

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

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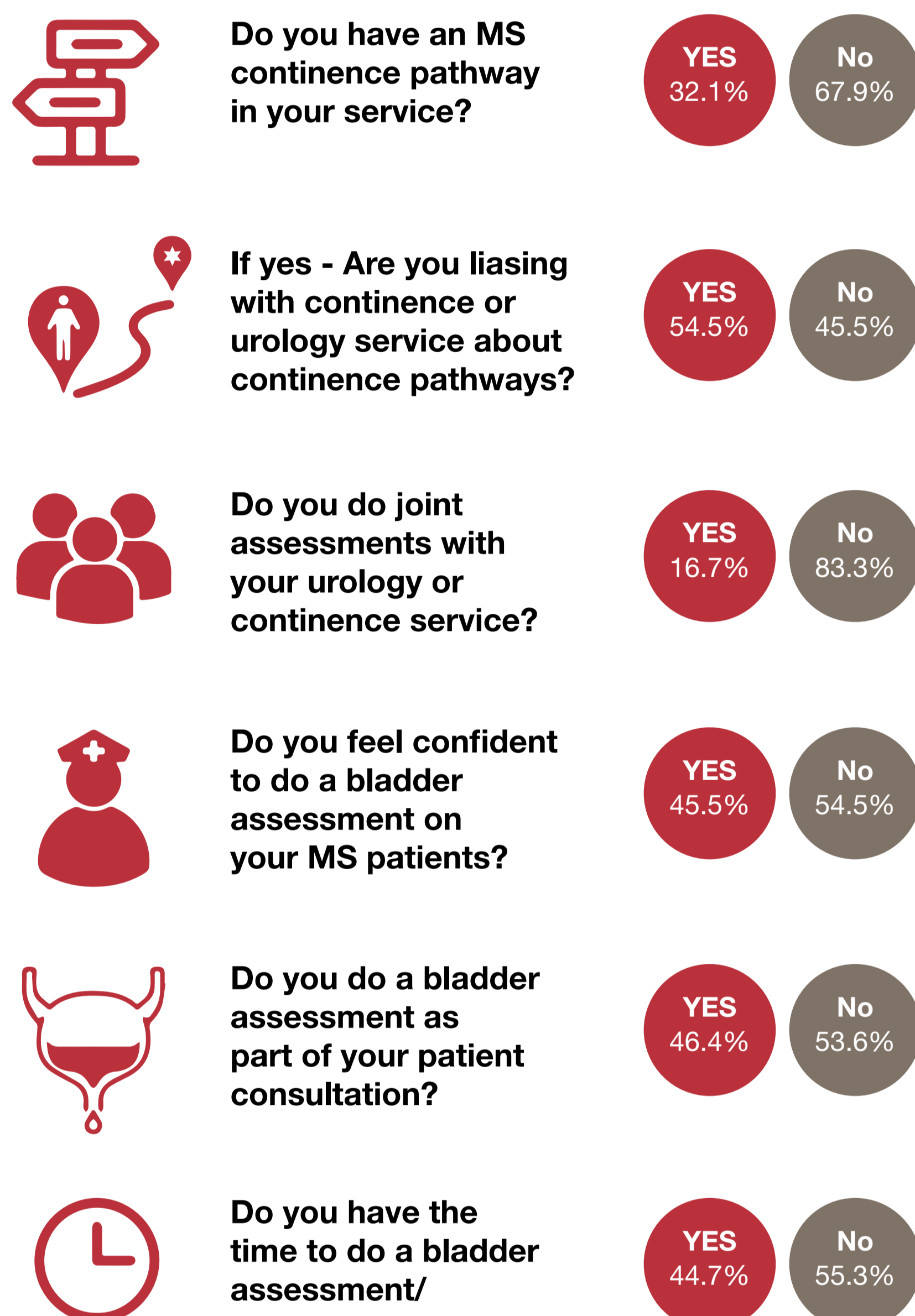
Introduction

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 (NAAG 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.

MS Trust Symposium 2021: Poll Results

N = 182



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

Impact of bladder problems in MS

131,720

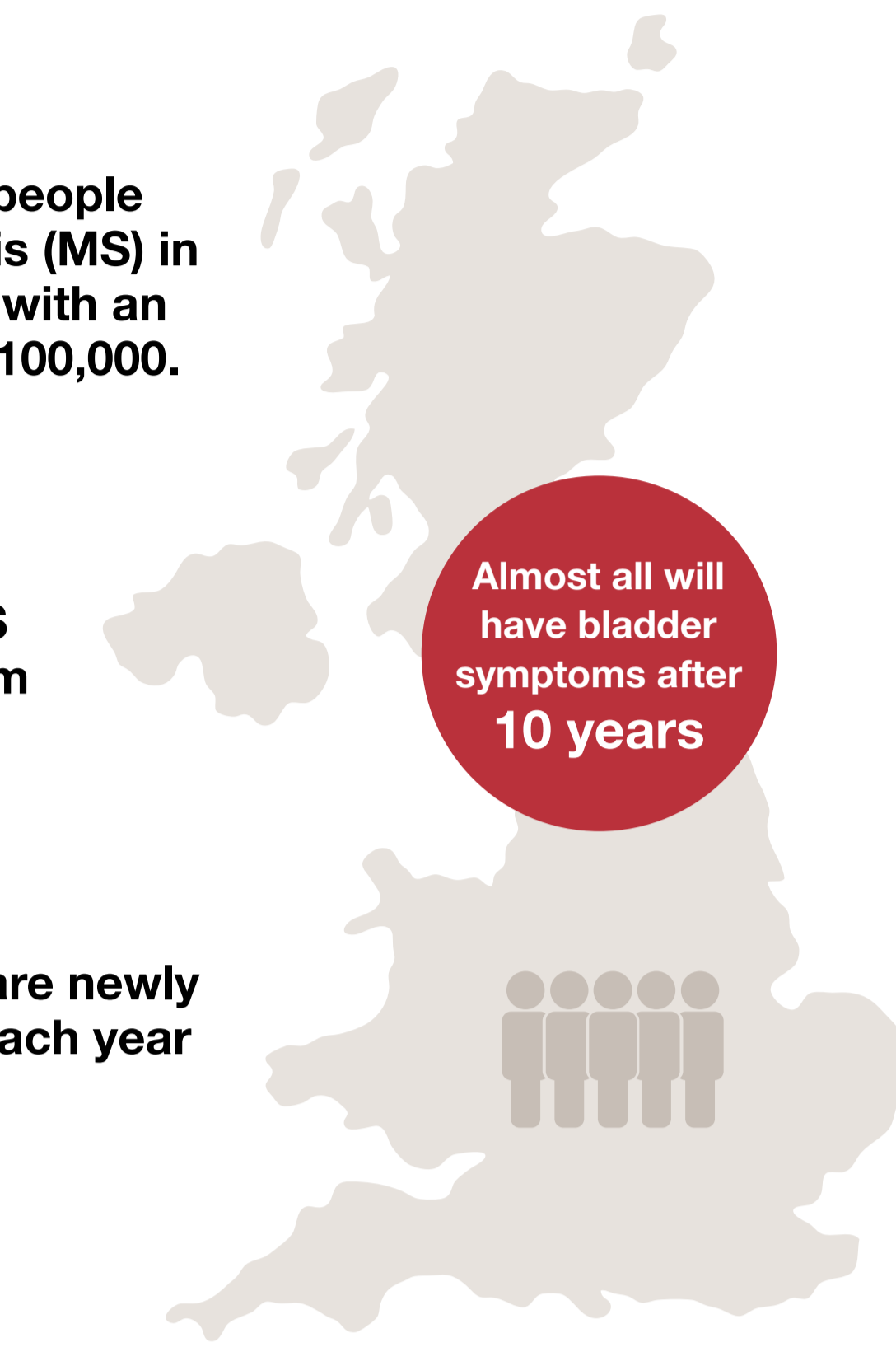
Overall estimates of people with multiple sclerosis (MS) in the United Kingdom, with an incidence of 199 per 100,000.

1 in 500

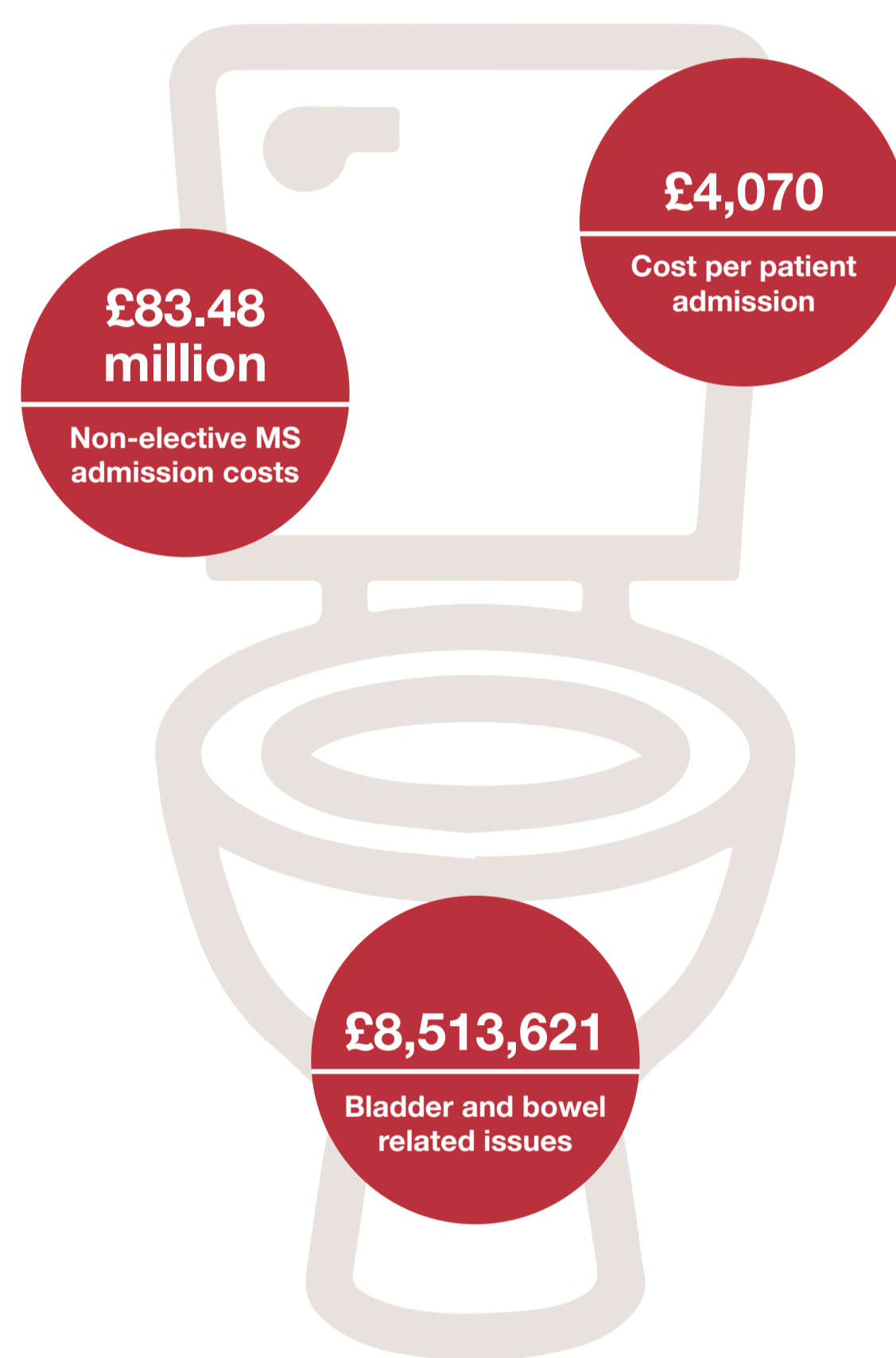
People living with MS in the United Kingdom

5000

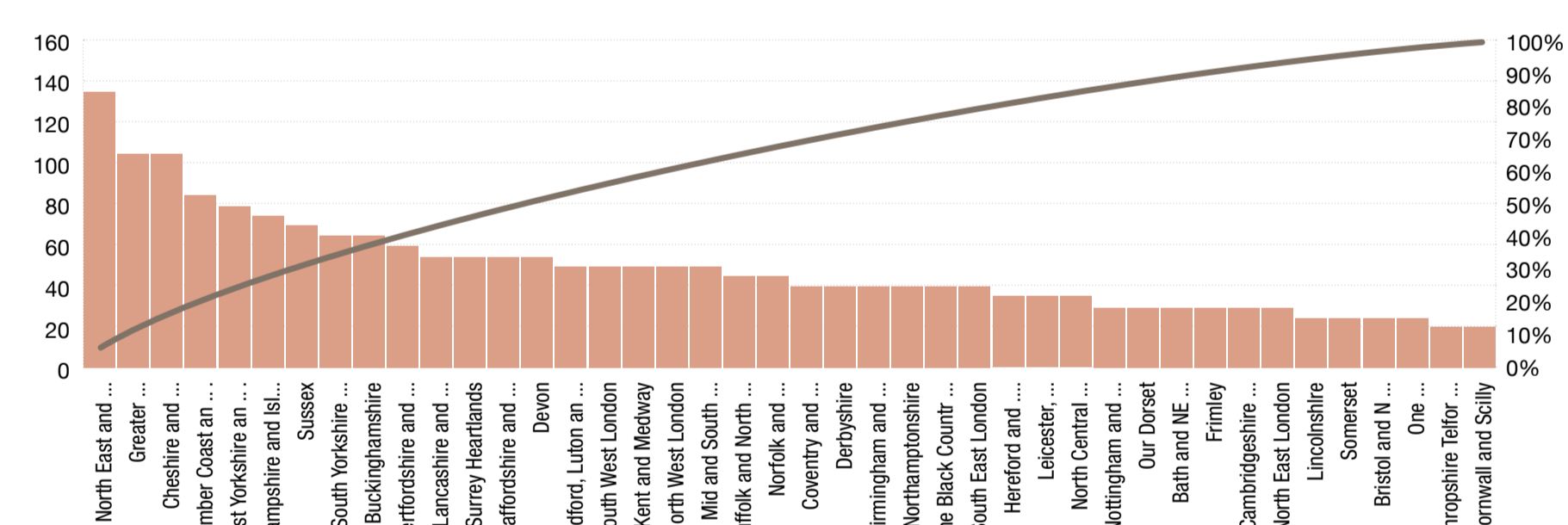
Almost 5000 people are newly diagnosed with MS each year in England



2020/2021



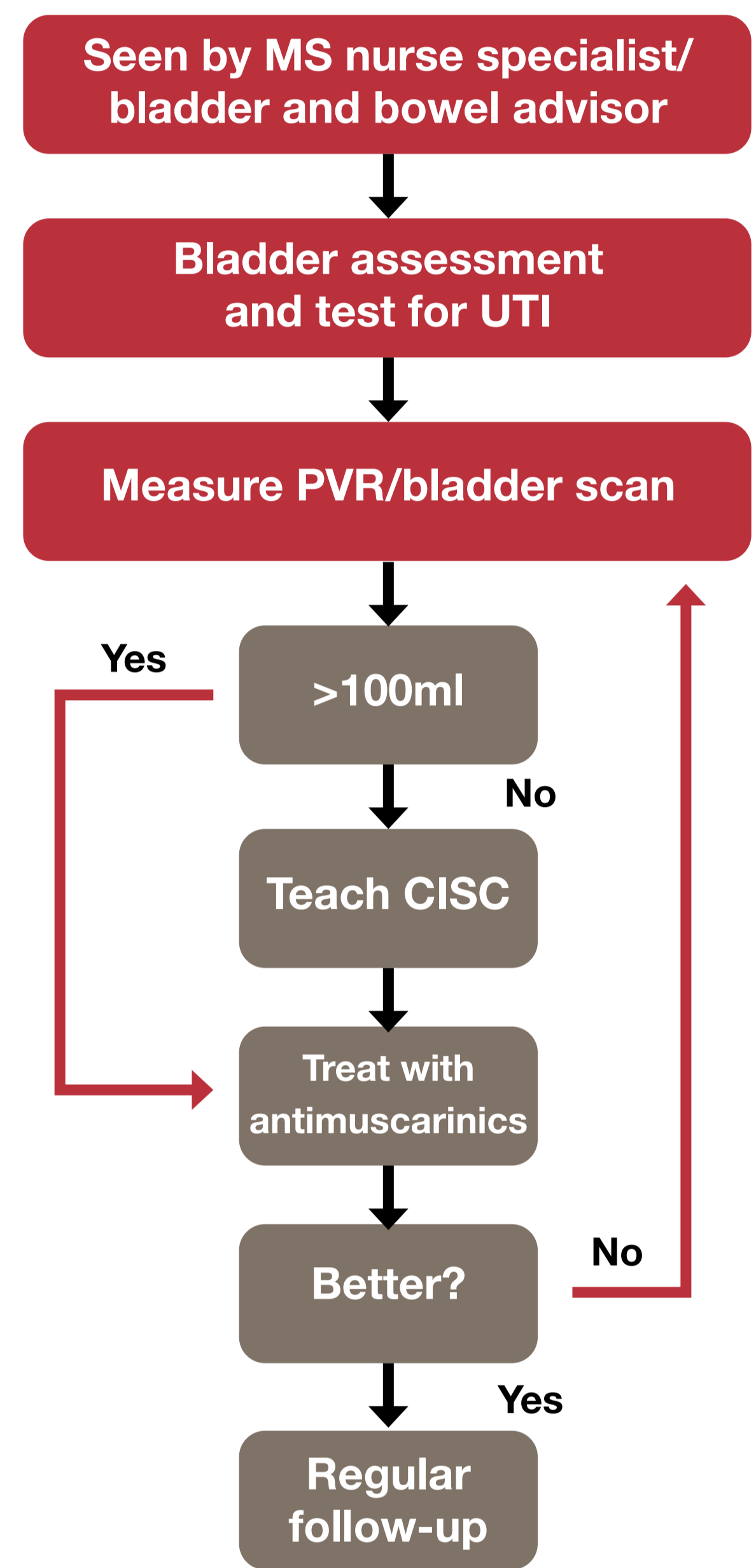
Numbers of pwMS having N39 Primary Non-Elective Spells by ICS



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.



MS multiple sclerosis
 UTI urinary tract infection
 CISC clean intermittent self-catheterisation
 PVR post-void residual

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 care 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 should be offered a structured self-management plan supplemented with educational and health professional support.

The panel recommendations presented here offer a route map whereby the multidisciplinary team and PwMS can work together to address the problems highlighted throughout this document. The effectiveness of such an approach can be assessed by ongoing audit of recurrent admissions of PwMS with UTI and/or sepsis, which will help build a framework for future innovation.

It is hoped 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

Fowler CJ, Panicker JN, Drake M et al. A UK consensus on the management of the bladder in multiple sclerosis. *J Neurol Neurosurg Psychiatry*. 2009; 80(5):470-7. <https://doi.org/10.1136/jnnp.2008.159178>
 Thomas S, Bradley J, Bharadia T, Pomeroy I, Roberts M, Stross R, Straukiene A, Webb M, Yates A, Young J. Expert opinion consensus document. Management of bladder dysfunction in people with multiple sclerosis. *BJN* 2022; 31 (3 Suppl 3), S1-S2

Secondary care data is taken from the English Hospital Episode Statistics (HES) database produced by NHS Digital, the new trading name for the Health and Social Care Information Centre (HSCIC).
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