrite has been included in the detailed recommendations for the following resources:

- Expecting A Baby
- Bladder Training
- Bed-Wetting In Young Adults
- Incontinence Aids And Appliances
- Childhood Bedwetting
- Bladder Problems and the Prostate
- Nocturia-Going To The Toilet At Night
- One In Three Women Who Ever Had A Baby Wet Themselves
- Surgery For Stress Incontinence In Women

For ATSI resources it is recommended to:
Retain the eight existing resources, but rewrite the content in line with recommendations made for the equivalent standard series resources.

Recommendations from the focus groups

Focus groups and interviews were used to gauge the acceptance of a selection of existing resources. After the clinical review was completed, mock ups of seven of the rewritten resources were tested with focus groups and interviewees.

The focus group review produced comparisons between the existing resources and the rewritten resources. The new set of information resources score higher than the original set of brochures.

The focus groups used in this part of the project evaluated seven rewritten and redesigned brochures. Each of the new resources performs exceptionally well in terms of the headline of the brochure capturing the attention of readers.

Overall, participants were extremely pleased with the new resource format and design. Not only are the resources easier to read than the original resources, the style and the layout of the brochures encourages readership. The focus group testing suggested a small number of changes:

- Use bold colour scheme in all brochures, in preference to the pale colour scheme.
- Put the brochure number on the front of the brochure – top right hand corner as in original CFA brochures.
- When referencing ‘other brochures in this series’, include both the brochure name and brochure number.
- Revision date to be in slightly larger font.
- Australian Government Initiative logo to be slightly larger.
- Ensure ‘Freecall’ is on all brochures.
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Introduction

The Continence Health Promotion and Awareness Raising project was set up to improve the quality and accuracy of printed information resources distributed to the Australian public and health professionals and to identify health promotion opportunities related to these products. Prior to the letting of the tender for the project the Department of Health and Ageing (DoHA) advised that they would not proceed with health promotion component of the tender.

Within the overall tasks, the project was specifically required to conduct a review of:

- 15 Continence Foundation of Australia (CFA) brochures; and
- 15 Department of Health and Ageing (DoHA) continence fact sheets with the aim of eliminating duplication and developing a comprehensive Standard Series of brochures/leaflets.
- 12 Aboriginal and Torres Straits Islander brochures. with the aim of developing a standardised set of brochures that reflect the resources contained in the Standard Series.
- Review three other resources:
  - in 3 Women who ever had a baby booklet and magnet;
  - Continence Speakers Kit; and
  - Bladder Management Problems, Self-Assessment brochure.
- Conduct focus testing of resources.

The Continence Foundation of Australia (CFA) subcontracted a team from the Research Centre for Gender, Health and Ageing (RCGHA) at the University of Newcastle to conduct the Clinical Review of the National Continence Management Strategy (NCMS) printed information products. This team was lead by Dr Lynne Parkinson, Senior Research Fellow RCGHA, and included Professor Julie Byles, Director RCGHA, Dr Pauline Chiarelli, Senior Lecturer, Discipline of Physiotherapy, and Ms Jennifer Byrne, Senior Research Assistant RCGHA.

The specific methods, results and detailed recommendations developed during this portion of the project are described in the Methods section of this report.

The one on one and focus group testing was conducted by Intouch with the assistance of Rhonda McLaren from Footprints Market Research.

Specific research objectives were to:

- Obtain reactions to individual brochures in terms of:
  - language (vernacular)
  - length
  - accuracy
  - content
  - design
- Determine the effectiveness of the brochures with the target audiences.
- Elicit input into the proposed design and format of future brochures.
- Identify information needs of the target audiences.

The specific methods, results and detailed recommendations developed during this portion of the project are described in the Methods section of this report.
Methods

5 Research method for clinical review of current printed information products

Two methodologies for clinical review were employed. A Clinical Review Workshop was conducted with a group of relevant and interested professionals to review resources which could be most effectively reviewed through group discussion. Individual Clinical Review was undertaken by selected relevant professionals for resources which required individual attention, due to resource length and complexity.

5.1 Clinical Review Workshop

5.1.1 Resources reviewed

The following resources were reviewed during the Clinical Review Workshop:

→ The Standard Series
→ The Aboriginal and Torres Strait Islanders Series
→ The Bladder Management Problems Self Assessment Checklist

5.1.2 Expert Reviewers

Health and aged care professionals, including continence nurses, continence physiotherapists, aged care educators, urogynaecologists and gerontologists, were invited to review the National Continence Management Strategy Publications. The panel of expert reviewers is detailed in Appendix 2.

5.1.3 Workshop Procedure

→ Standard Series and The Bladder Management Problems Self Assessment Checklist

All resources were reviewed in terms of content and format only. English only versions were reviewed, and no testing of translated versions of resources for cultural appropriateness was undertaken, as this was beyond the scope of this project.

During the workshop, the written materials were evaluated using a checklist developed from the criteria derived by Paul et al., which have been shown to have content validity and to be considered important by both experts and consumers. The Expert Review Panel Checklist included seven relevant criteria:

→ Currency and accuracy
→ Content
→ Relevance
→ Writing style
→ Illustrations
→ Motivational messages, and
→ Cueing for important points.

The response options for each criterion were:

→ Strongly disagree
→ Disagree
Not sure
Agree
Strongly agree, and
Not applicable.

Comments were encouraged for each checklist section. A copy of the Expert Review Panel Checklist can be found at Appendix 2. The checklists and summary sheets developed for the Clinical Review ensured standardisation of ratings and comments across all experts, to maintain the rigour of the review.

The review panel was separated into three heterogeneous groups of experts to discuss a cross-section each of the resources. Given the number of resources, this was felt to be the most efficient way to achieve review of all resources. The resources allocated to each group included sets of resources which were expected to have potential for overlap (for example, pamphlet CFA-05, fact sheet DOHA-6 and ATSI series pamphlet 11 on Dementia and Incontinence were all reviewed by the same group). Resources were also allocated according to the relevant expertise of the individuals making up the groups, for example resources related to pregnant women or those who had babies were allocated to the group which included a urogynaecologist. A selection of three resources was also reviewed across all three groups to gain a measure of inter-rater reliability.

Experts reviewed each allocated resource individually, then discussed their opinions with other group members. During this discussion, the group decided upon an overall rating for each resource, using an Expert Group Summary Comments sheet (See Appendix 2) with the scoring options:

- Satisfactory with no recommended changes
- Satisfactory with minor changes suggested
- Satisfactory with major changes suggested, or
- Unsatisfactory for use.

Suggested changes to each resource were noted on the resource itself and in the comments section of the checklist and summary sheet. Experts were also asked to suggest new or changed messages if the current message was unclear or inappropriate.

The Aboriginal and Torres Strait Islanders Series

The Aboriginal and Torres Strait Islanders (ATSI) Series was reviewed by the expert panel of clinicians in terms of the main message only, and with regard to aligning this series with the resources contained in the recommended Standard Series. No testing for cultural appropriateness of either language or images was undertaken, as this was beyond the scope of this project.

The ATSI series was reviewed after the Standard Series discussions, using the Expert Review Group Comments: ATSI Series Sheet (See Appendix 2). Where the related Standard Series resource was recommended for deletion from the series, it was also recommended that the ATSI Series resource be deleted.

No suggestions for wording changes were elicited from experts, given that these suggestions would be inappropriate from this particular expert group. Specialists in ATSI culture are the appropriate reviewers for wording of these resources. However, recommendations that the wording be changed in line with the Standard Series were noted.

5.1.4 Analyses

Expert Review Checklists and Summary Sheets were data entered to allow for qualitative summary and statistical analysis.

Given the very small sample size of reviewers, only descriptive analyses were performed, such as mean, minimum and maximum ratings.
The comments provided by reviewers were collated as in-depth results, and summarised for presentation in the report. Changes to resources were annotated within the text of each retained resource.

5.1.5 Reliability of Resource Ratings

Three resources were included in the review selection across all three groups of experts within the workshop (Bladder Management Problems Self Assessment Checklist; Urinary Incontinence: What Is It? Fact Sheet DoHA-1; What is a Continence Assessment Fact Sheet DoHA-11). Ratings on these resources were used to judge the comparative reliability of ratings across experts. The Intraclass Correlation Coefficient (ICC) was used to assess inter-rater reliability given there were up to 10 raters across resources. The coefficient of intraclass correlation is an ANOVA-based type of correlation which measures the relative homogeneity within groups in ratio to the total variation. Agreement is excellent if the Intraclass Correlation Coefficient is close to 1; moderate if ICC is close to 0.5, and poor if ICC is close to 0.

5.1.6 Synthesis

Following collation of the Clinical Review Workshop results, the project team met to synthesize recommendations for a Standard Series of Resources.

The recommended General Set of resources were rewritten by the project team using the annotated comments generated during the workshop, and with regard to accepted health promotion principles. For each resource, the following questions were asked to aid revision:

→ What is the main message?
→ Who is the target audience?
→ What is the emphasis?
→ What are the motivational statements?

5.2 Individual Clinical Review

5.2.1 Resources reviewed

An individual clinical review approach was used for the following resources:

→ The 1 in 3 Women Who Ever Had a Baby booklet and magnet.
→ The Continence Speakers Kit

5.2.2 Expert Reviewers

Two continence experts were asked to review the 1 in 3 Women who ever had a baby booklet and magnet. For the Continence Speakers Kit, two reviewers were continence-specific experts, and one was a non-continence specific health professional. This third reviewer was included to obtain a view of the usefulness of the kit to other professionals invited to talk on continence issues, but with lesser professional knowledge of the area.

5.2.3 Individual Review Procedure

Both resources were reviewed in terms of content and format only. English only versions were reviewed, and no testing of translated versions of resources for cultural appropriateness was undertaken, as this was beyond the scope of this project.

→ The 1 in 3 Women Who Ever Had a Baby booklet and magnet.

This resource was reviewed using the Expert Review Panel Checklist, as described above. Seven relevant criteria (Currency and accuracy, Content, Relevance, Writing style, Illustrations, Motivational messages; and Cueing for important points) were rated according to six response options (From Strongly Disagree to Strongly Agree; and Not Applicable.). Comments were encouraged for each Checklist section.

→ The Continence Speakers Kit
Given the format of this resource, specific questions were developed to assess content, format, usefulness and ease of use in the current configuration. Suggested changes were specifically elicited. A copy of the Continence Speakers Kit Review Questions can be found at Appendix 3.

5.2.4 Analyses and Synthesis

The comments provided by reviewers were collated, summarised for presentation in the report.

6 Research method for one on one and focus group testing

The research project focused on the following stakeholder groups:

→ People affected by incontinence who are reluctant to seek help or advice
→ People affected by incontinence who self manage
→ People affected by incontinence who are carer dependent
→ People at risk of developing incontinence, including:
  • Pregnant women and new mothers
  • Women around the age of menopause or older
  • Men in mid-life or older
→ People who have conditions likely to cause incontinence, including:
  • People with spinal cord injuries
  • People living in dementia
  • Men with prostate problems
→ Carers of people with incontinence
→ Health care professionals, including:
  • General practitioners
  • Physiotherapists
  • Nurses/mid-wives
  • Continence nurses

These stakeholder groups were collapsed into three key audiences:

→ Those currently affected by incontinence
→ Those at risk of being affected by incontinence
→ Health care professionals

A Discussion Guide was developed for Health Care Professionals and a separate Guide developed for use with those currently affected and those at risk of being affected by incontinence.

Three key audiences were included in the research:

→ Those currently affected by incontinence
→ Those at risk of being affected by incontinence
→ Health care professionals
The objectives were addressed using qualitative research by way of focus groups and in-depth interviews.

The research was conducted in two stages:

→ Review of current resources
→ Review of rewritten resources

The review of current resources was used to review both the messages and the format of the information resources, as well as to provide input into the development of replacement brochures. The Initial Resource Review was conducted using the existing resources prior to the completion of the clinical reviews.

The review of rewritten resources built on the earlier evaluation of resources and was informed by the recommendations of the clinical review as well as using the rewritten resources.

In total, 9 focus groups and 22 in-depth interviews were conducted. They were split between the review of current resources and the review of rewritten resources as shown in Table 1.

Table 1: Focus Group Split

<table>
<thead>
<tr>
<th>Review of current resources</th>
<th>Review of Rewritten Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 6 focus groups</td>
<td>• 3 focus groups</td>
</tr>
<tr>
<td>• 15 in-depth interviews</td>
<td>• 7 in-depth interviews</td>
</tr>
</tbody>
</table>

The design achieved national coverage by each stakeholder group, including regional and metropolitan coverage. A mixture of males and females were included in the research.

Some participants who took part in the Initial Resource Review were invited to continue their involvement through to Review of New Resources. This enabled a thorough comparison to take place between the original CFA brochures and the redesigned set of brochures. Table 2 outlines the sample structure.

Table 2: Comparison of Initial Resource Review and Review of New Resources

<table>
<thead>
<tr>
<th>Currently affected by incontinence</th>
<th>Review of current resources</th>
<th>Review of Rewritten Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 focus group in each of the following capital cities:</td>
<td>Buddhism (all females)</td>
<td>Brisbane (all females)</td>
</tr>
<tr>
<td>• Sydney (males and females)</td>
<td></td>
<td>Sydney (all females)</td>
</tr>
<tr>
<td>• Melbourne (males and females)</td>
<td></td>
<td>Melbourne (males and females)</td>
</tr>
<tr>
<td>1 focus group in each of the following regional locations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cairns (all females)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Newcastle (all females)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bendigo (males and females)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-depth interviews with members of the target market in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adelaide (female/ Indigenous )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Perth (male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Darwin (female)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At risk of being affected by incontinence</th>
<th>Review of current resources</th>
<th>Review of Rewritten Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth interviews with members of the target market in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Brisbane (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cairns (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sydney (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-depth interviews with members of the target market in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cairns (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Newcastle (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Melbourne (male)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.1 Health Care Professionals and Consumer Groups

6.1.1 Health Care Professionals

Each health care professional was sent a Continence Speakers Kit which included:

→ PowerPoint presentation (OHT, disk and hardcopy)
→ Posters x 2
→ ‘Where to get help’ cards
→ Kit instruction
→ Questions and Answers and Facts and Statistics hardcopy

In addition, health professionals were sent a selection of CFA brochures for review and a selection of the 12 Aboriginal and Torres Strait Islander brochures detailed in Section 13.1.

Health care professionals were sent a covering letter explaining the research process and outlining their requirements. They each received $100 each for their contribution.

6.1.2 Consumers

Prior to taking part in the research, each participant was sent a selection of printed information resources from the 15 CFA brochures. In addition, participants taking part in the initial resource review were sent the ‘One in three women who ever had a baby wet themselves’ booklet and magnet, together with the ‘Bladder Management Self Assessment Questionnaire’.

Included with the printed material was a covering letter explaining the research process and asking participants to review the material prior to the scheduled focus group or in-depth interview.

Included in the consumer component of the research were people who suffered from incontinence to mild, moderate or severe degrees. Participants included pregnant women, new mothers, menopausal women, a full time carer of a boy with cerebral palsy and men with prostate problems.

Each health care professional taking part in the research either specialised in incontinence or extensively worked with people affected by incontinence.

<table>
<thead>
<tr>
<th>Review of current resources</th>
<th>Review of Rewritten Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melbourne (male)</td>
<td>Perth (male)</td>
</tr>
<tr>
<td>Perth (male)</td>
<td></td>
</tr>
<tr>
<td>Darwin (female)</td>
<td></td>
</tr>
<tr>
<td>In-depth interviews with the following health professionals:</td>
<td>In-depth interviews with the following health professionals:</td>
</tr>
<tr>
<td>GP – Brisbane</td>
<td>Physiotherapist – Sydney</td>
</tr>
<tr>
<td>Physiotherapist – Sydney</td>
<td>Physiotherapist – Melbourne</td>
</tr>
<tr>
<td>Continence Nurse – Bendigo</td>
<td>Physiotherapist – Darwin</td>
</tr>
<tr>
<td>Physiotherapist – Melbourne</td>
<td></td>
</tr>
<tr>
<td>Continence Nurse Advisor – Perth</td>
<td></td>
</tr>
<tr>
<td>Physiotherapist – Darwin</td>
<td></td>
</tr>
</tbody>
</table>

Total

- 6 focus groups
- 15 in-depth interviews

- 3 focus groups
- 7 in-depth interviews
Due to the large number of resources for review, participants were given between 5 and 9 CFA brochures in addition to the booklet and questionnaire mentioned above. The CFA brochures provided to each participant were chosen with the target audience in mind. For example, only pregnant women were asked to review CFA 08 ‘Expecting a Baby? ’; only men were asked to review CFA 02 ‘Pelvic Floor Muscle Exercises for Men’ and CFA 14 ‘The Prostate and Bladder Problems’. Similarly only females were sent CFA 01 ‘Pelvic Floor Muscle Exercises for Women’.

As part of the focus groups and in-depth interviews, participants were asked to rate the printed materials on the following:

- The headline catches my attention and makes me want to read on
- The overall look of the brochure appeals to me
- The style of the brochure makes me want to read on
- The content of the brochure is easy to understand
- There is the right amount of information in the brochure
- The brochure is well laid out and easy on the eye
- There are good use of images in the brochure
- The brochure encourages people to seek help

A balanced 5-point scale was used to evaluate each criterion:

- Agree strongly (5)
- Agree slightly (4)
- Neither (3)
- Disagree slightly (2)
- Disagree strongly (1)

Each consumer participant was paid a financial incentive of $60 for their participation.
Results

7 Clinical review research results

The following paragraphs provide the results from:

- the clinical review workshop which examined:
  - the standard series of resources
  - the ATSI series of resources
  - the Bladder Management Problems Self Assessment Checklist

- the individual clinical review which examined:
  - The 1 in 3 Women Who Ever Had a Baby booklet and magnet
  - the Continence Speakers Kit

7.1 Clinical Review Workshop

7.1.1 Results for the Standard Series of Resources

The Standard Series is divided into two subsets: a general set and a specialist set.

Six resources were recommended for retention as a “General Set” of resources, with target audiences of the general population and people with incontinence. Table 3 provides a summary of the results of the Clinical Review Workshop for the Standard Series – General set of resources. In-depth results are provided in a separate document. These resources have been rewritten according to the advice of the expert review, and the rewritten versions are included in Appendix 1.
### General Set (Rewritten)

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Rating</th>
<th>Main message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Floor Exercises For Women Pamphlet (CFA-01)</td>
<td>Satisfactory with minor changes</td>
<td>Pelvic floor muscle training promotes strong pelvic floor muscles which can protect or improve women's bladder control</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men Pamphlet (CFA-02)</td>
<td>Satisfactory with minor changes</td>
<td>Pelvic floor muscle training is good for men's bladder control</td>
</tr>
<tr>
<td>What is a Continence Assessment Fact Sheet (DOHA-11)</td>
<td>Satisfactory with major changes</td>
<td>Preparation for a potentially threatening procedure-continence assessment</td>
</tr>
<tr>
<td>Dementia And Incontinence Fact Sheet (DOHA-6)</td>
<td>Satisfactory with minor changes</td>
<td>The experience of incontinence can be improved for people with dementia</td>
</tr>
<tr>
<td>Faecal Incontinence Pamphlet (DOHA-14)</td>
<td>Unsatisfactory</td>
<td>Poor bowel control is common, but it responds well to dietary advice, medication review and pelvic floor muscles interventions where indicated.</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone Pamphlet (CFA-07)</td>
<td>Satisfactory with major changes</td>
<td>Good bladder habits are important to help incontinence</td>
</tr>
</tbody>
</table>

A further nine resources were recommended for retention as a “Specialist Set” of resources, with more specific target audiences, or those with specialist knowledge. A summary of the Standard Series – Specialist Set of resources is shown in Table 4. These resources have not been rewritten, but versions of the existing text have been annotated with the recommendations of the review workshop. The annotated versions of the “Specialist Set” of resources is included in Appendix 2. These resources needed a level of revision which is beyond the scope of this project.
Table 4: Summary of workshop results for Standard Series – Specialist Set of resources

<table>
<thead>
<tr>
<th>Specialist Set</th>
<th>Expecting A Baby Pamphlet (CFA-08)</th>
<th>Satisfactory with minor changes</th>
<th>Some pregnant women can have bladder and bowel control problems, which can be helped or prevented.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bladder Training Fact Sheet (DOHA-3)</td>
<td>Satisfactory with major changes</td>
<td>Bladder training can improve bladder control</td>
</tr>
<tr>
<td></td>
<td>Bed-Wetting In Young Adults Pamphlet (CFA-10)</td>
<td>Satisfactory with minor changes</td>
<td>Seek professional help - Bedwetting can be improved</td>
</tr>
<tr>
<td></td>
<td>Incontinence Aids And Appliances Fact Sheet (DOHA-9)</td>
<td>Satisfactory with minor changes</td>
<td>Incontinence products help to manage bladder or bowel control problems.</td>
</tr>
<tr>
<td></td>
<td>Childhood Bedwetting Pamphlet (CFA-13)</td>
<td>Satisfactory with minor changes</td>
<td>Bedwetting is common and help is available</td>
</tr>
<tr>
<td></td>
<td>Bladder Problems and the Prostate Pamphlet (CFA-14)</td>
<td>Satisfactory with minor changes</td>
<td>Bladder problems may be associated with conditions of the prostate</td>
</tr>
<tr>
<td></td>
<td>Nocturia-Going To The Toilet At Night Pamphlet (CFA-15)</td>
<td>Satisfactory with major changes</td>
<td>Seek help for nocturia as it can be treated</td>
</tr>
<tr>
<td></td>
<td>One In Three Women Who Ever Had A Baby Wet Themselves Fact Sheet (DOHA-13)</td>
<td>Satisfactory with major changes</td>
<td>Women who have had a baby should do pelvic floor muscle training</td>
</tr>
<tr>
<td></td>
<td>Surgery For Stress Incontinence In Women Fact Sheet (DOHA-15)</td>
<td>Unsatisfactory</td>
<td>Not clear - need to provide current information on surgical responses to incontinence</td>
</tr>
</tbody>
</table>

Another fourteen resources were recommended for deletion from the Standard Series. Table 5 provides a summary of the existing resources that have been rejected.

Table 5: Summary of workshop results for rejected resources

<table>
<thead>
<tr>
<th>Rejected Set</th>
<th>Pelvic Floor Exercises For Women Fact Sheet (DOHA-5)</th>
<th>Duplicate of CFA-01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pelvic Floor Exercises For Men Fact Sheet (DOHA-4)</td>
<td>Duplicate of CFA-02</td>
</tr>
<tr>
<td></td>
<td>Constipation And Incontinence Pamphlet (CFA-03)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td></td>
<td>Constipation And Incontinence Fact Sheet (DOHA-7)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td></td>
<td>Continence Assessment Pamphlet (CFA-04)</td>
<td>Duplicate of DOHA-11</td>
</tr>
<tr>
<td></td>
<td>Dementia And Incontinence Pamphlet (CFA-05)</td>
<td>Duplicate of DOHA-6</td>
</tr>
<tr>
<td></td>
<td>Faecal Incontinence Fact Sheet (CFA-06)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td></td>
<td>Bladder Training Pamphlet (CFA-09)</td>
<td>Duplicate of DOHA-3</td>
</tr>
<tr>
<td></td>
<td>Aids And Appliances Pamphlet (CFA-11)</td>
<td>Duplicate of DOHA-9</td>
</tr>
</tbody>
</table>
Ratings for resources

The mean, median, minimum and maximum ratings for each Standard Series resource and the Bladder Management Problems Self Assessment Checklist can be found in Appendix 3. Rating means were reasonably consistent with the descriptive ratings given for each resource as a final recommendation of the reviewers (see Appendix 4). That is, high means corresponded to satisfactory resources and low means corresponded to unsatisfactory resources.

Reliability of ratings for resources

Table 6 shows that eight reviewers rated two resources, and ten reviewers rated the third resource. There were seven missing items across all checklists for each resource. The intra class correlation coefficient (ICC) varied across the three resources tested.

There was a good level of agreement across groups for the What is a Continence Assessment Fact Sheet (DOHA11) (0.78), moderate agreement across groups for the Urinary Incontinence: What Is It? Fact Sheet (DOHA1) (0.51) and poor agreement across groups for the Bladder Management Problems Self Assessment Checklist (0.25).

The mean ICC across the three resources was 0.51 (95% Confidence Interval:-0.15, 1.17), which indicates moderate agreement across all three resources across all three groups.

Table 6: Intra Class Correlation Coefficients for three resources across three groups, based on individual checklist items

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number of Raters</th>
<th>Missing Items (Overall)</th>
<th>ICC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Management Problems Self Assessment Checklist</td>
<td>10</td>
<td>7</td>
<td>0.25</td>
</tr>
<tr>
<td>Urinary Incontinence: What Is It? Fact Sheet (DOHA1)</td>
<td>8</td>
<td>7</td>
<td>0.51</td>
</tr>
<tr>
<td>What is a Continence Assessment Fact Sheet (DOHA11)</td>
<td>8</td>
<td>7</td>
<td>0.78</td>
</tr>
</tbody>
</table>

7.1.2 The Aboriginal and Torres Strait Islanders Series

The main messages for the Aboriginal and Torres Strait Islanders Series generally corresponded well with the main messages for the Standard Series. A summary of the results of the Workshop for the Aboriginal and Torres Strait Islanders Series resources is provided in Table 7. Eight resources were recommended for retention. These correspond with the retained set for the Standard Series. Four resources were recommended for deletion from the Series. Detailed outcomes from the reviews are provided in Appendix 4.

Table 7: Summary of workshop results for ATSI Series resources

<table>
<thead>
<tr>
<th>Retained Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Training</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone</td>
</tr>
<tr>
<td>What Is A Continence Assessment</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Women</td>
</tr>
</tbody>
</table>
It needs to be noted that other resources, which deal with the issues in the rejected set, are retained. The recommendation that the “faecal incontinence” resource be rewritten is supported by a rewritten resource (Appendix 7). The issues covered in these resources are still covered by other resources. So, although reducing the number of resources, all important topics are covered.

### 7.1.3 The Bladder Management Problems Self Assessment Checklist

The Bladder Management Problems Self Assessment Checklist was found to be “satisfactory with minor changes”. This resource has been rewritten according to expert reviewer comments (See Appendix 7). It was recommended that this resource be reframed as Number 1 in the Standard Series (General Set), to replace the other less focussed general explanatory pamphlets about incontinence. This resource clearly enables people with incontinence to recognise their problem and seek help.

This resource can be retained as a one-page flyer.

An Aboriginal and Torres Strait Islanders Series version of this resource should be developed.

### 7.2 Individual Clinical Review

A summary of the review of the two resources is shown in Table 8.

#### Table 8: Summary

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 In 3 Women Who Ever Had A Baby Booklet and Magnet</td>
<td>Satisfactory with minor changes.</td>
</tr>
<tr>
<td>Continence Speakers Kit</td>
<td>Satisfactory with (very) minor changes.</td>
</tr>
</tbody>
</table>

#### 7.2.1 The 1 in 3 Women Who Ever Had a Baby booklet and magnet.

Overall, this was found to be an excellent resource for women of childbearing age, both antenatal and postnatal. Some minor changes were suggested, as detailed in full in Appendix 6. Briefly, the primary suggestions were:

- Include a reference to bowel incontinence and flatus and how pelvic floor muscle training can also help these.
- Enlarge the illustration. Use colour to define the pelvic floor muscles clearly, and add labelling for the spine and pelvic bone.

#### 7.2.2 The Continence Speakers Kit

The reviewers agreed that this was an excellent resource which contained all the necessary materials to present a comprehensive education program on prevention, management, and improvement of incontinence. There were some minor suggested changes from the Individual Reviews, as detailed in Appendix 6.
7.3 Challenges, complications and limitations

There were several challenges within this project, primarily related to the limitation of the very tight timeframe of the contract.

Firstly, an important element of the resource review protocol was the diversity of experts assembled to undertake the review. While a high calibre range of experts was recruited, and the most relevant disciplines were covered by those who attended the workshop, there were, however, many more professionals invited who could not attend due to the short notice and prior commitments. To achieve the relevant range of experts for the workshop, over 25 experts were invited, but only 8 recruited (not counting the project team). Given a longer lead time, it is expected that at least twice as many experts could have been assembled, which would have made much lighter work of the task, and potentially enhanced the rigour of the review. All experts approached were keen to attend, and several were quite disappointed at missing this opportunity to contribute.

Secondly, the large number of resources for review meant that the workshop was a very intense task for the expert panel. Given the time frame, only one expert workshop could be held, so the majority of the resources were dealt with in a relatively short time frame. To achieve this significant task, the resources were divided between groups, rating forms developed to standardise the review process, and inter-rater reliability checks undertaken. While the review conducted was both standardised and rigorous, it would have been very useful to bring the expert panel back together to contribute to the revision of all retained resources. This was not possible, given the timeframe. The resource revisions undertaken by the project team were generated from the very extensive expert panel comments, and with reference to the literature. However, only the General Set were rewritten, given that more specialist input was required for the revisions to the remaining retained resources.

Thirdly, the large number of resources (including many duplications) meant that the task of collating all comments and ratings was very demanding in such a short time frame. Again, this task was rendered achievable by standardised ratings forms and protocol for review. To avoid a recurrence of this haste, all resources should be scheduled for regular review, at least every 5 years, although a review every 2 years is recommended. A feedback form for people ordering supplies that elicits any accuracy and currency issues could make this task easier. Dating all resources would also be very constructive for tracking currency.

8 Results from focus groups

The health care professionals included in the research deal with incontinence on a range of levels. The most common condition appears to be urge incontinence; however health professionals also see many cases of stress, nocturia, faecal incontinence, constipation, and Irritable Bowel Syndrome.

For Continence Nurses and Physiotherapists, patients range from 2½ years to 102 years, with the majority of patients aged between 50 and 70 years. These health professionals deal with men, women and children, and anecdotal evidence from the health professionals suggests the prevalence of incontinence is increasing. Patients will either self refer to these professionals or are referred by their General Practitioner, Urologist or other specialist. Home visits are common amongst regional health professionals, particularly for elderly patients.

There is a general concern amongst health professionals that many people have incontinence and are silent about it. Due to the stigma attached to incontinence, they feel that people put up with it thinking that it is either a normal part of ageing, or is simply to be expected after the birth of a child.

A broad range of people was included in the consumer phase of the research. Within the ‘currently affected’ group, the degree of incontinence ranged from mild to severe.
The ‘at risk’ group included pregnant women, new mothers, women of menopausal age, men in mid-life or older and men with prostate problems. Whilst participants for the ‘at risk’ group were recruited because they fell into this category, during the course of the interview process it became clear that the majority of these people actually did have incontinence.

When seeking advice on health issues in general or incontinence specifically, people typically go to their local General Practitioner as a first port of call. Other health professionals contacted include physiotherapists, and to a lesser extent chemists and family planning clinics. The Internet is also considered a good source of information for health related issues. Pregnant women receive an abundance of information from their local hospital during routine ante-natal examinations.

There appears to be limited awareness of the CFA amongst the general population. The exception to this is for those people currently in support groups (such as support groups for prostate cancer).

The majority of participants had not previously seen any of the CFA brochures. In fact there is a perception that information on incontinence is not readily available. Those who have sought information on incontinence have done so actively and with some deal of personal effort.

“The one I picked up 12 months ago, I read it and was particularly looking for information on pelvic floor exercises but I felt there wasn’t enough for me to just self help. I think the brochure has just gone into the filing cabinet.”

Currently affected - Cairns

8.1 Review of Current Resources

The objective of the initial resource review was to evaluate current printed materials available under the National Continence Management Strategy. This section of the report details findings from health care professionals, those currently affected by incontinence and those at risk of being affected.

8.1.1 Health Care Professional review of Continence Speakers Kit

Health care professionals were provided with a Continence Speakers Kit which included:

- PowerPoint presentation (OHT, disk and hardcopy)
- Posters x 2
- ‘Where to get help’ cards
- Kit instruction
- Questions and Answers and Facts and Statistics hardcopy

Although not part of the original brief, to provide a rounded view of the CFA brochures, each health care professional was also given a selection of CFA brochures and a selection of the Aboriginal and Torres Strait Islander brochures for feedback.

An overall evaluation of the four key elements of the Continence Speakers Kit is shown in Table 9.

<table>
<thead>
<tr>
<th>Element of Continence Speakers Kit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerPoint presentation</td>
<td>Excellent tool for educating the community</td>
</tr>
<tr>
<td></td>
<td>Information at a basic level</td>
</tr>
<tr>
<td></td>
<td>Clear and easy to understand</td>
</tr>
<tr>
<td></td>
<td>Minor changes suggested to content</td>
</tr>
<tr>
<td>Questions &amp; Answers and</td>
<td>Useful reference document</td>
</tr>
<tr>
<td>Facts and Statistics</td>
<td>hardcopy</td>
</tr>
</tbody>
</table>

Table 9: Continence Speakers Kit Overall Evaluation
### Facts & Statistics
- Useful for those giving presentations to the general community
- Limited use amongst incontinence specialists

### Posters
- Great tool for raising awareness of incontinence
- Not hard hitting enough
- Minor suggestions made regarding content and layout

### ‘Where to get help’ cards
- Limited use amongst incontinence specialists
- Suitable for display in Doctor’s Surgery
- Useful tool for patients as a first step in dealing with incontinence

---

**PowerPoint presentation**

The PowerPoint presentation is seen to be one of the most useful tools in the Continence Speakers Kit. Whilst it has limited relevance for those Physiotherapists who specialise in incontinence, it is considered a useful resource for less experienced Physiotherapists (in the area of incontinence) and Continence Nurses who work with the general community.

“I don't see this kit is something that somebody like me would use. It is more a kit that someone whose job isn't continence would use. Perhaps a community nurse or a maternal and child health nurse. It is pretty basic. There are mistakes in it. There are statements that are really silly.”

Health Professional - Melbourne

The PowerPoint presentation would be utilised by health professionals who give presentations to members of their local community, although this service appears to be declining. One health professional anticipates using this resource when giving presentations to early childhood centres and postgraduate nurses at university.

The presentation is thought to be extremely well written, well laid out and to the point. It contains clear and concise information and the headings are a great reminder for the presenter of what to talk about. Information is presented in a logical order. There is not too much text on each slide, making it easy to read. The language and terminology used throughout the presentation is deemed appropriate.

“I found it very easy to read. I found it just enough. The terminology was nice and simple. Not too medical. I found it really easy. It was in the right order and it flowed well.”

Health Professional – Perth

Two key changes are suggested to the front page of the PowerPoint presentation, as shown in Figure 1 below. Firstly, the document should contain a revision date in the form of MM/YYYY. The date allows health professionals to assess the recency of the information. Secondly, the symbols on the front page are that of a male and female. Fitting with health professionals’ push for a greater focus on children, it is suggested that a symbol for a child also be placed on the front page.
Although the focus of this evaluation was on layout and formatting of the printed materials, Table 10 provides suggestions for changes to the content of the PowerPoint presentation are put forward for consideration.

**Table 10: Suggested Changes to PowerPoint Presentation**

<table>
<thead>
<tr>
<th>Page</th>
<th>Current Wording</th>
<th>Suggested Changes/ Comments</th>
</tr>
</thead>
</table>
| 8, 13| Reflex incontinence | Definition out-of-date  
Not a type of incontinence |
| 9 | Under ‘Causes’ | Add the words ‘lifting/ straining/ inappropriate exercise’ |
| 10 | Urge incontinence  
Caffeine and alcohol listed under ‘Causes’ | Caffeine and alcohol are not causes of incontinence, but they exacerbate the situation. Suggest wording be changed to ‘it is best to avoid things such as caffeine’. |
| 11 | Overflow incontinence  
‘Needing to go to the toilet in a hurry’ listed under ‘Symptoms’ | Suggest this fits more under ‘Urge incontinence’ rather than ‘Overflow incontinence’. |
| 16 | ‘Treatments include’ | Further explanation required |
| 16 | ‘Drinking plenty of water’ | Needs to be put in context of a whole management program  
Must be specific about fluid intake (e.g. 6-8 glasses a day or 1½ litres) |

In terms of Page 16 of the PowerPoint presentation, some health professionals feel that the statement ‘drinking plenty of water’ needs further clarification. Similarly, ‘fluid intake’ should be consistent across printed materials and should be specific in terms of both number of glasses to drink each day and number of litres. Some health professionals also prefer to replace the word ‘fluid’ with ‘water’ to ensure the correct message is given.

**Questions & Answers and Facts & Statistics**

The Questions & Answers and Facts & Statistics document is a valuable tool for use with the PowerPoint presentation, but would not typically be used during patient consultations.
The document contains useful information which would be referred to by a health professional prior to presenting the slides.

The information is well stated, clear and concise. Information is presented in a logical order and is easy to read. Of particular value are the statistics mentioned throughout the document, such as ‘more than two million Australians have problems with bladder or bowel control.’ These types of statistics are appreciated by health professionals as they demonstrate to their patients that incontinence is a common problem.

In summary, whilst the Questions & Answers and Facts & Statistics document does not contain new information for those health professionals who specialise in incontinence, it is considered a good, solid reference document.

Posters

The Continence Speakers Kit contains two posters titled:

→ ‘Problems with bladder and bowel control?’
→ ‘Got to go?... Again?’

Health professionals had not seen these posters before. After reviewing them, health professionals are generally happy with the posters and would display them at clinics and on the backs of toilet doors.

The posters are considered to be an effective tool for raising awareness of incontinence; however the call to action could be stronger. To attract the attention of those people who have not yet sought help for incontinence, the posters require additional cues and a stronger message.

“It’s too fussy and not hard hitting enough. It is not clear enough that help is available. ‘You don’t have to put up with it’ should be much more prominent. This would get lost in a doctor’s surgery.”

Health Professional - Sydney

“YOU CAN BE HELPED - that should be the message, not small print saying free professional advice. It’s not empowering people.”

Health Professional - Sydney

Each poster is displayed on the following pages, together with recommended modifications.
Call to action not strong enough. Tell people that help is available.

Suggest cues for other symptoms such as dribbling and leaking.

Include symbol for child.

Good cue for urge incontinence.

Avoid using yellow tones.

Helpline number to be emphasised.

Limited use for venue details. Deters health professionals from displaying poster all the time.

Excellent – emphasising the one telephone number.

Avoid using yellow tones.

Main message ‘You don’t have to put up with it’ should be larger and more prominent.

Good to give range of people who can help, rather than Doctor in isolation.

Problems with bladder and bowel control?

Incontinence: You don’t have to put up with it

For help call the National Continence Helpline 1800 33 00 66* or see your doctor, physiotherapist, community health worker or special continence nurse adviser.

*Data from mobile phones can be charged at applicable rate.
‘Where to get help’ cards

The ‘Where to get help’ cards are eye-catching and considered a useful tool in encouraging people to seek help. They will be most effective placed in GP surgeries as a prompt for people who have not yet taken the first step of asking for advice. The main message of ‘you don’t have to put up with it’ is unanimously liked by health professionals and is thought to be empowering for sufferers of incontinence.

Front

![Where to get help card front]

Back

![Where to get help card back]

For health professionals who deal with incontinence patients on a daily basis, ‘Where to get help’ cards are of limited use and would not be placed in the clinics. Patients are often past the initial stage suggested in these cards by the time they seek help from a Continence Nurse or Physiotherapist.

“It’s useless for us to have them here. We need something more specific. They should be more at the GPs.”

Health Professional – Regional Victoria

“They should be in the GP surgery. At any one time 40% of people waiting in a GP’s surgery will have a bladder or bowel problem and only a small percentage will mention it.”

Health Professional – Melbourne

8.1.2 Consumer review of resources

Consumers, people who are at risk of developing incontinence together with those who are currently affected by incontinence, were given the following for review:
A mixture of brochures from the CFA Standard Series
‘One in three women who ever had a baby wet themselves’ booklet and magnet
‘Bladder Management Self Assessment Questionnaire’

Existing CFA Brochures

An overall evaluation of the CFA Standard Series brochures is shown in Table 11.

### Table 11: Overall Evaluation of CFA Brochures

<table>
<thead>
<tr>
<th>Layout</th>
<th>Style</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ DL size brochure satisfactory.</td>
<td>▪ Bland.</td>
<td>▪ Strong message of ‘help is available’.</td>
</tr>
<tr>
<td>▪ Can be difficult to read for older people due to small font size.</td>
<td>▪ Lack of colour inside brochure.</td>
<td>▪ Language is appropriate and not too technical.</td>
</tr>
<tr>
<td>▪ Suggest text is broken up to allow for easier reading – appears cluttered on the page.</td>
<td>▪ Yellow colour on cover inappropriate.</td>
<td>▪ Informative and valuable information.</td>
</tr>
<tr>
<td></td>
<td>▪ Needs to be more eye-catching.</td>
<td>▪ Well written and easy to understand.</td>
</tr>
<tr>
<td></td>
<td>▪ Does not inspire one to read the brochure.</td>
<td></td>
</tr>
</tbody>
</table>

In total, 37 participants reviewed between 5 and 9 individual brochures in the Standard Series. Responses for the assessment criteria have been combined, and results shown in Figure 1.

The Standard Series performs well on both ease of understanding the content and having the right amount of information. As shown in Figure 1, there is room for improvement in the style and layout of the brochures, and these are detailed over the next few pages.

The front cover of each brochure in the Standard Series is thought to be ‘matter of fact’ and does not entice readership. This is due to the yellow colour used and the lack of images. The brochures appear to be very clinical and not personally relevant. In other words, should these brochures be placed in a GP surgery, it is unlikely in their present format that many people would make the effort to pick one up and read it.
“Medically it is wonderfully written but the front cover is a disaster.”
Currently affected - Regional Queensland

“I enjoyed the information but they don’t jump out and hit you in the face. They don’t attract you to pick them up and read them. The colours are uninspiring. They have good content but they are not very interesting to look at.”
Currently affected – Darwin

“The subject is incontinence and look at the colour of the brochures! I think you need something fresh and welcoming and alive like bright pink or very fresh green.”
Currently affected - Regional Queensland

“There are no images at all. Maybe something that was a little bit more personal and related to people. Maybe they could have overlapping images of people of different ages and genders. It would make it more interesting and relevant.”
Currently affected – Regional Queensland

“I think the colours are a bit wishy-washy. Need to use bullet points. It needs to be brighter.”
Health Professional – Regional Victoria

The front cover is shown below and recommendations highlighted.
The Australian Government Initiative logo is important as it gives credibility to the information. This should remain on the front cover of the brochure.

The National Continence Helpline is largely unknown amongst participants. This is the main call to action of the brochure and should be emphasised. As it currently stands, the telephone number is written in yellow text on a white background in a mostly yellow brochure. This causes the telephone number to disappear into the background.

Opinion of the numbering system is mixed. Some people are initially confused by the numbers, thinking they represent the year the brochure was written (04, 05, 06). Others realise the numbers indicate that the brochures are part of a series. Whilst this is important, one small number on the front of the brochure is sufficient. The additional large number on the front of each brochure is unnecessary and detracts from the headline.

The numbering system would be more useful if it was used throughout the text to cross-reference other brochures in the series, where relevant. In addition, participants suggest a list of other brochures available in this series (by title and number) is included on the back of each brochure for easy reference.

As with the Continence Speakers Kit, health professionals request the symbol for a child be included on the front cover besides the symbols for males and females. This should only be included on appropriate brochures and is not necessary on brochures such as:

- 01 Pelvic Floor Muscle Exercises for Women
- 02 Pelvic Floor Muscle Exercises for Men
- 05 Dementia and Incontinence
- 08 Expecting a Baby?
- 14 The Prostate and Bladder Problems

The back cover of the Standard Series brochures is shown below and recommendations highlighted.
The CFA Resource Centre telephone numbers on the back cover are perceived to be unnecessary due to limited awareness of the CFA amongst the general population and the fact that contact details are not shown for every state or territory in Australia. People reading the brochure from a state or territory not listed may feel excluded or may think that help is not available in their state.

For these reasons, it is recommended that one telephone number, being the National Continence Helpline, be prominently shown on every CFA brochure. In addition, it is important that the Freecall™ be consistently shown on each brochure.

Shown below is the inside of one of the Standard Series brochures, together with key findings.

The brochures are extremely easy to read due to the language and tone used. The challenge, however, is to first entice people into reading the brochures once they are open.

There is a lack of motivation to read the brochures due to the amount of text and clutter in the inside pages. This could be rectified by:

- Bolding all headings and possibly using a different colour
- Increasing the font size of text
- Changing the text colour to black rather than grey
- Emphasising the vital information, such as the diabetes warning (through the use of text boxes and shading)

“If you want old fossils like me to read these brochures, you have got to make the writing bigger.”

Currently affected - Perth

Fitting with the message of self-help, some participants suggest incorporating practical tips in the brochures, designed to offer an easy and natural way of assisting with healthy bladder and bowel functions. Of course, these suggestions should be reviewed by a Clinical Consultant for validity. Tips suggested include drinking cranberry juice to help infections, drinking Yakult to replace beneficial bacteria, and eating boiled wholemeal brown rice to aid constipation and/or diarrhoea.
During the course of the interview process, health professionals spent some time reviewing the CFA Standard Series brochures. Feedback regarding the style and layout of the brochures matches that of the consumer groups.

Physiotherapists express some concern regarding the content of CFA01 Pelvic Floor Muscle Exercises for Women and CFA02 Pelvic Floor Muscle Exercises for Men. In particular, they are concerned that the brochure attempts to explain to women and men how to do pelvic floor exercises, rather than direct them to an expert who is able to demonstrate the correct technique.

8.1.3 Individual assessment of CFA Series

Those at risk of being affected by incontinence and those who are currently affected were asked to rate each individual brochure on a balanced 5-point scale. Table 12 displays the proportion of participants who agree with the statement ‘the headline catches my attention and makes me want to read on’.

Table 12: Catch Attention

<table>
<thead>
<tr>
<th>“Headline catches my attention”</th>
<th>Agree strongly</th>
<th>Agree slightly</th>
<th>Total agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 The Prostate &amp; Bladder Problems</td>
<td>67%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>02 Pelvic Floor Muscle Exercises for Men</td>
<td>80%</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>12 Urinary Incontinence: What is it?</td>
<td>54%</td>
<td>26%</td>
<td>80%</td>
</tr>
<tr>
<td>15 Nocturia – Going to the Toilet at Night</td>
<td>68%</td>
<td>11%</td>
<td>79%</td>
</tr>
<tr>
<td>07 Good Bladder Habits for Everyone</td>
<td>54%</td>
<td>24%</td>
<td>78%</td>
</tr>
<tr>
<td>04 Continence Assessment</td>
<td>50%</td>
<td>28%</td>
<td>78%</td>
</tr>
<tr>
<td>09 Bladder Training</td>
<td>65%</td>
<td>12%</td>
<td>77%</td>
</tr>
<tr>
<td>03 Constipation &amp; Incontinence</td>
<td>60%</td>
<td>11%</td>
<td>71%</td>
</tr>
<tr>
<td>11 Products: Aids &amp; Appliances for Incontinence</td>
<td>35%</td>
<td>35%</td>
<td>70%</td>
</tr>
<tr>
<td>01 Pelvic Floor Muscle Exercises for Women</td>
<td>33%</td>
<td>33%</td>
<td>66%</td>
</tr>
<tr>
<td>06 Faecal Incontinence</td>
<td>47%</td>
<td>16%</td>
<td>63%</td>
</tr>
<tr>
<td>05 Dementia &amp; Incontinence</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The brochures aimed at men are particularly powerful with 100% of participants agreeing with the statement. The headline of CFA05 Dementia & Incontinence is less relevant to participants.

The strength of the call to action for each individual brochure in the Standard Series is shown in Table 13. Findings indicate that there is an opportunity for CFA01 to be stronger in encouraging women to seek help. Whilst the heading ‘Faecal Incontinence’ is not particularly powerful, the call to action of this brochure is effective.
Table 13: Call to action

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Agree strongly</th>
<th>Agree slightly</th>
<th>Total agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>06</td>
<td>Faecal Incontinence</td>
<td>44%</td>
<td>47%</td>
<td>91%</td>
</tr>
<tr>
<td>11</td>
<td>Products: Aids &amp; Appliances for Incontinence</td>
<td>65%</td>
<td>24%</td>
<td>89%</td>
</tr>
<tr>
<td>03</td>
<td>Constipation &amp; Incontinence</td>
<td>54%</td>
<td>34%</td>
<td>88%</td>
</tr>
<tr>
<td>14</td>
<td>The Prostate &amp; Bladder Problems</td>
<td>50%</td>
<td>33%</td>
<td>83%</td>
</tr>
<tr>
<td>02</td>
<td>Pelvic Floor Muscle Exercises for Men</td>
<td>80%</td>
<td>-</td>
<td>80%</td>
</tr>
<tr>
<td>04</td>
<td>Continence Assessment</td>
<td>61%</td>
<td>19%</td>
<td>80%</td>
</tr>
<tr>
<td>05</td>
<td>Dementia &amp; Incontinence</td>
<td>60%</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>12</td>
<td>Urinary Incontinence: What is it?</td>
<td>46%</td>
<td>31%</td>
<td>77%</td>
</tr>
<tr>
<td>07</td>
<td>Good Bladder Habits for Everyone</td>
<td>51%</td>
<td>24%</td>
<td>75%</td>
</tr>
<tr>
<td>09</td>
<td>Bladder Training</td>
<td>54%</td>
<td>15%</td>
<td>69%</td>
</tr>
<tr>
<td>15</td>
<td>Nocturia – Going to the Toilet at Night</td>
<td>44%</td>
<td>11%</td>
<td>55%</td>
</tr>
<tr>
<td>01</td>
<td>Pelvic Floor Muscle Exercises for Women</td>
<td>-</td>
<td>33%</td>
<td>33%</td>
</tr>
</tbody>
</table>

“The brochure encourages people to seek help”

8.1.4 Bladder Management Problems and Self Assessment Questionnaire

This flyer (shown over the page) is liked for its bright colours and useful information. In particular, participants appreciate the following and feel they should be highlighted for maximum effect:

→ 3.8 million Australians are affected
→ If you do nothing – it won’t go away
→ Incontinence can be prevented, treated, managed and often cured ...
→ Help is available

The self assessment questionnaire is considered an excellent tool for encouraging people to firstly admit that they may have a problem, and secondly to seek advice.
The Bladder Management Self Assessment Questionnaire performs extremely well at encouraging people to seek help, as shown in Figure 3. This call to action is strong due to the interactive component of the flyer being the checklist.

![Bladder Management Problems](image)

**Figure 3: Call to action**
8.1.5 ‘One in three women who ever had a baby wet themselves’

After being exposed to the CFA Standard Series brochures which participants viewed as bland and stale, the ‘One in three’ booklet came as a breath of fresh air. Participants particularly like the colour of the front cover and the booklet style. The booklet is easy to read due to the font size (larger than the CFA brochures), the use of colour in the headings and the use of bullet points in the text.

“All the headlines are in red and the different topics are coloured. It’s well laid out. That is what I like about it. It makes it a lot more interesting to read. You can read the headline and then pick which topic interests you and then go back to the other ones later, and the writing is bigger. Things like ‘squeeze and lift and hold as if you are trying not to pass wind’ is easy for people to understand. The font size is better than the CFA brochures. There’s heaps of information which is good.”

Currently affected - Brisbane

The use of the term ‘wet themselves’ in the heading provokes mixed feelings. For some, this term is thought to be degrading.

For women who experience mild incontinence, the term ‘wet themselves’ is not personally relevant. They prefer ‘suffer from leaking’ or ‘have a bladder problem’.

A total of 13 female participants reviewed the ‘One in three’ booklet. As shown below in Figure 4, responses to the standard criteria are extremely positive, particularly for the style and layout of the booklet.
8.1.6 Aboriginal and Torres Strait Islander (ATSI) Series

Recruiting indigenous participants who fell into the guidelines of the target market within the tight timeframes of this study proved to be difficult. One indigenous person from Adelaide took part in the study, and two other participants (Brisbane and Darwin) were married to an indigenous man. These participants reviewed both sets of brochures. In addition, health professionals who have indigenous patients reviewed the ATSI brochures.

The ATSI Series contains 12 brochures. Broadly, the artwork in the brochures is popular and considered to be appropriate. Brochures are thought to be clear and easy to read due to the large font size and dark text colour.

In terms of content, health professionals and participants agree with the highlighting of the diabetes warning. Participants also agree with the use of Aboriginal slang such as ‘goona’ and ‘cooney’ as this demonstrates a basic understanding of the people.

It is suggested by a health professional that the use of ‘stop passing wind/water’ be adopted to connect people to their pelvic floor muscles rather than ‘drawing in the muscles of the urethra’.

Outlining the other brochures available in the series on the back page is considered useful.
We suggest that recommendations made for the CFA brochures on pelvic floor muscle exercises be transferred across to the ATSI brochures:

- Replacement of ‘when you are passing urine try to stop the flow mid-stream’ to ‘imaging you are trying to stop the flow of urine’
- Stronger call to action to seek the assistance of trained health professionals to ensure the exercises are being carried out correctly

9 Review of Rewritten Resources

This stage of the research involved qualitative research with health professionals, those currently affected by incontinence, and those deemed to be at risk of being affected by incontinence. A total of 3 focus groups and 7 in-depth interviews were conducted.

Findings from the Initial Resource Review and the Clinical Content Review (by Uni of Newcastle researchers) were used to inform the redesign of the Standard Series brochures. These redesigned brochures are the subject of evaluation in this final resource review. Revised brochures were shown in ‘mock-up’ format and participants told that they would be professionally printed as brochures once finalised.

For consistency, some of the participants who took part in the initial resource review were asked to participate in the final resource review. This worked extremely well as participants were able to provide a direct comparison between the original CFA brochures and the revised brochures.

9.1 Overview of revised CFA Standard Series brochures

Two colour schemes were tested during this phase of the research. Examples of both are shown below.
The bolder colours are unanimously preferred over the pale colour scheme. These colours are more striking and make a greater impact than the pale green and blues used in the Dementia & Incontinence brochure.

Table 14 compares the ratings of the CFA Series of brochures to the mock up of the rewritten brochures. It is pleasing to see that the new set of CFA brochures score higher than the original set of brochures. Not only has the 'top two box' score (combination of agree strongly and agree slightly) improved, we see significant increases for each criteria in the category 'agree strongly' between both phases of the research.

Table 14: Comparison to rewritten brochures

<table>
<thead>
<tr>
<th></th>
<th>Original CFA Brochures</th>
<th>Rewritten Brochures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree strongly</td>
<td>Agree slightly</td>
</tr>
<tr>
<td>Encourages people to seek help</td>
<td>54%</td>
<td>28%</td>
</tr>
<tr>
<td>Content is easy to understand</td>
<td>75%</td>
<td>19%</td>
</tr>
<tr>
<td>Right amount of information</td>
<td>70%</td>
<td>23%</td>
</tr>
<tr>
<td>Headline catches attention</td>
<td>53%</td>
<td>21%</td>
</tr>
<tr>
<td>Style of brochure makes me want to read on</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>Well laid out</td>
<td>33%</td>
<td>35%</td>
</tr>
<tr>
<td>Overall look appeals to me</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Good use of images</td>
<td>12%</td>
<td>26%</td>
</tr>
</tbody>
</table>

The page shown opposite is standard across each brochure in the redesigned CFA series. Participants and health professionals alike appreciate the caring tone of the text and like the ‘Every
bladder or bowel ….’ sentence being highlighted and uniform across brochures. The ‘Other brochures in this series’ is popular, but many suggest incorporating a brochure number for ease of referencing.

Most participants find the white writing on the dark blue background acceptable; however some older participants strain to read the text. Ensuring the font size of this area is larger than that used throughout the brochure will overcome this problem.

Lastly, we suggest that on all brochures, the National Continence Helpline phone number is preceded with ‘Freecall’ to encourage use.

Concern amongst some older people that white on blue is difficult to read. Ensure font size is large enough to read.

The **front** cover of the brochures (as shown above) is a vast improvement over the front cover of the original CFA brochures. Participants prefer the bold colours and the large font size of the headings. The front cover is uncluttered and suggests an ‘easy read’.
By way of recommendations, the **Australian Government Initiative logo** is an important element of the front page as it gives weight to the information and demonstrates government support. The logo is currently too small and would benefit from being enlarged.

**Brochure numbers** were included in the original CFA brochures, both in the top right hand corner and in a large font overtly on the front cover. The initial phase of the research recommended the removal of the large brochure number on the front cover. For testing purposes, the brochure number was also removed from the top right hand corner of the front cover. Recommendations are now made to reinstate the brochure number in this position in a subtle manner. The number aids health professionals in the ordering and display process and allows easy identification of the brochures for consumers.

### 9.1.1 Content

Those currently affected by incontinence and those in the at risk category find the content extremely well written and informative. The brochures are written in a caring and non-judgemental manner. Content of the ‘Dementia & Incontinence’ brochure stands out as being particularly compassionate.

“They have gone over and beyond with the information. They are very well written and informative.”

**Currently affected - Regional Queensland**

Given the fact that many people will not seek help, participants suggest a stronger prompt be incorporated in the brochures, such as “the main reason for admission to nursing homes is incontinence”. A prompt such as this may encourage people to take action before it becomes too late.

The following table suggestions for content changes to the mock ups were put forward by some health professionals.

**Table 15: Changes Suggested by Health Professionals**

<table>
<thead>
<tr>
<th>Position in brochure</th>
<th>Current wording</th>
<th>Suggested wording</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Good Bladder Habits for Everyone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd bullet point</td>
<td>‘... and possible urinary infections.’</td>
<td>‘... and possible bladder infections.’</td>
</tr>
<tr>
<td>Step 2</td>
<td>-</td>
<td>Add phrase ‘if you are concerned, consult your doctor’</td>
</tr>
<tr>
<td>Step 3</td>
<td>‘fluid per day’</td>
<td>‘water per day’</td>
</tr>
<tr>
<td>Step 5, 5th bullet point</td>
<td>‘Having to get up several times ...’</td>
<td>‘Having to get up more than two times per night’</td>
</tr>
<tr>
<td><strong>Pelvic Floor Muscle Training for Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd paragraph under ‘The benefits of pelvic floor muscle training’</td>
<td>‘You should always try to brace ..... the knack.’</td>
<td>Consider moving this sentence to later in the brochure. Feeling is that some women will attempt this unsuccessfully and may not read on.</td>
</tr>
<tr>
<td>Point 2 under ‘How to contract the pelvic floor muscles’</td>
<td>‘.... squeeze your bottom.’</td>
<td>‘.... squeeze your buttocks.’</td>
</tr>
<tr>
<td>Point 3 under ‘How to contract the pelvic floor muscles’</td>
<td>‘.... try to stop the flow mid-stream, then restart it.’</td>
<td>‘... imagine that you are trying to stop the flow of urine.’</td>
</tr>
<tr>
<td>Point 6</td>
<td>-</td>
<td>Add ‘seek advice regarding appropriate fitness activity for your age.’</td>
</tr>
</tbody>
</table>
| Under heading ‘Do your exercises well’ | ‘... after 15 weeks’ | Consider removing time period and stressing the importance of contacting...
<table>
<thead>
<tr>
<th>Position in brochure</th>
<th>Current wording</th>
<th>Suggested wording</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Floor Muscle Training for Men</td>
<td>a physiotherapist to ensure exercises are being done correctly.</td>
<td></td>
</tr>
<tr>
<td>Same changes as suggested for 'Pelvic Floor Muscle Training for Women'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Point 3 under 'How to contract the pelvic floor muscles'</td>
<td>... as you do when you pull in your tummy to look slimmer.'</td>
<td>Misleading. Pulling in your tummy will not exercise the pelvic floor. Consider rewording.</td>
</tr>
<tr>
<td>Between 2nd and 3rd paragraphs under 'What are the pelvic floor muscles'</td>
<td>-</td>
<td>Insert statement that pelvic floor muscle training plays a role in the ability to maintain an erection.</td>
</tr>
<tr>
<td>Poor Bowel Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First paragraph</td>
<td>-</td>
<td>Add a sentence at the end of this paragraph introducing the term ‘incontinence’. For example ‘The other term for this is bowel incontinence or faecal incontinence.’</td>
</tr>
<tr>
<td>Before first bullet point ‘Childbirth’</td>
<td>-</td>
<td>Add additional dot point ‘General lack of fitness.’ Add additional dot point ‘Heavylifting/straining.’</td>
</tr>
</tbody>
</table>
Conclusions

9.1 General issues

There were some general comments made about resources which should be carried across all resources produced for continence promotion. Briefly, these were:

- Ensure that all main messages are prominent (i.e., upfront and emphasised)
- Minimise distractions from the main message (e.g., “Diabetes Warning”)
- Date all resources (MM/YYYY), so that the next review can judge comparative currency of resources more easily
- Use Australian English, not US English
- Standardise all terms used (e.g., for incontinence, urine, constipation, etc.)
- Standardise all recommendations (e.g., level of fluid intake)
- Review the most recent recommendations and definitions from the ICS (International Continence Society) for all resources
- Change “Pelvic Floor exercises” to “Pelvic Floor Muscle Training” throughout all resources (ICS recommendation)
- Provide alternative simple explanation for technical terms (e.g., ‘urge’ = rush to use the toilet)
- Standardise and simplify the Back Page for all resources, with contact numbers and recommended health professionals. See the model given in rewritten resources. Contact numbers should be checked regularly for accuracy

Reduce the number of words and simplify words for all resources. Reading Age should be checked for all text. Aim for Reading Age of 7 years. A significant proportion (45%*55%) of the adult population in Australia fall into the lowest two of the five International Adult Literacy Survey levels. For a general population sample, we would usually recommend that health promotion materials be pitched at a reading Age of 9 which is the average accepted reading age across the general population. However, given that the target group for incontinence includes a greater proportion of older and frail people, to allow for greater accessibility to this information, we have recommended that these materials be pitched at a Reading Age of 7 years.

9.2 Conclusions from Review of Rewritten Resources

Overall, participants are extremely pleased with the new brochure format and design. Not only are the brochures easier to read than the original CFA brochures, the style and the layout of the brochures encourages readership.

The following minor items are put forward for consideration:

1. Use bold colour scheme in all brochures, in preference to the pale colour scheme.
2. Put the brochure number on the front of the brochure – top right hand corner as in original CFA brochures.

1 Building sustainable adult literacy policy and provision in Australia: A review of international policy and programs. Rosa McKenna and Lynne Fitzpatrick. National Centre for Vocational Education Research (NCVER)
3. When referencing 'other brochures in this series', include both the brochure name and brochure number.
4. Revision date to be in slightly larger font.
5. Australian Government Initiative logo to be slightly larger.
6. Ensure 'Freecall' is on all brochures.
7. Consider including exercise reminders in the Pelvic Floor Muscle Training brochures, such as 'every time you stop at a red traffic light'.
8. Emphasise message of 'if you do nothing it won’t go away'.
9. Consider including a prompt for action such as 'the main reason for admission to nursing homes is incontinence'.
10. Consider content changes as outlined in Table 15.
Recommendations

9.1 Recommendations from Focus Group Review of Existing Resources

Recommendations to come out of the initial resource review are detailed below. These recommendations are based on the existing resources.

9.1.1 Continence Speakers Kit

1. Implement content changes to PowerPoint presentation as outlined in Table 11.
2. Consider a stronger emphasis on the importance of pelvic floor exercises in the PowerPoint presentation and notes.
3. All documents in the kit to be dated (MM/YYYY).
4. Add symbol of child to PowerPoint presentation.
5. Add symbol of child to posters.
6. Consider increasing the call to action of the posters by including cues and a stronger message of ‘you can be helped’.
7. Replace yellow colour of posters with brighter colours.
8. Emphasise the Freecall TM Helpline number.

9.1.2 CFA Standard Series

Style

9. Remove large number on body of front cover.
10. Brochure numbering in corner of front cover may remain.
11. Change colour of brochures from grey/yellow to brighter colours.
12. Add symbol of child to the brochures.
13. Consider images of real people of both genders and different ages on front cover – to connect to people.
15. Emphasise the National Continence Helpline number.
16. Ensure that ‘Freecall’ is displayed on each brochure.
17. All brochures in the series to be dated (MM/YYYY).
18. Remove the CFA Resource Centres telephone numbers from the back cover.

Layout
19. Increase font size of text throughout brochures.
20. Change text colour in brochures from dark grey to black.
21. Use bullet points to separate text.
22. Use colour and bolding on headings.

Content
23. Emphasise the diabetes warning in the Standard Series, similar to that in the current ATSI series.
24. Emphasise “Every bladder or bowel control problem …” on each brochure.
25. When referencing other brochures in the series throughout the text, include brochure number for easy recall.
26. Standardise terms throughout the brochures (e.g. fluid intake or water intake).
27. Include a reference to other brochures in series on back page (by number and brochure title).
28. Consider incorporating practical tips for self-help such as drinking cranberry juice to help infections.
29. Consider partly rewording CFA01 and CFA02 brochures on pelvic floor muscle exercises to address concerns raised by Physiotherapists and Continence Nurses.
10 Recommendations

10.1 Specific recommendations

Tables 5 to 7 detail the specific recommendations for the Standard and ATSI Series and Other Products reviewed.

Sixteen resources were recommended for inclusion in a new Standard Series (General and Specialist). The General Set has been rewritten according to expert reviewers comments and is available at Appendix 7. Annotated versions of the General and Specialist Set to aid revision are available within appendix 11.

Nine resources were recommended for inclusion in the ATSI Series. One of these was a new resource, an ATSI version of the Bladder Control Self Assessment flyer, while eight were existing ATSI resources. No wording changes were suggested for this Series, given cultural considerations, however, several of the Standard Series revisions were borrowed from the simpler language used in the ATSI Series of resources.

All Other Products were recommended for retention. The Bladder Management Problems Self Assessment Checklist flyer has been recommended for inclusion as the first resource in the Standard and ATSI Series. Only minor changes have been suggested for the other two resources.

The list of resources to be deleted from the range are shown in Table 5: Summary of recommendations for a Standard Series of resources

<table>
<thead>
<tr>
<th>General Set (Rewritten)</th>
<th>Specialist Set (Need to be rewritten. Comments provided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence: You don't have to put up with it. Bladder Control Self Assessment -</td>
<td>Expecting A Baby</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone -</td>
<td>Bladder Training</td>
</tr>
<tr>
<td>Poor Bowel Control -</td>
<td>Bed-Wetting In Young Adults</td>
</tr>
<tr>
<td>Assessment of Bladder Control -</td>
<td>Incontinence Aids And Appliances</td>
</tr>
<tr>
<td>Pelvic Floor Muscle Training For Women -</td>
<td>Childhood Bedwetting</td>
</tr>
<tr>
<td>Pelvic Floor Muscle Training For Men -</td>
<td>Bladder Problems and the Prostate</td>
</tr>
<tr>
<td>Dementia And Incontinence -</td>
<td>Nocturia-Going To The Toilet At Night</td>
</tr>
</tbody>
</table>
One In Three Women Who Ever Had A Baby Wet Themselves
Surgery For Stress Incontinence In Women

Table 6: Summary of recommendations for an ATSI Series of resources

<table>
<thead>
<tr>
<th>New resource (Rewritten for Standard Series only)</th>
<th>Retain and rewrite as per Standard Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence: You don’t have to put up with it.</td>
<td>Bladder Control Self Assessment -</td>
</tr>
<tr>
<td>Bladder Training -</td>
<td></td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone -</td>
<td></td>
</tr>
<tr>
<td>What Is A Continence Assessment -</td>
<td></td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men -</td>
<td></td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Women -</td>
<td></td>
</tr>
<tr>
<td>Dementia and Urinary Incontinence -</td>
<td></td>
</tr>
<tr>
<td>Continence Products and Appliances -</td>
<td></td>
</tr>
<tr>
<td>Bladder Problems and the Prostate Pamphlet -</td>
<td></td>
</tr>
</tbody>
</table>

Table 7: Summary of recommendations for Other Resources

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Management Self Assessment Checklist flyer</td>
<td>This flyer should be Number 1 in the Standard Series, to replace the other less focused general explanatory pamphlets about incontinence</td>
</tr>
<tr>
<td></td>
<td>Rewrite provided</td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islanders Series resource like this should be developed.</td>
</tr>
<tr>
<td>Continence Speakers Kit</td>
<td>Retain with minor changes.</td>
</tr>
<tr>
<td>1 In 3 Women Who Ever Had a Baby Booklet and Magnet</td>
<td>Retain with minor changes.</td>
</tr>
</tbody>
</table>
Table 8: Rejected Resources

<table>
<thead>
<tr>
<th>Rejected Set</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Floor Exercises For Women Fact Sheet (DOHA-5)</td>
<td>Duplicate of CFA-01</td>
</tr>
<tr>
<td>Pelvic Floor Exercises For Men Fact Sheet (DOHA-4)</td>
<td>Duplicate of CFA-02</td>
</tr>
<tr>
<td>Constipation And Incontinence Pamphlet (CFA-03)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Constipation And Incontinence Fact Sheet (DOHA-7)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Continence Assessment Pamphlet (CFA-04)</td>
<td>Duplicate of DOHA-11</td>
</tr>
<tr>
<td>Dementia And Incontinence Pamphlet (CFA-05)</td>
<td>Duplicate of DOHA-6</td>
</tr>
<tr>
<td>Faecal Incontinence Fact Sheet (CFA-06)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Bladder Training Pamphlet (CFA-09)</td>
<td>Duplicate of DOHA-3</td>
</tr>
<tr>
<td>Aids And Appliances Pamphlet (CFA-11)</td>
<td>Duplicate of DOHA-9</td>
</tr>
<tr>
<td>Urinary Incontinence: What Is It? Pamphlet (CFA-12)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Urinary Incontinence: What Is It? Fact Sheet (DOHA-1)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Bladder Problems And The Prostate Fact Sheet (DOHA-8)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Incontinence: Myths And Facts Fact Sheet (DOHA-10)</td>
<td>Unsatisfactory for use</td>
</tr>
<tr>
<td>Frequently Asked Questions Fact Sheet (DOHA-12)</td>
<td>Unsatisfactory for use</td>
</tr>
</tbody>
</table>
Recommendations

11  Recommendations from Clinical Review

- Emphasise the main message
- Minimise distractions from the main message
- Date all resources (MM/YYYY)
- Use Australian English
- Standardise all terms, all recommendations, all numbers and quantities, all Back Pages and information contact details
- Review all recommendations and definitions to conform with ICS (International Continence Society) recommendations
- Simplify all language, especially technical terms, and aim for a Reading Age of 7 years
- Test all terms for consumer comprehension and accepted lay alternatives
- Check all telephone contacts and websites for accuracy
- Review all resources at a minimum of every 5 years, particularly for accuracy and currency. A review every 2 years would be preferred

11.1  Specific Recommendations

Sixteen resources were recommended for inclusion in a new Standard Series. The General Standard Set has been rewritten according to expert reviewer’s comments. The rewritten series is shown in Appendix 7. Annotated versions of the Specialist Set to aid revision were also produced and are shown in Appendix 11 - Annotated Versions of Recommended Standard Series Retained Resources.

11.1.1  General Standard Set (Rewritten):

The following resources were rewritten in light of the clinical review:

- Incontinence: You don’t have to put up with it. Bladder Control Self Assessment
Good Bladder Habits For Everyone
Poor Bowel Control
Assessment of Bladder Control
Pelvic Floor Muscle Training For Women
Pelvic Floor Muscle Training For Men
Dementia And Incontinence

These resources were then used as the basis for the mock up resources used in the focus groups.

11.1.2 Specialist Standard Set (Need to be rewritten)
Detailed comments have been collected as a basis for the rewriting of the following resources:
 expecting A Baby
 Bladder Training
 Bed-Wetting In Young Adults
 Incontinence Aids And Appliances
 Childhood Bedwetting
 Bladder Problems and the Prostate
 Nocturia-Going To The Toilet At Night
 One In Three Women Who Ever Had A Baby Wet Themselves
 Surgery For Stress Incontinence In Women

Nine resources were recommended for inclusion in the ATSI Series. One of these was an ATSI rewrite of the Bladder Control Self Assessment flyer, while eight were existing ATSI resources.

11.1.3 New ATSI resource (Rewritten for Standard Series only)
 Incontinence: You don't have to put up with it. Bladder Control Self Assessment
11.1.4 Retained ATSI resources (Rewrite as per Standard Series)

The rewrite will need to be culturally appropriate, but is outside the scope of this project.

- Bladder Training
- Good Bladder Habits For Everyone
- What Is A Continence Assessment
- Pelvic Floor Exercises For Men
- Pelvic Floor Exercises For Women
- Dementia and Urinary Incontinence
- Continence Products and Appliances
- Bladder Problems and the Prostate Pamphlet

All Other Products were recommended for retention. The Bladder Management Self Assessment Checklist flyer was recommended for inclusion as the first resource in the Standard and ATSI Series. Only minor changes were suggested for the other 2 resources: the Continence Speakers Kit, and the 1 in 3 Women Who Ever Had a Baby Booklet and Magnet.

The review undertaken within the Review Workshop, using the same methods as described for the Standard Series, did not include testing of cultural appropriateness of either language or images will be undertaken, as this is beyond the scope of the project. However, the recommended rewrite in similar way to Standard Series, will require due regard to cultural appropriateness.
12 Recommendations from Initial Resource Review

Recommendations to come out of the initial resource review are detailed below. These recommendations are based on the existing resources.

12.1.1 Continence Speakers Kit

30. Implement content changes to PowerPoint presentation as outlined in Table 11.
31. Consider a stronger emphasis on the importance of pelvic floor exercises in the PowerPoint presentation and notes.
32. All documents in the kit to be dated (MM/YYYY).
33. Add symbol of child to PowerPoint presentation.
34. Add symbol of child to posters.
35. Consider increasing the call to action of the posters by including cues and a stronger message of ‘you can be helped’.
36. Replace yellow colour of posters with brighter colours.
37. Emphasise the Freecall TM Helpline number.

12.1.2 CFA Standard Series

Style

38. Remove large number on body of front cover.
39. Brochure numbering in corner of front cover may remain.
40. Change colour of brochures from grey/yellow to brighter colours.
41. Add symbol of child to the brochures.
42. Consider images of real people of both genders and different ages on front cover – to connect to people.
43. Keep the ‘Australian Government Initiative’ logo.
44. Emphasise the National Continence Helpline number.
45. Ensure that ‘Freecall’ is displayed on each brochure.
46. All brochures in the series to be dated (MM/YYYY).
47. Remove the CFA Resource Centres telephone numbers from the back cover.

**Layout**

48. Increase font size of text throughout brochures.
49. Change text colour in brochures from dark grey to black.
50. Use bullet points to separate text.
51. Use colour and bolding on headings.

**Content**

52. Emphasise the diabetes warning in the Standard Series, similar to that in the current ATSI series.
53. Emphasise “Every bladder or bowel control problem …” on each brochure.
54. When referencing other brochures in the series throughout the text, include brochure number for easy recall.
55. Standardise terms throughout the brochures (e.g. fluid intake or water intake).
56. Include a reference to other brochures in series on back page (by number and brochure title).
57. Consider incorporating practical tips for self-help such as drinking cranberry juice to help infections.
58. Consider partly rewording CFA01 and CFA02 brochures on pelvic floor muscle exercises to address concerns raised by Physiotherapists and Continence Nurses.
### 13 Detailed List of Resources and Recommendations

<table>
<thead>
<tr>
<th>Existing Resources</th>
<th>Executive Summary</th>
<th>Workshop Results Sect 6.2</th>
<th>Table 1 (rejected)</th>
<th>App 4 Rewritten</th>
<th>App 7 Rewritten</th>
<th>App 10 Mockup</th>
<th>App 11 - annotated versions provided (Y/N)</th>
<th>App 12 Mockup</th>
<th>Standard Series (General) + Specialist</th>
<th>Reuse of Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 Continence Foundation of Australia (CFA) brochures:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01 Pelvic Floor Muscle Exercises for Women</td>
<td>Rewritten</td>
<td>Rewritten</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>° Pelvic Floor Muscle Training For Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 Pelvic Floor Muscle Exercises for Men</td>
<td>Rewritten</td>
<td>Rewritten</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>° Pelvic Floor Muscle Training For Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 Constipation and Incontinence</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 Continence Assessment</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 Dementia and Incontinence</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 Faecal Incontinence</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 Good Bladder Habits for Everyone</td>
<td>Rewritten</td>
<td>Rewrite</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>° Good Bladder Habits For Everyone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08 Expecting a Baby?</td>
<td>Rewrite</td>
<td>Rewrite</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>° Expecting A Baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09 Bladder Training</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Bed Wetting in Young Adults</td>
<td>Rewrite</td>
<td>Rewrite</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>° Bed-Wetting In Young Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Products Aids &amp; Appliances for Incontinence</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Urinary Incontinence What is it?</td>
<td>Reject</td>
<td>Rejected</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Childhood Bedwetting</td>
<td>Rewrite</td>
<td></td>
<td>Y</td>
<td></td>
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<td>° Childhood Bedwetting</td>
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### Department of Health and Ageing (DoHA) continence fact sheets

<table>
<thead>
<tr>
<th>Fact Sheet</th>
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<tbody>
<tr>
<td>1 Urinary Incontinence What is it?</td>
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<td>2 Good Bladder habits for everyone</td>
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<tr>
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<tr>
<td>7 Constipation and Urinary Incontinence</td>
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<td></td>
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<tr>
<td>8 Bladder Problems and the Prostate</td>
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<td></td>
</tr>
<tr>
<td>9 Incontinence Aids and Appliances</td>
<td>Rewritten</td>
<td></td>
</tr>
<tr>
<td>10 Incontinence Myths and Facts Assessment</td>
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<tr>
<td>11 What is a Continence Assessment?</td>
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<td>14 Faecal Incontinence</td>
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**Issue**: F

- Y: Passed
- X: Rejected
- R: Rewritten
### 12 Aboriginal and Torres Straits Islander brochures:

<table>
<thead>
<tr>
<th>Brochure Title</th>
<th>Cultural</th>
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<td>° What Is A Continence Assessment</td>
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<td>4. Good Bladder Habits for everyone</td>
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<tr>
<td>5. What is a Continence Assessment?</td>
<td>Cultural</td>
<td>Retained</td>
<td>° Pelvic Floor Exercises For Men</td>
</tr>
<tr>
<td>6. Continence Products and Appliances</td>
<td>Cultural</td>
<td>Retained</td>
<td>° Bladder Problems and the Prostate pamphlet</td>
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<td>° Continence Products and Appliances</td>
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<tr>
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<td>Cultural</td>
<td>Retained</td>
<td>° Incontinence: You don't have to put up with it. Bladder Control Self Assessment</td>
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<td>Retained</td>
<td>° Incontinence: You don't have to put up with it. Bladder Control Self Assessment</td>
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<tr>
<td>12. A List of Ten Frequently Asked Questions</td>
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<td>Rejected</td>
<td>° Incontinence: You don't have to put up with it. Bladder Control Self Assessment</td>
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</tbody>
</table>

### Other Products

- the 1 in 3 Women who ever had a baby booklet and magnet.
- the Continence Speakers Kit, ("You don't have to put up with it"): Retained Retained
- Incontinence You don't have to put up with it: Bladder Management Problems Self Assessment Checklist (SAC) Rewritten Rewritten
Note 1: The code shows which ATSI resources reuse content from the standard series (bold letters)
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<td>Pelvic Floor Muscle Training For Women</td>
<td>Pelvic Floor Exercises for Women (CFA-01)</td>
</tr>
<tr>
<td>Pelvic Floor Muscle Training For Men</td>
<td>Pelvic Floor Exercises for Men (CFA-02)</td>
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<tr>
<td>Assessment of Bladder Control</td>
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<tr>
<td>Dementia and Incontinence</td>
<td>Dementia and Incontinence Fact Sheet (DOHA-6)</td>
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<td>Poor Bowel Control</td>
<td>Faecal Incontinence Pamphlet (DOHA-6)</td>
</tr>
<tr>
<td>Good Bladder Habits For Everyone</td>
<td>Good Bladder Habits for Everyone Pamphlet (CFA-07)</td>
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<td>Incontinence: You don’t have to put up</td>
<td>Bladder Management Problems Self Assessment Checklist</td>
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<tr>
<td>Bladder Control Self Assessment</td>
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Note: Also see Appendix 10 for mock ups of brochures and a summary of changes recommended.
Pelvic Floor Muscle Training for Women

Pamphlet CFA-01 Rewritten

TEXT:
What are the pelvic floor muscles?
The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch like a hammock from the tailbone at the back to the pubic bone in front.

A woman’s pelvic floor muscles support the bladder, womb (uterus) and the bowel. The urethra (urine tube), the vagina (birth canal) and the rectum (back passage) pass through the pelvic floor muscles. Not only do pelvic floor muscles play an important role in bladder and bowel control, they also affect sexual function so it is important to keep the pelvic floor muscles strong.

Diagram
The pelvic floor muscles can be weakened by –
- Not keeping them active
- Pregnancy and childbirth
- Straining to empty your bowels (constipation)
- Being overweight
- Heavy lifting
- Prolonged coughing (such as smoker’s cough or chronic bronchitis and asthma)
- Growing older

The benefits of pelvic floor muscle training
It is important for women of all ages to have strong pelvic floor muscles.

Women with stress incontinence – that is, who regularly wet themselves when coughing, sneezing or exercising – will find pelvic floor muscle training very helpful in overcoming this problem.

For pregnant women pelvic floor muscle training will help the body cope with the increasing weight of the baby inside. Healthy, fit muscles before baby is born will recover more easily after the birth.

After the birth of your baby, pelvic floor muscle training should begin as soon as it is comfortable for you to do so. You should always try to "brace "your pelvic floor muscles (by squeezing up and holding) each time before you cough, sneeze or lift the baby. This is called having "the
knack”. As women grow older, it is important to keep the pelvic floor muscles strong because at menopause the muscles change and may weaken.

A pelvic floor muscle training routine can help to lessen the effects of menopause of pelvic support and bladder control. Pelvic floor muscle exercises may also be useful as part of a bladder training program aimed at improving bladder control in people who have the urgent need to pass urine frequently (urge incontinence)

How to contract the pelvic floor muscles.
The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit or lie down comfortably with the muscles of your thighs, bottom and stomach relaxed.
2. Tighten the ring of muscle around the back passage (anus) as if you are trying to control diarrhoea or wind. Relax it. Practice this movement several times until you are sure you are exercising the right muscles. Try not to squeeze your bottom.
3. When you are passing urine, try to stop the flow mid-stream, then restart it. Only do this to learn which muscles are the correct ones to use and then do it no more than once a week to check your progress, as this may hamper normal bladder emptying.

If you don’t feel a definite squeeze-and-lift action of your pelvic floor muscles, or are unable to even slow the stream of urine as described in Point 3, talk to your doctor, continence advisor or physiotherapist. They will help you to get your pelvic floor muscles working correctly. Even women with very weak pelvic floor muscles benefit from pelvic floor muscle training.

Doing pelvic floor muscle exercises
Now you can feel the muscles working, exercise them by –

1. Tighten and draw in the muscles around the anus, the vagina and the urethra all at once. Lift them UP inside. Try to hold this contraction strongly as you count to 8, then release and relax. You should have a definite feeling of “letting go”.
2. Repeat (squeeze and lift) and relax. It is important to rest for about 8 seconds in between each contraction (tightening of the muscles). If you can’t hold for 8, hold for as long as you can
3. Repeat the squeeze and lift as many times as you are able, up to a maximum of 8-12 squeezes.
4. Try to do three sets of 8-12 squeezes each.
5. Do this whole exercise routine (three sets of 8 to 12 squeezes) at least three or four times a week while sitting, standing or lying.
6. Remember to use ‘the knack’ before every cough sneeze or lift

While doing the exercises –

• Do NOT hold your breath
• Do NOT push down instead of squeezing and lifting up
• Do NOT tighten your buttocks or thighs.

Do your exercises well
The quality is important. Fewer good exercises are better than lots of halfhearted ones! If you are unsure that you are doing the exercises correctly, or if you do not notice a change in any symptoms after 15 weeks, ask for help from your doctor, continence advisor or physiotherapist.

In order to build up your pelvic floor muscles to their maximum strength, you will need to work hard at pelvic floor muscle training. The best results are achieved by seeking help from a physiotherapist or continence advisor who will design an individual training program especially suited to you.

Making the exercises part of your routine
Once you have learnt how to do these exercises, they should be done regularly, giving each set your full attention. This might be - for example, after going to the toilet, when having a drink, or when lying in bed.

Other things you can do to help your pelvic floor muscles:
- Use “the knack”
- Share the lifting of heavy loads
- Eat fruit and vegetables and drink six to eight glasses of water daily
- Don’t strain during a bowel movement
- Seek medical advice for hay fever, asthma and bronchitis to reduce sneezing and coughing, and
- Keep your weight within the right range for your height and age.

Seek help
Good results take time. In order to build up your pelvic floor muscles to their maximum strength, you will need to work hard at training them. The best results are gained by seeking help from a health worker, physiotherapist or continence advisor who will design an individual training program for you.

Call Continence Advisors on the National Continence Helpline for free:
- Information
- Advice
- Leaflets
On 1800 33 00 66 (Monday to Friday) or
Visit the website at www.continence.org.au
The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.

**MAIN MESSAGE:** *Pelvic floor muscle training promotes strong pelvic floor muscles which can protect or improve women’s bladder control*
Pelvic Floor Muscle Training for Men

Pamphlet CFA-02 Rewritten

TEXT:
What are the pelvic floor muscles?
The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch like a hammock from the tailbone at the back to the pubic bone in front.

A man’s pelvic floor supports the bladder and the bowel. The urethra (urine tube) and the rectum (back passage) pass through the pelvic floor muscles. The pelvic floor muscles play an important role in bladder and bowel control, so it is important to keep the pelvic floor muscles strong.

Pelvic floor muscle training strengthens the pelvic floor muscles and improves control of the bladder and bowel.

Diagram.
The pelvic floor muscles can be affected by –
- Surgery for bladder or bowel problems
- Straining to empty your bowels (constipation)
- Being overweight
- Heavy lifting
- Prolonged coughing (such as smoker’s cough or chronic bronchitis and asthma)
- Being unfit

The benefits of pelvic floor muscle training
It is important for men of all ages to have strong pelvic floor muscles. Men with stress incontinence – that is, men who regularly wet themselves when coughing, sneezing or exercising – will find pelvic floor muscle training very helpful in overcoming this problem.

Pelvic floor muscle training may also be useful as part of a bladder training program aimed at improving bladder control in people who have the urgent need to pass urine frequently (urge incontinence)
Men who problems controlling their bowels might find pelvic floor muscles training can help the muscle that closes the back passage (the anal sphincter). This important muscle is one of the pelvic floor muscles.

How to contract the pelvic floor muscles

The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit or lie comfortably with the muscles of your thighs and buttocks relaxed. It may be helpful to use a hand mirror to watch your pelvic floor muscles as they contract.
2. Tighten the ring of muscle around the back passage (anus) as if you are trying to control diarrhoea or wind. Relax it. Practice this movement several times until you are sure you are exercising the correct muscle. Try not to squeeze your buttocks.
3. When you are passing urine, try to stop the flow mid-stream, then restart it. Only do this to learn which muscles are the correct ones to use and then do it no more than once a week to check your progress, as this may hamper normal bladder emptying. When you contract your pelvic floor, the lower part of the abdomen should move inwards (as you do when you pull in your tummy to look slimmer).
4. Stand sideways in front of a mirror without underclothes. As you contract your pelvic floor muscles strongly and hold them, you should notice your penis retract and your scrotum lifting itself upwards.

If you don’t feel a definite squeeze-and-lift action of your pelvic floor muscles, are unable to even slow the stream of urine (described in point 3), or cannot any movement of your scrotum and penis (described in point 4,) talk to your doctor, continence advisor or physiotherapist. They will help you to get your pelvic floor muscles working correctly. Even men with very weak pelvic floor muscles benefit from pelvic floor muscle training.

Doing pelvic floor muscle exercises

Now that you can feel the muscles working, exercise them by:

1. Tighten and draw in strongly the muscles around the anus and the urethra all at once. Lift them UP inside. Try to hold this contraction strongly as you count to 8, then release and relax. You should have a definite feeling of “letting go”.
2. Repeat (squeeze and lift) and relax. It is important to rest for about 8 seconds in between each contraction. If you can’t hold for 8, hold for as long as you can
3. Repeat the squeeze and lift as many times as you are able, up to a maximum of 8-12 squeezes.
4. Try to do three sets of 8-12 squeezes each.
5. Do this whole exercise routine (three sets of 8 to 12 squeezes) at least three or four times a week while sitting, standing or lying.

While doing the exercises –

- Do NOT hold your breath – breath out
- Do NOT push down instead of squeezing and lifting up
- Do NOT tighten your buttocks or thighs.
Do your exercises well

The quality is important! Fewer good exercises are better than many halfhearted ones! If you are unsure that you are doing the exercises correctly, or if you do not notice a change in any symptoms after 15 weeks, ask for help from your doctor, continence advisor or physiotherapist.

Making the exercises part of your routine
Once you have learnt how to do these exercises, they should be done at least three to four times a week, around activities that will help you remember to do them, giving each set your full attention. This might be - for example, after going to the toilet, when having a drink, or when lying in bed.

Other things you can do to help your pelvic floor muscles:
- Share the lifting of heavy loads
- Eat fruit and vegetables and drink six to eight glasses of water daily
- Don’t strain during a bowel movement
- Seek medical advice for hay fever, asthma and bronchitis to reduce sneezing and coughing, and
- Keep your weight within the right range for your height and age.

Seek help

Good results take time. In order to build up your pelvic floor muscles to their maximum strength, you will need to work hard at pelvic floor muscle training.

The best results are gained by seeking help from a health worker, physiotherapist or continence advisor who will design an individual training program for you.

Call Continence Advisors on the National Continence Helpline for free:
→ Information
→ Advice
→ Leaflets
On 1800 33 00 66 (Monday to Friday) or
Visit the website at www.continence.org.au
The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.

**MAIN MESSAGE:** Pelvic floor muscle training promotes strong pelvic floor muscles which can protect or improve men’s bladder control
TARGET AUDIENCE: All men
EMPHASIS: Do pelvic floor muscle exercises well
MOTIVATION: Protect your pelvic floor muscles to maintain bladder control
Assessment of Bladder Control

Fact Sheet DOHA-11 Rewritten

This leaflet is to help people who are going to have a continence assessment. A continence assessment is an interview and physical examination carried out by a doctor or by a specially trained health worker. The assessment will help identify any bladder control problems and their causes. The assessment may help choose the best treatment for these problems.

- Everyone is entitled to an individual assessment, which should be done in a sensitive manner, with respect for the person’s privacy and right to refuse care.

Your Choices

If you want a man to do your assessment, or if you want a woman to do your assessment, let the people know this when you are arranging your appointment. In some places, there are special clinics for men and for women.

Many services can arrange an interpreter of the same sex, if needed, at no cost to you. Check with your service. You can take a family member or friend with you for support, if that helps you feel more comfortable. You have the right to be treated with confidentiality, sensitivity and respect as a person.

Preparing for the Assessment

You may need to keep a bladder chart. Here is an example bladder chart:

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount Passed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.00am</td>
<td>250mls</td>
<td></td>
</tr>
<tr>
<td>7.30am</td>
<td>70mls</td>
<td></td>
</tr>
<tr>
<td>9.15am</td>
<td>160mls</td>
<td></td>
</tr>
</tbody>
</table>

In the comments section, you can write down accidental leakage (for example, “passed urine on the way to the toilet”). If you use an absorbent pad you can work out the amount passed by weighing a dry pad, then weighing the wet pad in a plastic bag. Subtract the dry pad weight from the wet pad weight and convert the grams amount to millilitres.
Example:
Wet pad 400grams
Dry pad 150 grams
Amount = 250 mls
When passing urine to be measured, place a container between your legs in
the toilet and sit relaxed, with your feet on the floor.
- You may need to bring your medications with you to the assessment.

The Assessment
You will be asked about your diet, weight, medical history and your general health. You may be asked other questions about your health.
Some of the questions could be:
- How much alcohol or caffeine do you drink? This is because drinking lots of alcohol or caffeine based drinks like coffee and cola drinks may irritate the bladder, as can eating large amounts of chocolate.
- Are you constipated? (Having difficulty emptying your bowel). This is because constipation can weaken the pelvic floor muscles and can irritate the bladder.
- If you are a woman, you may be asked “Do you have any children?” This is because pregnancy and childbirth can affect bladder control.
- Are you going through menopause? Hormone changes can worsen incontinence
- Are you on any medications? Medicines can have a major effect on bladder and bowel functions. Bring all your medications with you to the assessment.

Diagnosis
Here are some of the tools used for a bladder assessment:
1. A bladder chart to record the times you went to the toilet, how much urine you passed and how much leakage there was before you went. 2. A residual urine test to determine if your bladder is emptying properly. This is done by ultrasound and is a painless procedure.
3. A urine specimen may be taken for testing.
4. A blood test may be taken for diabetes or prostate problems
5. Urodynamics – this is a special test to show how your bladder works
6. An ultrasound examination may be done to give extra information about how your bladder works.

Remember
No matter which type of test is recommended, it is your right to ask
- Who would do it
- How it would be done
- How it would help
It is your right to decide to have the test
If you have other questions about the continence assessment, or about bladder control contact:
→ National Continence Helpline freecall 1800 33 00 66 (The Helpline can arrange telephone interpreters)
→ Your doctor
→ A continence advisor. Call Continence Advisors on the National Continence Helpline for free:
→ Information
→ Advice
→ Leaflets
On 1800 33 00 66 (Monday to Friday) or
Visit the website at www.continence.org.au
The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.

MAIN MESSAGE: Preparation for potentially threatening intervention:
• The necessity of the procedure and its outcomes
• Who will perform the procedure
• What will happen – before, during

TARGET AUDIENCE: People needing an assessment
EMPHASIS: Allay concerns by providing knowledge
MOTIVATION: The assessment is painless and you have a choice
Dementia and Incontinence

Why do people with Dementia experience bladder and bowel control problems? People with dementia suffer memory loss and may be confused and disorientated. This can cause bladder and bowel control problems. People with dementia may have problems with:

- "Holding on" until they get to the toilet
- Finding the toilet
- Getting their clothes undone
- Forgetting to unzip or pull down their pants when going to the toilet
- Adjusting to unfamiliar surroundings – making it hard to get to the toilet on time
- Knowing when the bladder or bowel is emptied completely
- Recognising the need to pass urine or empty their bowel
- Urinating or opening their bowels in places they shouldn’t
- Depression, anxiety or stress, or illness, may make incontinence worse

People may also have problems with constipation, diarrhoea or faecal incontinence.

Can anything be done for people with dementia who have incontinence problems? Yes! While their dementia may stop them from having some treatments, other things can be done to protect their comfort and dignity.

There are some general rules for working positively with people with dementia that may be useful:

- Listen carefully and respond to the person
- Get rid of distractions – make their environment simple and familiar
- Show respect and genuine care

Assessment of Incontinence

Seek help from their local doctor or a continence advisor

Assessment includes a physical examination and a record of important information, including a good description of when incontinence occurs and in what circumstances.

It is often necessary to rely on the carer to provide this important information to record bladder and bowel function, such as:

- What time the person goes to the toilet and/or wets
- How wet the person is:
Minor = underpants are damp
Moderate = skirts or trousers are wet
Severe = chair, floor or bed is flooded
- How often they open their bowels

Managing Incontinence
1. Treat underlying conditions, such as urinary tract infection, constipation or senile vaginitis. These conditions often respond to treatment and the incontinence may stop or lessen.
2. Review medications. Medications may help, but they can also worsen incontinence and increase confusion.
3. Encourage the person to drink at least one and a half litres of water a day (unless otherwise advised by a doctor). This helps to prevent urinary tract infection and avoid constipation and helps the bladder stay healthy. Coffee, tea and cola contain a lot of caffeine, irritating the bladder and making bladder management more difficult. Not drinking a lot of fluid in the evening may help.
4. Prevent or treat constipation. Diet, fluid intake and exercise are important.
5. Observe for indications they want to go to the toilet. Ask or remind the person to use the toilet at regular times when they usually need to go or before they are likely to be wet.
6. Modify clothing if necessary, to make it easier for the person to manage (eg Velcro fastenings instead of zips and buttons). Easy-to-manage clothing (such as tracksuits) may make undressing easier.
7. Keep the way to the toilet clear. Don’t leave things on the ground or floor that might make it hard to get to the toilet. A night-light may help. Make the toilet door easy to see.
8. Think about using community resources to help with the demands of caring for a person with dementia – laundry, shopping and respite care, for example.
9. Incontinence products such as pads and pants may improve quality of life. It may be possible to receive some financial assistance with the cost of incontinence products. Advice on whether you are able to receive this help and the types of products available can be sought from the National Continence Helpline (freecall 1800 33 00 66).

These things may reduce how often incontinence occurs and how bad it is.
Can medication be helpful in treating the person with dementia and incontinence?
YES:
- Some medications may actually be causing or making the incontinence worse and need to be changed. Medications need to be reviewed by a doctor.
- Antibiotics may be prescribed to treat a urinary tract infection.
- Hormonal replacement therapy (tablets, patches or vaginal creams) may help post-menopausal women by reducing frequency and urgency to urinate.
- Bladder relaxant tablets may be given to settle an irritable bladder, and improve its ability to store the urine. This can reduce the number of times they go to the toilet.
- Tablets may sometimes be given to help the person pass urine when there is a blockage at the base of the bladder or in their urethra.
Some medications for incontinence may cause side effects such as dry mouth, constipation, poor balance and lack of energy. In people with dementia, there is also a risk of increasing their confusion. Medication use requires careful professional monitoring. If side effects occur, go back to the doctor.

A helpful contact for carers of people with dementia is Carers Resource Centre:
free call 1800 33 00 66

Call Continence Advisors on the National Continence Helpline for free:
→ Information
→ Advice
→ Leaflets
On 1800 33 00 66 (Monday to Friday) or
Visit the website at www.continence.org.au
The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.

**MAIN MESSAGE:** *There are ways to minimise incontinence for people with dementia.*
**TARGET AUDIENCE:** Carers of people with dementia
**EMPHASIS:** Seeking help
**MOTIVATION:** Impact of incontinence can be minimised
**Poor Bowel Control**

Fact Sheet DOHA-14 Rewritten

**TEXT:**

**What is it?**
People with poor bowel control accidentally pass bowel motions (poo), at the wrong time or in the wrong place. They may also accidentally pass wind.

**Is it common?**
As many as one in 20 people have poor bowel control. This includes both men and women. While it is more common as you get older, a lot of younger people are also have poor bowel control.

Many people with poor bowel control may also suffer poor bladder control (wetting themselves).

**What causes it?**

**Muscles weakness**
Weakness of the muscles of your back passage may be due to:
- Childbirth
- Age
- Some types of surgery – for example, for haemorrhoids (piles)
- Radiation therapy

**Severe Diarrhoea**
- This may be irregular or constant depending upon the cause.

**Constipation and Impaction**
This is a very common cause of bowel accidents in older or disabled people.
Motions get clogged in the lower bowel and liquid leaks out around the clogged mass, which looks like there is a loss of bowel control.

**Dementia / Confusion**
People with significant dementia or confusion may not experience or recognize the urge to empty their bowels. This results in incontinence of a normal bowel action. A common time for this to happen is soon after a meal, especially breakfast.

**Assessment**
There are a lot different causes of poor bowel control, so a thorough assessment is important in order to find the cause(s) and things that might be making it worse.

Everyone who has regular bowel accidents should first be assessed by their GP.
You should also consult your GP if you have any of the following:

- A change in your usual bowel habits
- Pain or bleeding from the back passage
- A feeling that your bowel is never completely empty
- Dark or black motions (poo)
- Unexplained weight loss

Assessment usually includes:

- Questions for you to answer
- Physical examination of your pelvic floor muscles (with your permission)
- Asking you to keep a chart of your bowel habits and your food and drink intake for a while.
- A specialist might use an ultrasound to check the your pelvic floor muscles. A specialist might also order some tests that will be done at a hospital.

Management

The general principle of management is to treat the underlying condition. Because loss of bowel control is a symptom and not a disease its treatment depends on what is causing the problem.

Treatment may include:

- Checking which medicines /tablets you are taking.
- Medicine to firm up your motion or to slow down your bowel may be prescribed by your doctor.
- Managing constipation if this is a cause
- Pelvic floor muscle training can help to strengthen your pelvic floor and anal sphincter muscles.
- A program of treatment by a physiotherapist who treats pelvic floor muscle problems. This treatment may also, include electrical stimulation of the muscles or biofeedback to help you learn how to use you pelvic floor muscles to best effect.
- Your GP might refer you to a specialist such as a colorectal surgeon or gastroenterologist if necessary

For people with Dementia or Confusion

Charting the person’s bowel habits for a period of time may help to reveal a pattern of bowel habits. Also, keeping track of behaviour patterns may help to identify when a bowel action is going to occur. This means the person can be taken to the toilet to prevent bowel accidents.

Ask for help

You are not alone. Poor bowel control can be cured or managed better if treated.

Call Continence Advisors on the National Continence Helpline for free:

→ Information
→ Advice
→ Leaflets

On 1800 33 00 66 (Monday to Friday) or
Visit the website at www.continence.org.au
The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.

**MAIN MESSAGE:** Poor bowel control is common  
**TARGET AUDIENCE:** People with poor bowel control  
**EMPHASIS:** Poor bowel control responds well to dietary advice, medication review and pelvic floor muscle interventions where indicated  
**MOTIVATION:** Poor bowel control can be treated
Good Bladder Habits for Everyone

Fact Sheet DOHA-2 Rewritten

TEXT:
Good bladder habits can improve bladder control
Good bladder habits are important for a healthy life.
Poor bladder habits can lead to poor bladder control and sometimes incontinence. Here are some simple steps that everyone can follow to keep their bladder healthy.

Hints to keep your bladder healthy

Step 1 – Practice good toilet habits
- It is normal to go to the toilet between four to eight times per day and no more than once or twice a night.
- Don’t get into the habit of going to the toilet “just in case.” Try to go only when your bladder is full and you need to go. (However, emptying your bladder before going to bed is fine).
- Take your time so that your bladder can empty completely. For women, this should be while sitting: don’t hover over the toilet seat. If you rush, this may result in incomplete emptying of your bladder and possible urinary infections.

Step 2 – Maintain good bowel habits
- Keep your bowels regular by eating fruits and vegetables, having plenty of fluid and exercising. Straining when using your bowels can weaken your pelvic floor muscles.

Step 3 – Fluid Intake
Drink at least one and a half litres (6-8 cups) of fluid per day unless advised otherwise by your doctor.
- Limit the amount of caffeine and alcohol you drink as they may irritate the bladder. Don’t drink too much coffee, tea or cola. (Instant coffee contains less caffeine than percolated coffee. Tea contains less caffeine than coffee).

Step 4 – Look after your pelvic floor muscles
- Keep your pelvic floor muscles strong with regular pelvic floor muscle exercises.
- The “Pelvic Floor Muscle Training” leaflet, published in this series, may help. (There is a Pelvic Floor Muscle Training leaflet for men and another for women).

Step 5 – Seek help from your doctor or continence advisor if you have any of these problems
- Wetting yourself, even a few drops
- Loss of urine, regardless of amount, when you cough, sneeze, laugh, stand, lift or when leakage occurs with sport or other physical activity.
- An urgent need to pass urine, being unable to hold on or not getting to the toilet in time.
- Passing small amounts of urine frequently and consistently, eg. More than eight times per day in small amounts of less than 200 mls (about the contents of a tea cup).
- Having to get up several times overnight to pass urine
- Bedwetting over the age of five years
- Difficulty getting your stream of urine started or a stream that stops and starts instead of flowing out smoothly.
- Straining to pass urine
- Feeling that the bladder is not empty once urine has been passed
- Burning or discomfort while passing urine
- If you are always thirsty and have to urinate frequently, tell your doctor. (You could be suffering from diabetes.)
- Giving up enjoyable activities like walking, aerobics or dancing because of poor bladder or bowel control
- Any change in your regular bladder pattern that is causing you concern. Every bladder or bowel control problem, no matter how small, deserves attention.

Seek help from your doctor or continence advisor.

Who can help?
→ National Continence Helpline freecall 1800 33 00 66
→ Your doctor
→ A continence advisor
Call continence advisors on the National Continence helpline for free:
→ Information
→ Advice
→ Leaflets
On 1800 33 00 66 (Monday to Friday) or
Visit the website at www.continence.org.au
The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday the Friday and ask to be connected to the Helpline

**MAIN MESSAGE:** Good bladder habits are important to prevent and help incontinence

**TARGET AUDIENCE:** People with incontinence

**EMPHASIS:** Don’t get into the habit of going just in case

**MOTIVATION:** Healthy life, prevention of incontinence,
positive outcomes
Incontinence: You don’t have to put up with it. Bladder Control Self-Assessment

Bladder Management Problems Self-Assessment Checklist: Rewritten

TEXT:
→ If you have a bladder control problem you are not alone – over 2 million Australians are affected by incontinence.
→ Incontinence affects women and men of all ages and backgrounds
→ Incontinence can be a part of ageing and childbirth
→ If you do nothing – it won’t go away
→ Incontinence can be prevented, treated, managed and often cured through exercise, medication, surgery and a range of other options
→ Help is available

Do you have Bladder Control Problems?
→ Do you sometimes feel you have not completely emptied your bladder?
→ Do you have to rush to use the toilet?
→ Are you frequently nervous because you think you might lose control of your bladder?
→ Do you wake up twice or more during the night to go to the toilet?
→ Do you plan your daily routine around where the nearest toilet is?
→ Do you wet yourself when you laugh or sneeze?
→ Do you wet yourself when you lift something heavy?
→ Do you wet yourself when you play sport?
→ Do you wet yourself when you change from a seated or lying position to a standing position?

Help is available
→ If you answered ‘yes’ to any of these questions, you may have a bladder control problem (incontinence).
→ For assistance with bladder management problems see your doctor, or continence nurse advisor, or community health nurse.
You can also ring the National Continence Helpline on Freecall 1800 33 00 66
Or visit www.continence.health.gov.au

MAIN MESSAGE: If you have bladder control problems, help is available
TARGET AUDIENCE: People with incontinence
EMPHASIS: Help is available. Sources of help
MOTIVATION: Bladder control can be improved if you take action
## Appendix 10: Brochures developed for Review New Resources Focus Groups

### 1. Revised Brochure Changes

<table>
<thead>
<tr>
<th>Brochure</th>
<th>Changes recommended</th>
<th>Recommended by</th>
<th>Actioned?</th>
<th>If not, rationale</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>General Recommendations from Continence Resources Expert Review Report</td>
<td>Clinical Review</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Use ‘Aust Govt Initiative Logo’</td>
<td>Intouch</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Make back cover consistent throughout all brochures in series</td>
<td>Clinical &amp; Focus Group Research</td>
<td>Y</td>
<td>Some slight variations apply for specific brochures (Pelvic Floor Muscle Training brochures have an added para, Bladder Self-Assessment is slightly different, Poor Bowel Control has an added para)</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Make Helpline number larger</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Helpline number is no longer on the front cover of the brochures as the design template has changed. The number is bold and large on the back however.</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Add 'You are not alone' message</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Clinical Review and rewriting of the brochures deleted this message</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Add list of other brochures in series</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Clinical Review recommended deleting references to other resources as it distracts from the main message.</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Delete large number from front of brochure</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Numbers for brochures have been deleted entirely as the Clinical Review resulted in some brochures being deleted from the set. Therefore the numbering of brochures will need to be</td>
<td></td>
</tr>
<tr>
<td>Brochure</td>
<td>Changes recommended</td>
<td>Recommended by</td>
<td>Actioned?</td>
<td>If not, rationale</td>
<td>Considerations</td>
</tr>
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</tr>
<tr>
<td>ALL</td>
<td>Revise references to medical/clinical terms such as ‘urethra’</td>
<td>Focus Group Research</td>
<td>N</td>
<td>Clinical Review resulted in brochures being re-written. We have used the supplied copy for the proofs, although these contain medical/technical terms.</td>
<td>Review brochure copy in light of Focus Group Research.</td>
</tr>
<tr>
<td>ALL</td>
<td>Add symbols for boy and girl to front of brochures to indicate that incontinence affects people of all ages</td>
<td>Focus Group Research</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Change colour of brochures from grey/yellow to fresh and bright</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Design template has been based on the NCMS design (ie Toilet map, One in three Women...brochures etc). Dementia &amp; Incontinence brochure has been amended slightly to a more pastel, soothing colour palette for the older demographic.</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Increase font size throughout, and make easier to read</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Font has been made black, not grey, and has been increased. Additional white space has been incorporated, and paragraphs broken up to enhance readability. Headings are bold and coloured.</td>
<td></td>
</tr>
<tr>
<td>Brochure</td>
<td>Changes recommended</td>
<td>Recommended by</td>
<td>Actioned?</td>
<td>If not, rationale</td>
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<tr>
<td>ALL</td>
<td>Mark each brochure with the date and year in XX/XXXX format to assist version control</td>
<td>Clinical Review</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Suggest images of real people of both genders and different ages on front covers</td>
<td>Focus Group Research</td>
<td>N</td>
<td>Standard design template has been used which does not feature photography. Also, photography will add to the production cost of the brochures.</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Operating hours for Helpline have been deleted from rewritten copy as supplied from Clinical Review</td>
<td>follows rewritten brochures from Clinical Review</td>
<td>Y</td>
<td>Original brochures sometimes listed the operating hours of the Helpline (ie 8am to 8pm Mon to Fri). NB This was not consistently applied to all original brochures however.</td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>Copy is missing from rewritten brochures: &quot;The Helpline is funded under the Commonwealth Government's National Continence Management Scheme and managed by the Continence Foundation of Australia.&quot;</td>
<td>Intouch</td>
<td></td>
<td>If required, copy can be reinserted on the front or back cover.</td>
<td></td>
</tr>
<tr>
<td>Assessment of Bladder Control See Att A to App 10.</td>
<td>Add diabetes warning</td>
<td>Focus Group Research</td>
<td>Y</td>
<td>Consumer research showed they felt this was a vital message. Not that during the Clinical Review and rewriting, this message was deleted.</td>
<td></td>
</tr>
<tr>
<td>Brochure</td>
<td>Changes recommended</td>
<td>Recommended by</td>
<td>Actioned?</td>
<td>If not, rationale</td>
<td>Considerations</td>
</tr>
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</tr>
<tr>
<td>Good Bladder Habits for Everyone</td>
<td>Add diabetes warning</td>
<td>Focus Group Research</td>
<td>Y</td>
<td></td>
<td>Consumer research showed they felt this was a vital message. Not that during the Clinical Review and rewriting, this message was deleted.</td>
</tr>
<tr>
<td>Incontinence. You Don't Have to Put Up With It.</td>
<td>Add diabetes warning</td>
<td>Focus Group Research</td>
<td>Y</td>
<td></td>
<td>Consumer research showed they felt this was a vital message. Not that during the Clinical Review and rewriting, this message was deleted.</td>
</tr>
<tr>
<td>Incontinence. You Don't Have to Put Up With It.</td>
<td>Web address has been changed from <a href="http://www.continence.health.gov.au">www.continence.health.gov.au</a> to <a href="http://www.continence.org.au">www.continence.org.au</a> so that it is consistent with all other brochures</td>
<td>Clinical Review</td>
<td></td>
<td></td>
<td>Web address has been changed from <a href="http://www.continence.health.gov.au">www.continence.health.gov.au</a> to <a href="http://www.continence.org.au">www.continence.org.au</a> so that it is consistent with all other brochures</td>
</tr>
<tr>
<td>Incontinence. You Don't Have to Put Up With It.</td>
<td>Paragraph on the Telephone Interpreter Service has been added to the back panel for consistency with other brochures</td>
<td>Intouch</td>
<td></td>
<td></td>
<td>Paragraph on the Telephone Interpreter Service has been added to the back panel for consistency with other brochures</td>
</tr>
<tr>
<td>Pelvic Floor Muscle Training for Men/Women</td>
<td>Copy to be reviewed for consistency</td>
<td>Intouch</td>
<td></td>
<td></td>
<td>Copy supplied from the Clinical Review is not consistent across the two brochures. Eg frequency of doing exercises, some phrasing etc.</td>
</tr>
<tr>
<td>Brochure</td>
<td>Changes recommended</td>
<td>Recommended by</td>
<td>Actioned?</td>
<td>If not, rationale</td>
<td>Considerations</td>
</tr>
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</tr>
<tr>
<td>Pelvic Floor Muscle Training for Men/Women See Att E to App 10.</td>
<td>Recommend not giving instructions on how to do pelvic floor exercises. Instead, emphasise the importance of having a professional teach the exercises</td>
<td>Focus Group Research</td>
<td>N</td>
<td>Brochures were rewritten and supplied as a result of the Clinical Review.</td>
<td>Consider the results of the Focus Group Research and perhaps revise the copy of both brochures.</td>
</tr>
<tr>
<td>Pelvic Floor Muscle Training for Men/Women</td>
<td>Note only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. **Assessment of Bladder Control**

A larger version of this image is included as a separate file (CFA Bladder Control.pdf) included with the electronic submission.

---

**Preparing for the assessment**

- You may need to keep a bladder chart. Here is an example bladder chart:

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount Passed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00am</td>
<td>250mL</td>
<td></td>
</tr>
<tr>
<td>7:30am</td>
<td>70mL</td>
<td></td>
</tr>
<tr>
<td>8:15am</td>
<td>180mL</td>
<td></td>
</tr>
</tbody>
</table>

In the comments section, you can write down accurate usage (for example, “passed urine on the way to the toilet”). If you use an absorbent pad, you can weigh out the amount passed by weighing a dry pad, then weighing the wet pad in a plastic bag. Subtract the dry pad weight from the wet pad weight and convert the gram amount to millilitres.

- Examples:
  - Wet pad: 400 grams
  - Dry pad: 150 grams
  - Amount: 250 mL

When passing urine to be measured, place a container between your legs in the toilet and sit relaxed, with your feet on the floor.

- You may need to bring your medications with you to the assessment.

**The assessment**

You will be asked about your diet, weight, medical history and your general health. You may be asked other questions about your health.

Some of the questions could be:

- How much alcohol or caffeine do you drink? This is because drinking lots of alcohol or caffeine-based drinks like coffee and cola drinks may irritate the bladder, as can eating large amounts of chocolate.
- Are you constipated? Having difficulty emptying your bowels? This is because constipation can weaken the pelvic floor muscles and can irritate the bladder.
- If you are a woman, you may be asked “Do you have any children?” This is because pregnancy and childbirth can affect bladder control.
- Are you going through menopause? Hormone changes can worsen incontinence.
- Are you on any medications? Medications can have a major effect on bladder and bowel functions. Bring all your medications with you to the assessment.

**Diagnosis**

Here are some of the tools used for a bladder assessment:

1. A bladder chart to record the times you went to the toilet, how much urine you passed and how much leakage there was before you went.
2. A residual urine test to determine if your bladder is emptying properly. This is done by ultrasound and is a painless procedure.
3. A physical examination, which may include a vaginal or rectal examination.
4. A urine specimen may be taken for testing.
5. A blood test may be taken for diabetes or prostate problems.
6. Urodynamics – this is a special test to show how your bladder works.
7. An ultrasound examination may be done to give extra information about how your bladder works.

---

This leaflet is to help people who are going to have a continence assessment.

A continence assessment is an interview and physical examination carried out by a doctor or by a specially trained health worker. The assessment will help identify any bladder control problems and their causes. The assessment may help choose the best treatment for these problems.

Everyone is entitled to an individual assessment, which should be done in a sensitive manner, with respect for the person’s privacy and right to refuse care.

**Your choice**

If you want a man to do your assessment, or if you want a woman to do your assessment, let the people know this when you are arranging your appointment. In some places, there are special clinics for men and for women.

Many services can arrange an interpreter of the same sex, if needed, and/or with you. Check with your service. You can take a family member or friend with you for support, if that helps you feel more comfortable.

You have the right to be treated with confidentiality, sensitivity and respect as a person.
Remember
When you have a bladder or bowel control problem, no matter how small, it deserves expert attention.

You are not alone.
Incontinence is a very common condition. There are many health professionals qualified to assist you with bladder and bowel control problems. With proper assessment, incontinence can be treated, more effectively managed and frequently cured.

For leaflets and more information about bladder or bowel problems and products and local continence services, please call the continence advisors on the National Continence Helpline on 1800 33 00 66.

Cell Continence Advisers on the National Continence Helpline for free:
- Information
- Advice
- Leaflets

On 1800 33 00 66 Monday to Friday or visit the website at www.continence.org.au

The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 11 50 Monday to Friday and ask to be connected to the Helpline.

Other brochures in this series:
- Pelvic Floor Muscle Training for Women
- Pelvic Floor Muscle Training for Men
- Assessment of Bladder Control
- Dementia & Incontinence
- Poor Bladder Control
- Good Bladder Habits for Everyone
- Incontinence: You Don't Have to Put Up With It. Bladder Control Self-Assessment.
Good Bladder Habits for Everyone

A larger version of this image is included as a separate file (CFA Good Bladder.pdf) included with the electronic submission.

Good bladder habits are important for a healthy life.
Poor bladder habits can lead to poor bladder control and sometimes incontinence. Here are some simple steps that everyone can follow to keep their bladder healthy.

Hints to keep your bladder healthy
Step 1 – Practice good toilet habits
- It is normal to go to the toilet between four to eight times per day and no more than once or twice a night.
- Don’t get into the habit of going to the toilet “just in case.” Try to go only when your bladder is full and you need to go. (However, emptying your bladder before going to bed is still.
- Take your time so that your bladder can empty completely. For women, this should be while sitting, don’t hover over the toilet seat. If you rush, this may result in incomplete emptying of your bladder and possible urinary infections.

Step 2 – Maintain good bowel habits
- Keep your bowels regular by eating fruits and vegetables, having plenty of fluid and exercising.
- Staying when using your bowels can weaken your pelvic floor muscles.

Step 3 – Fluid intake
- Drink at least one and a half times your usual 8 cups of fluid per day unless advised otherwise by your doctor.
- Limit the amount of caffeine and alcohol. You drink as they may irritate the bladder. Don’t drink too much coffee, tea or cola. Instant coffee contains less caffeine than percolated coffee. Tea contains less caffeine than coffee.

Step 4 – Look after your pelvic floor muscles
- Keep your pelvic floor muscles strong with regular pelvic floor muscle exercises.
- The “Pelvic Floor Muscle Training” leaflet, published in this series, may help. (There is a Pelvic Floor Muscle Training leaflet for men and another for women.)

Step 5 – Seek help from your doctor or continence advisor if you have any of these problems:
- Wetting yourself, even a few drops.
- Loss of urine, regardless of amount, when you cough, sneeze, laugh, stand, lift or when leakage occurs with sport or other physical activity.
- An urgent need to pass urine, being unable to hold on or not getting to the toilet in time.
- Passing small amounts of urine frequently and constantly, e.g., more than eight times per day in small amounts of less than 200 ml (about the contents of a tea cup).

Step 6 – Having to get up several times overnight to pass urine.
- Bedwetting over the age of five years.
- Difficulty getting your stream of urine started or a stream that stops and starts instead of flowing out smoothly.
- Straining to pass urine.
- Feeling that the bladder is not empty once urine has been passed.
- Burning or discomfort while passing urine.
- If you are always thirsty and have to urinate frequently, tell your doctor. (You could be suffering from diabetes.)
- Giving up enjoyable activities like walking, dancing or sailing because of poor bladder or bowel control.
- Any change in your regular bladder pattern that is causing you concern.

Diabetes warning
If you are always feeling thirsty and having to urinate all the time, tell your doctor or the health worker. It is important that you are checked to ensure that diabetes is not the problem.

Every bladder or bowel control problem, no matter how small, deserves attention.

Seek help from your doctor or continence advisor.
Who can help?

- National Continence Helpline Freecall 1800 33 00 66 (The Helpline can arrange telephone interpreters)
- Your doctor
- A continence advisor

Every bladder or bowel control problem – no matter how small – deserves expert attention.

You are not alone.

Incontinence is a very common condition. There are many health professionals qualified to assist you with bladder and bowel control problems. With proper assessment, incontinence can be treated, more effectively managed and frequently cured.

For further information about bladder or bowel problems and products and local continence services, please call the continence advisors on the National Continence Helpline on 1800 33 00 66.

Call Continence Advisors on the National Continence Helpline for:

- Information
- Advice
- Leaflets

on 1800 33 00 66 (Monday to Friday) or visit the website at www.continence.org.au

The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.

Other brochures in this series:
- Pelvic Floor Muscle Training for Women
- Pelvic Floor Muscle Training for Men
- Assessment of Bladder Control
- Dementia & Incontinence
- Poor Bowel Control
- Good Bladder Habits for Everyone
- Incontinence: You Don’t Have to Put Up With It. Bladder Control Self-Assessment.
4. **Incontinence. You Don't Have to Put Up With It**

A larger version of this image is included as a separate file (CFA Incontinence.pdf) included with the electronic submission.

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**Every bladder or bowel control problem – no matter how small – deserves expert attention.**

**You are not alone.**

Incontinence is a very common condition. There are many health professionals qualified to assist you with bladder and bowel control problems. With proper assessment, incontinence can be treated, more effectively managed and frequently cured.

For testlets and more information about bladder or bowel problems and products and local continence services, please call the continence advisors on the National Continence Helpline on **1800 33 00 66**.

**Diabetes warning**

If you are always feeling thirsty and having to urinate all the time, tell your doctor or the health worker. It is important that you are checked to ensure that diabetes is not the problem.

You can also ring the National Continence Helpline on Freecall **1800 33 00 66** or visit [www.continence.org.au](http://www.continence.org.au)

The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask to be connected to the Helpline.
Bladder Control Self-Assessment

If you have a bladder control problem you are not alone – over 2 million Australians are affected by incontinence.

- Incontinence affects woman and man of all ages and backgrounds.
- Incontinence can be part of ageing and childbirth.
- If you do nothing – it won’t go away.
- Incontinence can be prevented, treated, managed and often cured through exercise, medication, surgery and a range of other options.
- Help is available.

Do you have bladder control problems?

☐ Do you sometimes feel you have not completely emptied your bladder?
☐ Do you have to rush to use the toilet?
☐ Are you frequently nervous because you think you might lose control of your bladder?
☐ Do you wake up twice or more during the night to go to the toilet?
☐ Do you plan your daily routine around where the nearest toilet is?
☐ Do you wet yourself when you laugh or sneeze?
☐ Do you wet yourself when you lift something heavy?
☐ Do you wet yourself when you play sport?
☐ Do you wet yourself when you change from a seated or lying position to a standing position?

Help is available

- If you answered ‘yes’ to any of these questions, you may have a bladder control problem (incontinence).
- For assistance with bladder management problems see your doctor, or continence nurse advisor, or community health nurse.
Pelvic Floor Muscle Training for Men

A larger version of this image is included as a separate file (CFA Men.pdf) included with the electronic submission.

What are the pelvic floor muscles?
The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch like a hammock from the ilium bone of the hip to the pubis bone of the lower abdomen.

A man’s pelvic floor supports the bladder and the rectum. The urethra (urea tube) and the rectum (bowel passage) pass through the pelvic floor muscles. The pelvic floor muscles play an important role in bladder and bowel control, and it is important to keep the pelvic floor muscles strong.

Pelvic floor muscle training strengthens the pelvic floor muscles and improves control of the bladder and bowel.

[INSERT Diagram: To be supplied]

The benefits of pelvic floor muscle training

It is important for men of all ages to have strong pelvic floor muscles.

Men with incontinence — that is, in men who regularly wet themselves when coughing, sneezing or laughing — will find pelvic floor muscle training very helpful in overcoming this problem.

Pelvic floor muscle training may also be useful as part of a bladder training program aimed at improving bladder control in people who have the urgent need to pass urine frequently, or large amounts.

Man who have problems controlling their bladders might find pelvic floor muscle training can help the muscle that closes the back passage (the anal sphincter). The important muscle is one of the pelvic floor muscles.

How to contract the pelvic floor muscles

The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit or lie comfortably with the muscles of your thighs and buttocks relaxed. This may help you to use a hand mirror to watch your pelvic floor muscles as they contract.

2. Tighten the ring of muscles around the back passage (anal canal) as if you're trying to control defaecation or wind. Make it: contract the muscles around the anus, and you are squeezing the correct muscles. Try not to squeeze your buttocks.

3. When you are passing urine, try to stop the flow. If you are having trouble with this, try to imagine the muscles are the correct ones to use and then do it. If you can then picture you are squeezing your pelvic floor. The lower part of the abdomen should move upwards as you do when you pull in your tummy to look thinner.

4. Stand sideways in front of a mirror without underwear. Do you notice your pelvic floor muscles strengthening itself as you perform the exercises?

5. If you don’t feel a definite squeeze-and-hold sensation of your pelvic floor muscles, try moving your abdomen and legs (see in Point 2), or imagine you are wiping your bottom. If you do not feel a definite squeeze-and-hold sensation of your pelvic floor muscles, try to feel the movement of your lower back muscles. They will help you to feel your pelvic floor muscles working correctly. A few exercises with your pelvic floor muscles can make a noticeable difference.

Using pelvic floor muscle exercises

How to use the muscles to control incontinence

1. Tighten and contract the muscles around the anus and flex your arms all at once. Lift from UP inside. Try to hold this contraction strongly as you count to 10, then release and relax. You should have a definite feeling of “holding on.”

2. Repeat 10 times and hold for 10 seconds. It is important to hold for about 10 seconds in between each contraction. If you can’t hold for 10, hold for as long as you can.

3. Now that you have learned to squeeze, try the same technique again. Do this twice or three times a week, at least three times a week.

4. Do the whole exercise routine three sets of 3 to 10 squats at least three or four times a week, at least three times a week.

5. While doing the exercises:
   - Do NOT hold your breath. Breathe in.
   - Do NOT push down instead of squeezing.
   - Do NOT tighten your buttocks or thighs.

6. Also, one can use pelvic floor muscle training to help with the following conditions:
   - Incontinence (leak.
   - Stress incontinence.
   - Mixed incontinence.

7. A man with pelvic floor muscle training can also benefit from an improvement in his sexual performance.

8. The physical therapy for the pelvic floor muscles is typically administered by a physical therapist or pelvic floor therapist.

9. Pelvic floor muscle training can also help with the following conditions:
   - Urinary incontinence.
   - Erectile dysfunction.
   - Prostate problems.

10. A man with pelvic floor muscle training can also benefit from an improvement in his sexual performance.

11. The physical therapy for the pelvic floor muscles is typically administered by a physical therapist or pelvic floor therapist.

12. Pelvic floor muscle training can also help with the following conditions:
   - Urinary incontinence.
   - Erectile dysfunction.
   - Prostate problems.

Continence Foundation of Australia

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Do your exercises well

The quality is important! Favor good exercises over better than many self-taught ones. If you are unsure that you are doing the exercises correctly, or if you do not notice a change in your symptoms after 15 weeks, ask for help from your doctor, continence advisor or physiotherapist.

Making the exercises part of your routine

Once you have learnt how to do these exercises, they should be done at least three to four times a week, around activities that will help you relearn to do them, giving each set your full attention. This might be, for example, after going to the toilet, when being a drink, or when lying in bed.

Other things you can do to help your pelvic floor muscles...

- Share the lifting of heavy loads
- Eat fruit and vegetables and drink six to eight glasses of water daily
- Don’t strain during a bowel movement
- Seek medical advice for any injuries, infections and illnesses to reduce sweating and coughing, and
- Keep your weight within the right range for your height and age.

Every bladder or bowel control problem — no matter how small — deserves expert attention.

You are not alone.

Incontinence is a very common condition. There are many health professionals qualified to assist you with bladder and bowel control problems. With proper assessment, incontinence can be treated, now effectively managed and frequently cured.

For leaflets and more information about bladder or bowel problems and products and local continence services, please call the continence advisor on the National Continence Helpline on 1800 31 90 64.

Seek help

Good results take time. In order to build up your pelvic floor muscles to their maximum strength, you will need to work hard at training them. The best results are gained by seeking help from a health worker, physiotherapist or continence advisor who will design an individual training program for you.

Call Continence Advisors on the National Continence Helpline for free:

- Information
- Advice
- Leaflets

on 1800 31 90 64 (Mondays to Fridays) or visit the website at www.conline.org.au

The Alpina ten whom the Ten on the Telephone Information Service TIS, Please ring 13 14 83 Monday to Friday and ask to be connected to the helpline.
Pelvic Floor Muscle Training for Women

A larger version of this image is included as a separate file (CFA Women.pdf) included with the electronic submission.

Do your exercises well

The quality is important. Fewer good exercises are better than lots of half-hearted ones! If you are unsure that you are doing the exercises correctly, or if you do notice a change in any symptoms after 10 weeks, seek help from your doctor, continence advisor or physiotherapist.

In order to build up your pelvic floor muscles to their maximum strength, you will need to work hard at pelvic floor muscle training. The best results are achieved by seeking help from a physiotherapist or continence advisor who will design an individual exercise program especially suited to you.

Making the exercises part of your routine

Once you have learnt how to do these exercises, they should be done regularly, giving each set your full attention. This might be, for example, after going to the toilet, when having a drink, or when lying in bed.

Other things you can do to help your pelvic floor muscles:

- Use ‘the knack’
- Share the lifting of heavy loads
- Eat fruit and vegetables and drink six to eight glasses of water daily
- Don’t strain during a bowel movement
- Seek medical advice for any tone, tension and breech of the mucous and coughing, and
- Keep your weight within the right range for your height and age.

Every bladder or bowel control problem – no matter how small – deserves expert attention.

You are not alone.

Incontinence is a very common condition. There are many health professionals qualified to assist you with bladder and bowel control problems. With proper assessment, incontinence can be treated, more effectively managed and frequently cured.

For leaflets and more information about bladder or bowel problems and products and local continence services, please call the continence advice on the National Continence Helpline on 1800 33 00 66.

Seek help

Good results take time. In order to build up your pelvic floor muscles to their maximum strength, you will need to work hard at training them. The best results are gained by seeking help from a health worker, physiotherapist or continence advisor who will design an individual training program for you.

Call Continence Advice on the National Continence Helpline for free:

- Information
- Advice
- Leaflets

on 1800 33 00 66 (Monday to Friday) or visit the website at www.continence.org.au.

The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS) Phoning 131 450 (Monday to Friday) and ask to be connected to the Helpline.

Other brochures in this series:

- Pelvic Floor Muscle Training for Women
- Pelvic Floor Muscle Training for Men
- Assessment of Bladder Control
- Detante & Incontinence
- Run Bowel Control
- Good Bowel Habits for Everyone
- Incontinence: You Don't Have to Put Up With It, bladder Control Self Assessment
What are the pelvic floor muscles?

The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch like a hammock from the ribs at the back to the pubic bone in front.

A woman's pelvic floor muscles support the bladder, rectum, and bowel. The vagina also passes through the pelvic floor muscles. Not only do pelvic floor muscles play an important role in bladder and bowel control, they also affect sexual function, so it is important to keep the pelvic floor muscles strong.

Benefits of pelvic floor muscle training

It is important for children of all ages to have strong pelvic floor muscles. Women with stress incontinence – that is, who regularly leak urine when coughing, sneezing or exercising – will find pelvic floor muscle training very helpful in overcoming this problem.

For pregnant women pelvic floor muscle training will help the body cope with the increasing weight of the baby inside. Healthy, fit muscles before baby is born will recover more easily after the birth.

The pelvic floor muscles can be weakened by –

- Not keeping them active
- Pregnancy and childbirth
- Straining to empty your bowels (constipation)
- Being overweight
- Heavy lifting
- Involuntary coughing such as smoker’s cough or chronic bronchitis and asthma
- Growing older

How to contract the pelvic floor muscles

The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit or lie down comfortably with the muscles of your thighs, bottom and stomach relaxed.
2. Tighten the muscles around the back passage (anus) as if you are trying to control diarrhea or wind. Hold it. Practice this movement several times until you are sure you are squeezing the right muscles. Try not to squeeze your bottom.
3. When you are passing wind, try to stop the flow just before it reaches your clothes. Only do this to learn which muscles are the correct ones to use and then do it no more than once a week to check your progress, as this may happen normal bladder emptying.
4. If you can’t find a definite squeeze sensation of your pelvic floor muscles, or are unable to even slow the stream of urine as described in Point 2, talk to your doctor or continence advisor or physiotherapist. They will help you to get your pelvic floor muscles working correctly.

Doing pelvic floor muscle exercises

Now you can feel the muscles working, exercise them by –

1. Tighten and draw in the muscles around the anus, the vagina and the urethra (in women). Lift them UP inside, try to hold the contraction strongly as you count to 3, then release and relax. You should have a definite feeling of ‘letting go’.

2. Repeat twice and three times. This is important to build up to a maximum of 8-12 squeezes.
3. Slowly increase the number of times you are able to do this up to a maximum of 8-12 squeezes.
4. Try to do three sets of 6-12 squeezes each.
5. Do the whole exercise routine three sets of 0 to 12 squeezes at least three or four times a week while sitting, standing or lying.
6. Remember to take ‘the break’ before every cough, sneeze or lift.

While doing the exercises –

- Do NOT hold your breath
- Do NOT push down instead of squeezing and lifting up
- Do NOT tighten your buttocks or thighs.
Appendix 11 - Annotated Versions of Recommended Standard Series Retained Resources.

Note: In order to preserve the formatting and version information, this appendix is included in a separate PDF: “Annotated Versions of Recommended Standard Series Retained Resources.pdf” as a companion file to “RFA 230 Final Report v1.0.doc”. However, the document has been incorporated into the PDF version of the report, “RFA 230 Final Report v1.1.pdf”.
Appendix 12 – Mockups of Revised Materials

Note: The following documents are included as companion PDF files to the MS Word version of this document, but have been incorporated in the PDF version of the report, “RFA 230 Final Report v1.1.pdf”.

Bladder Control.pdf
Bowel Control.pdf
Dementia.pdf
Good Bladder.pdf
Incontinence.pdf
Men.pdf
Women.pdf
Roll Fold Diagram.pdf