G.14.2.4 Incontinence

Quality assessment							No of patients (n=74)		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	IST programme (n=44)	Control group (n=30)	Summary of results	
Clinical progression of comorbidity & associated symptoms										
No of participants showing decreased incontinence at 6 months (IST versus control)										
Jirovec (2001)	RCT	Serious[1]	Not serious	N/A	Serious[2]	None	28/44	15/30	RR 1.27 (0.83, 1.94)	Low
Mean incontinence frequency at 6 months (IST versus control)										
Jirovec (2001)	RCT	Serious[1]	Not serious	N/A	Serious[3]	None	44	30	MD -0.12 (-0.27, 0.03)	Low
Clinical outcomes, including cognitive, functional, behavioural ability										
Mean difference in mental status (based on SPMSQ) score at 6 months IST versus control (IST versus control)										

Quality assessment							No of patients (n=74)		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	IST programme (n=44)	Control group (n=30)	Summary of results	
Jirovec (2001)	RCT	Serious[1]	Not serious	N/A	Serious[3]	None	44	30	MD -0.46 (-1.48, 0.56)	Low
Mean difference in composite mobility score at 6 months (IST versus control)										
Jirovec (2001)	RCT	Serious[1]	Not serious	N/A	Serious[3]	None	44	30	MD 0.94 (-0.90, 2.78)	Low

1. Poorly reported study with unclear methods
2. 95% CI crosses one line of a defined MID interval
3. Non-significant result

Quality assessment							No of patients (N=19)		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	Prompted voiding (n=9)	Control group (n=10)	Summary of results	
Clinical progression of comorbidity & associated symptoms										
Mean %ge reduction in all incontinent episodes per day (PV versus control) at 8 weeks										
Engberg (2002)	RCT	Serious[1]	Not serious	N/A	Serious[2]	None	9	10	MD 19.8 (-10.49 to 50.09)	Low
Mean %ge reduction in daytime incontinent episodes per day (PV versus control) at 8 weeks										
Engberg (2002)	RCT	Serious[1]	Not serious	N/A	Serious[2]	None	9	10	MD 12.8 (-21.55 to 47.15)	Low
Mean %ge reduction in daytime wet (PV versus control) at 8 weeks										
Engberg (2002)	RCT	Serious[1]	Not serious	N/A	Serious[2]	None	9	10	MD 8.5 (-28.35 to 45.35)	Low
Mean %ge reduction in day & night time wet (PV versus control) at 8 weeks										

Quality assessment							No of patients (N=19)		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	Prompted voiding (n=9)	Control group (n=10)	Summary of results	
Engberg (2002)	RCT	Serious[1]	Not serious	N/A	Serious[2]	None	9	10	MD 17.60 (-14.58 to 49.78)	Low
Mean number of self-initiated toilets per day (PV versus control) at 8 weeks										
1.	RCT	Serious[1]	Not serious	N/A	Serious[2]	None	9	10	MD 1.20 (-2.20 to 4.60)	Low

1. Crossover aspect, participants in control crossed over to complete experimental phase
2. Small sample size with non-significant result

Quality assessment							No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	Timed voiding (n=102	Control (n=89	Summary of results	
Clinical progression of comorbidity & associated symptoms										
Reduction in incidence of daytime incontinence after 2 months (TV versus usual care)										
Ostaskiewicz (2010)	Systematic review	Serious[1]	Not serious	N/A	Serious[2]	None	40/102	26/89	RR 1.34 (0.90 to 2.01)	Low
Reduction in incidence of night time incontinence after 2 months (TV versus usual care)										
Ostaskiewicz (2010)	Systematic review	Serious[1]	Not serious	N/A	Serious[2]	None	39/95	18/79	RR 1.80 (1.12 to 2.89)	Moderate
Reduction in volume of incontinence (based on pad volume) after 2 months (TV versus usual care)										
Ostaskiewicz (2010)	Systematic review	Serious[1]	Not serious	N/A	Very serious[3]	None	16/65	11/45	RR 1.01 (0.52 to 1.96)	Very low

High quality systematic review, included one low quality RCT
1. Downgrade 1 level; inadequate reporting of methods of allocation
2. 95% CI crosses one line of a defined MID interval
3. 95% CI crosses two lines of a defined MID interval