Updating guidelines for management of the MS Bladder – a consensus group approach

Jane Young, Nurse Consultant, Bladder and Bowel Service, Central and North West London, NHS Foundation Trust
Joan Bradley, Lead MS nurse MS and Rehabilitation, The Hillingdon Hospitals NHS Foundation Trust
Sue Thomas, Sue Thomas Independent Healthcare Consultant Devon

Introduction
The MS bladder is associated with an increased risk of problems which is distressing for people with MS as well as a leading cause of hospital admission in patients with multiple sclerosis (PwMS) and thus imposes an economic burden on the NHS. The Optimal MS pathway (NAGA 2021) highlights the need for proactive symptom management in MS but does not specifically address bladder management pathways. Following a symposium held at the MS Trust conference in 2021, the need for an MS bladder pathway was highlighted.

Impact of bladder problems in MS
131,720
Overall estimates of people with multiple sclerosis (MS) in the United Kingdom, with an incidence of 199 per 100,000.
1 in 500
People living with MS in the United Kingdom
5000
Almost 5000 people are newly diagnosed with MS each year in England

MS Trust Symposium 2021: Poll Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have an MS bladder pathway in your service?</td>
<td>32.1%</td>
<td>67.9%</td>
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<tr>
<td>If yes - Are you liaising with urology service about bladder problems?</td>
<td>54.5%</td>
<td>45.5%</td>
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<td>Do you feel confident to do a bladder assessment on your MS patients?</td>
<td>16.7%</td>
<td>83.3%</td>
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<tr>
<td>Do you have the time to do a bladder assessment?</td>
<td>45.9%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Do you feel confident to do a bladder assessment as part of your patient consultation?</td>
<td>46.9%</td>
<td>53.1%</td>
</tr>
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Prior to pathway development it was felt the 2009 Fowler et al consensus guidelines needed to be revisited. The new guidelines are based on a consensus panel meeting discussion and literature search, updating the former guidance.

Methodology
- Identification of MS and bladder and bowel clinical specialists
- Review of the literature 2009–2020
- Analysis of NHS policy in relation to long term conditions, multiple sclerosis and bladder and bowel services
- Consensus meeting
- Preparation of consensus document
- Peer review
- Refining by consensus group
- Final document approval and publication of consensus

Role of the MS nurse in bladder management
There is an urgent need to ensure bladder assessments are undertaken by competent professionals and that appropriate management strategies are put into place to deal with problems. This will require education on bladder assessment for MS teams, as well as more dedicated time for monitoring patients, and improvements in joint working between MS, bladder and bowel and urology teams. MS nurses need an appropriate skill mix within teams to manage bladder dysfunction effectively.

Principle Findings
The revised consensus guidelines present new evidence-based recommendations relating to the assessment of the lower urinary tract in people with multiple sclerosis, first and second-line treatments of impaired voiding as well as medications for overactive bladder symptoms. There is also guidance on how to promote patient self-management, including the use of home testing kits and patient-initiated follow-up (PIFU).

Clean intermittent self-catheterisation remains the gold standard for chronic retention and the provision of support to patients in the early stages of undertaking CISC to ensure patient adherence is imperative.

Strategies for improving adherence to clean intermittent self-catheterisation
- Alleviate patient fears and anxieties about the procedure in the initial consultation
- Provide the patient with accessible anatomical information about the bladder, and how complications, including infection, can occur
- Explain how CISC is designed to reduce the risk of infection and improve quality of life
- Inform the patient about the process of clean intermittent self-catheterisation, including no-touch technique. This can be done verbally, in writing and/or with visual aid
- Repeat this education, as required
- Promote patient choice in terms of catheter selection, with a focus on comfort, individual preference, ease of use and prevention of infection

Discussion
As the risk of LUT dysfunction increases with the severity and duration of MS, a multifaceted, multidisciplinary patient-focused approach is clearly needed to address this. The recommendations presented here in the consensus guidelines call for a bladder management pathway to be integrated into the optimum MS carer pathway, which should lead the way to more collaboration between MS and continence care services, with improved protocols for referrals. It is hoped this will help address unwarranted variations in care offered to PwMS with bladder problems. Central to good outcomes is the panel’s recommendation that all PwMS with bladder problems need an appropriate skill mix within teams to manage bladder dysfunction effectively.

This latest UK consensus document will build on the achievements of the Fowler publication, and help mitigate the risk of LUT dysfunction and UTI.

References
Mid and South Essex University NHS Foundation Trust. (2020) Our Dorset nurses need an appropriate skill mix within teams to manage bladder dysfunction effectively. www.mseft.nhs.uk/news/2020/07/MS-nurses-need-an-appropriate-skill-mix-within-teams-to-manage-bladder-dysfunction-effectively

Illustrations: Jack Wilcox, The University of Chichester

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