

EAUN24

Paris, France
6-8 April 2024

Join us
in Paris!



24th International EAUN Meeting

www.eaun24.org

eaun European
Association
of Urology
Nurses

What accreditation do urology nurses need?

Results from a comprehensive EAUN survey

By Noa Schlieff and Stephanie Fitts

In the past decades a lot has changed concerning accreditation for nurses. In some countries continued education is a condition to maintain your licence as a registered nurse. In October 2020, the EAUN asked national urology nurses societies to complete a questionnaire to see what the current situation was in their country, and see if the EU-ACNE system (The European Urology – Accredited Continued Nursing Education) would fit their current environment and be useful.

Highlights from the survey results

In which countries is continuing education mandatory and in which countries is it voluntary? CPD/CE is mandatory in four countries (Italy, Romania, Serbia and Turkey), and voluntary in three countries (Finland, Spain, Sweden). Two countries stated it was partly voluntary and partly mandatory, and two other countries stated that it depended on the exact profession and credentials.

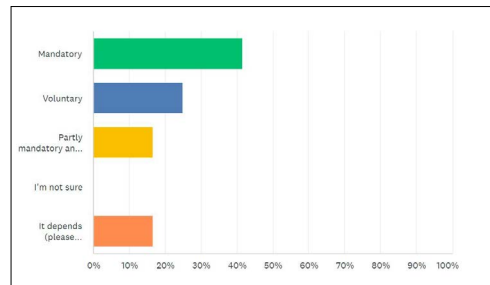


Fig. 1: In which countries is continuing education mandatory and in which countries is it voluntary?

However, the authority that decides on the requirements differs considerably. In three countries that responded it is the ministry, and for two countries it is the government. Other countries

stated their professional society or the hospital or employer authorised the nursing licence requirements.

The renewal of the license/registration as a nurse is sometimes linked to the requirements of continued learning (Italy, Romania, Serbia), but in many other countries this is not (for every urology nurse) the case (Finland, Malta, Netherlands, Turkey, Spain, Sweden).

Does continuing professional development or continuing education requirements for nurses exist in your country? 12 out of the 16* societies that responded to our questionnaire confirmed that continuing professional development (CPD) or continuing education (CE) requirements exist for nurses in their country. The countries where continuing education is required are Australia, Finland, Iran, Italy, Malta, Romania, Serbia, Spain, Sweden and Turkey. Three other countries confirmed that these requirements did not exist but they were interested in accrediting their societies events. These findings highlight that in the majority of countries a nursing licence or registration renewal is linked to gaining credit points or other continued learning obligations. Therefore, ensuring the accessibility and standardisation of accreditation points becomes vital in enhancing nursing practice.

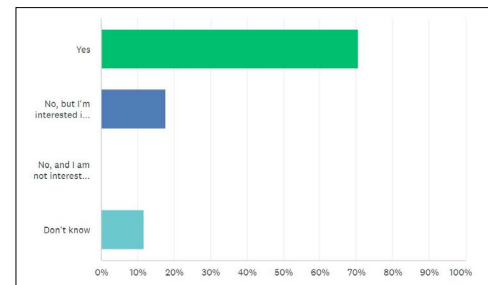


Fig 2: Does continuing professional development or continuing education requirements for nurses exist in your country?

Does your national accreditation system award credit points? The majority of countries have a national accreditation system that awards credit points: Iran, Italy, Netherlands, Romania, Serbia and Spain. In Sweden they partly award credit points and in Australia and Malta they don't.

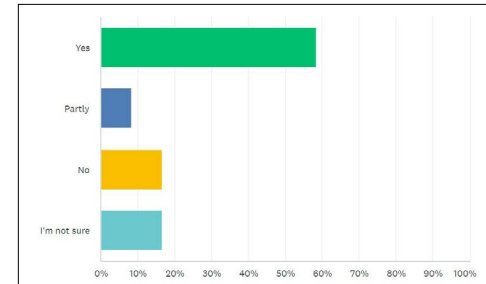


Fig. 3: Does your national accreditation system award credit points?

Do you think it will be useful for you if the EAUN developed a platform in which you can have your society's events accredited? 81% of national nurses societies agreed that an EAUN developed accreditation system would be useful. No respondents gave a negative response to this idea.

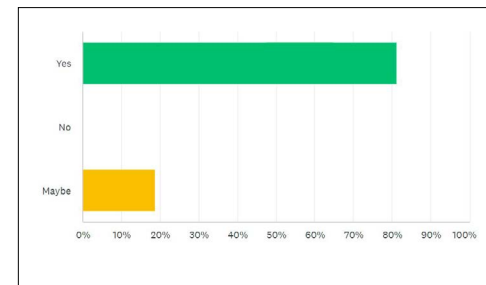


Fig. 4: Do you think it will be useful for you if the EAUN developed a platform in which you can have your society's events accredited?

Would a web based portfolio in which you can register all your CPD activities be useful to your members? Ten countries responded that a web based portfolio in which you can register all your CPD/CE activities would be useful. Four countries were unsure if a web based portfolio was necessary.

Since 2022 national societies that are a group member of EAUN can now offer their members this service at no additional cost.

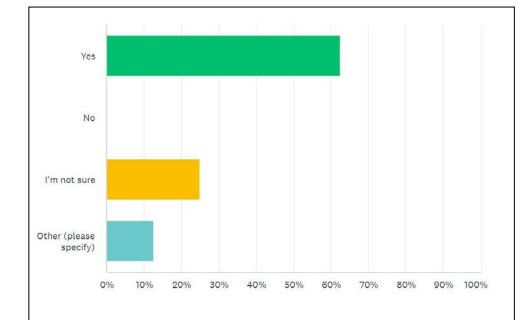


Fig. 5: Would a web based portfolio in which you can register all your CPD activities be useful to your members?

*) The results are based on responses from Australia, Belgium, Denmark, Estonia, Finland, France, Iran, Italy, Malta, Netherlands, Romania, Serbia, Spain, Sweden, Turkey, and the United Kingdom.

Summary

The results of the survey concluded that there was a significant need and interest for the development of a unified and standardised accreditation system for nurses. This gave the EAUN the motivation to take action by initiating the design of a robust accreditation system for nursing education within the EU-ACME framework. You can find out more about the new EU-ACNE system in the [article](#), by Dr. Jason Alcorn.

“Spot-on” evidence-based urological nursing care

New research and developments

Dear EAUN members,

The growing evidence in urology nursing care is amazing!

With this column, the EAUN Special Interest Groups want to put the spotlight on recent publications in their field of interest. This month's articles have been carefully chosen because of the scientific value from PubMed and other sources and represent different methods and approaches in research and development in urological nursing care.

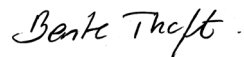
We hope this initiative will have your attention and continuously provide information on “spot-on” urological nursing care. If you would like to inform us and your colleagues about new initiatives or exiting developments in one of the special interest fields you can contact us using the email addresses below.

Best regards

Anna Mohammed, Chair
EAUN Special Interest Group - Endourology
a.mohammed@eaun.org



Bente Thoft Jensen, Chair
EAUN Special Interest Group - Bladder Cancer
b.thoft@eaun.org



Louisa Fleure, Chair
EAUN Special Interest Group – Prostate Cancer
l.fleure@eaun.org



Stefano Terzoni, Chair
EAUN Special Interest Group – Continence
s.terzoni@eaun.org



Jeannette Verkerk, Chair
EAUN Special Interest Group – Sexual Health
j.verkerk@eaun.org



Selected from PubMed

Endourology

- Giancarlo Marra, Marco Agnello, Andrea Giordano, Francesco Soria, Marco Oderda, Charles Dariane, Marc-Olivier Timsit, Julien Branchereau, Oussama Hedli, Benoit Mesnard, Derya Tilki, Jonathon Olsburgh, Meghana Kulkarni, Veeru Kasivisvanathan, Alberto Breda, Luigi Biancone, Paolo Gontero. Robotic Radical Prostatectomy for Prostate Cancer in Renal Transplant Recipients: Results from a Multicenter Series. *European Urology* 2022;(82)6:639-645. <https://doi.org/10.1016/j.eururo.2022.05.024>. <https://pubmed.ncbi.nlm.nih.gov/35750583/>
- Eugenio Ventimiglia, Christian Corsini, Francesco Montorsi, Andrea Salonia, Ioannis Kartalakis Goumas. A Randomized, Single-blind Clinical Trial Comparing Robotic-assisted Fluoroscopic-guided with Ultrasound-guided Renal Access for Percutaneous Nephrolithotomy. *European Urology*. 2022;82(6):660-661. <https://doi.org/10.1016/j.eururo.2022.08.021>. <https://pubmed.ncbi.nlm.nih.gov/36163307/>
- James W. F. Catto, Pramit Khetrpal, Frederico Ricciardi, et al (2022) Effect of Robot- Assisted Radical Cystectomy with Intracorporeal Urinary Diversion vs Open Radical Cystectomy on 90 – day Morbidity and

Mortality Among Patients with Bladder Cancer – A Randomized Clinical Trial. *JAMA*. 2022;327(21):2092-2103. doi:10.1001/jama.2022.7393. <https://pubmed.ncbi.nlm.nih.gov/35569079/>

- Nottingham CU, Large T, Agarwal DK, Rivera ME, Krambeck AE. Comparison of Newly Optimized Moses Technology vs Standard Holmium:YAG for Endoscopic Laser Enucleation of the Prostate. *J Endourol*. 2021 Sep;35(9):1393-1399. doi: 10.1089/end.2020.0996. Epub 2021 Jul 15. PMID: 33813861. <https://pubmed.ncbi.nlm.nih.gov/33813861/>

Bladder cancer

- Lobo et al. Epidemiology, Screening, and Prevention of Bladder Cancer. *European Urology Oncology* vol 5, issue 6 pg 628-639 Dec 2022 <https://doi.org/10.1016/j.euo.2022.10.003>
- Bacon et al. Somatic Features of Response and Relapse in Non-muscle-invasive Bladder Cancer Treated with Bacillus Calmette-Guérin Immunotherapy. *European Urology Oncology* vol 5, issue 6 pg 677-686 Dec 2022 <https://doi.org/10.1016/j.euo.2021.11.002>
- Puffelen et al. Intravesical BCG in patients with non-muscle invasive bladder cancer induces trained immunity and decreases respiratory infections. *Journal for immunotherapy of Cancer*. 2023;11:e005518. <https://jitc.bmj.com/content/11/1/e005518>
- Angulo et al. Hyperthermic Mitomycin C in Intermediate-risk Non-muscle-invasive Bladder Cancer: Results of the HIVEC-1 Trial. *European Urology Oncology* vol 6, issue 1 pg 58-66 Feb 2023 <https://doi.org/10.1016/j.euo.2022.10.008>
- Srihar et al. Predictive Biomarkers in Muscle Invasive Bladder Cancer: Are We There Yet? *European Urology*. Vol 83. No.4 pg 318-319 April 2023 <https://doi.org/10.1016/j.eururo.2022.07.023>
- Time to Rethink Quality of Life Assessment in Patients with Urothelial Cancer in the Current Therapeutic Era? *European Urology*. Vol 83. No.4 pg 329-330 April 2023. <https://doi.org/10.1016/j.eururo.2022.04.016>
- Chan et al. Blue light transurethral resection and biopsy of bladder cancer with hexaminolevulinate: Histopathological characteristics and recurrence rates in a single UK centre study. *British Journal of Urology International*. BJUI Compass. 2023;1-7 <https://doi.org/10.1002/bco.2.250>
- Chen W, Li H, Qin N, Zhou J, Ou-Yang J, Wang KY. Effectiveness of couple-based interventions for prostate cancer patients and their spouses on their quality of life: a systematic review and meta-analysis. *Support Care Cancer*. 2022 Dec 15;31(1):34. PMID: 36517615. <https://doi.org/10.1007/s00520-022-07532-2>
- Kc M, Oral E, Rung AL, Trapido E, Rozek LS, Fontham ETH, Bensen JT, Farnan L, Steck SE, Song L, Mohler JL, Khan S, Vohra S, Peters ES. Prostate cancer aggressiveness and financial toxicity among prostate cancer patients. *Prostate*. 2023 Jan;83(1):44-55. Epub 2022 Sep 5. PMID: 36063402; PMCID: PMC10087487. <https://doi.org/10.1002/pros.24434>
- Østergaard, LD, Poulsen, MH, Jensen, ME, Lund, L, Hildebrandt, MG, Nørgaard, B. Health-related quality of life the first year after a prostate cancer diagnosis a systematic review. *Int J Urol Nurs*. 2023; 17(1): 15- 28. <https://doi.org/10.1111/ijun.12340>
- Wittmann D, Mehta A, McCaughan E, Faraday M, Duby A, Matthew A, Incrocci L, Burnett A, Nelson CJ, Elliott S, Koontz BF, Bober SL, McLeod D, Capogrosso P, Yap T, Higano C, Loeb S, Capellari E, Glodé M, Goltz H, Howell D, Kirby M, Bennett N, Trost L, Odiyo Ouma P, Wang R,

Continued on page 50 ➤

“Spot-on” evidence-based urological nursing care

New research and developments

Continued from page 49

Salter C, Skolarus TA, McPhail J, McPhail S, Brandon J, Northouse LL, Paich K, Pollack CE, Shifferd J, Erickson K, Mulhall JP. Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel. *J Sex Med.* 2022 Nov;19(11):1655-1669. Epub 2022 Oct 1. PMID: 36192299. <https://doi.org/10.1016/j.jsxm.2022.08.197>

Gabriela Ilie, Ricardo Rendon, Ross Mason, Cody MacDonald, Michael J. Kucharczyk, Nikhilesh Patil, David Bowes, Greg Bailly, David Bell, Joseph Lawen, Michael Ha, Derek Wilke, Peter Massaro, Jeffery Zahavich, George Kephart, Robert David Harold Rutledge. A Comprehensive 6-mo Prostate Cancer Patient Empowerment Program Decreases Psychological Distress Among Men Undergoing Curative Prostate Cancer Treatment: A Randomized Clinical Trial. *European Urology*, Volume 83, Issue 6, 2023, Pages 561-570, ISSN 0302-2838. <https://doi.org/10.1016/j.eururo.2023.02.009>

Sara SAM, Chambers SK, Briggs R, Heneka N, Dunn J. A Vanguard Approach to the Design and Delivery of Nurse-Led Survivorship Care. *Semin Oncol Nurs.* 2023 Feb;39(1):151366. Epub 2022 Nov 18. PMID: 36411123. <https://doi.org/10.1016/j.soncn.2022.151366>

Paterson C, Roberts C, Kozlovskaia M, Nahon I, Schubach K, Sara S, Sayner AM, De Abreu Lourenco R, Turner M, Chan RJ, Lam T, Woo H, Toohey K. The Effects of Multimodal Prehabilitation Interventions in Men Affected by Prostate Cancer on Physical, Clinical and Patient Reported Outcome Measures: A Systematic Review. *Semin Oncol Nurs.* 2022 Oct;38(5):151333. Epub 2022 Aug 20. PMID: 35999090. <http://dx.doi.org/10.1016/j.soncn.2022.151333>

Gaillard V, Tricard T, Rebel S, Schumacher C, Saussine C, Somme G, Lang H. Primary care-based follow-up for prostate and kidney cancer survivors: a retrospective monocentric study. *Support Care Cancer.* 2022 Sep;30(9):7293-7302. Epub 2022 May 23. PMID: 35604498. <https://doi.org/10.1007/s00520-022-07151-x>

Alcorn, J. SHARING THE CARE: A project to enable prostate cancer care to be delivered in the community. *Int J Urol Nurs.* 2023; 1- 6. <https://doi.org/10.1111/ijun.12365>

Vodermaier, A., Kazanjian, A., Soheilipour, S. et al. Prostate cancer peer navigation: an observational study on navigators' well-being, benefit finding, and program satisfaction. *Support Care Cancer* 31, 225 (2023). <https://doi.org/10.1007/s00520-023-07680-z>

Continence

Young C, Cooper D, Mostafa A, Abdel-Fattah M. The “Aberdeen Home Continence Stress Test”: a novel objective assessment tool for female stress urinary incontinence. *Int Urogynecol J.* 2023 Apr 13. doi: 10.1007/s00192-023-05530-4. Epub ahead of print. PMID: 37052645. <https://pubmed.ncbi.nlm.nih.gov/37052645/>

Drahman A, Ngee-Soon SL, Crawford M. Prophylactic alpha-blockade for prevention of post-operative urinary retention after inguinal hernia repair: a systematic review and meta-analysis. *Hernia.* 2023 Mar 23. doi: 10.1007/s10029-023-02764-5. Epub ahead of print. PMID: 36952050. <https://pubmed.ncbi.nlm.nih.gov/36952050/>

Pavarini N, Valadares ALR, Varella GM, Brito LGO, Juliato CRT, Costa-Paiva L. Sexual function after energy-based treatments of women with urinary incontinence. A systematic review and meta-analysis. *Int Urogynecol J.* 2023 Jan 21. doi: 10.1007/s00192-022-05419-8. Epub

ahead of print. PMID: 36680596. <https://pubmed.ncbi.nlm.nih.gov/36680596/>

Gözlersüzer Ö, Yalvaç B, Çakıroğlu B. Investigation of the effectiveness of magnetic field therapy in women with urinary incontinence: Literature review. *Urologia.* 2023 Feb;90(1):51-57. doi: 10.1177/03915603211069010. PMID: 35001756. <https://pubmed.ncbi.nlm.nih.gov/35001756/>

Shah GS, Phillips C. What women want now! *Eur J Obstet Gynecol Reprod Biol.* 2023 May 16;286:118-120. doi: 10.1016/j.ejogrb.2023.05.014. Epub ahead of print. PMID: 37244000. <https://pubmed.ncbi.nlm.nih.gov/37244000/>

Pan J, Jin S, Xie Q, Wang Y, Wu Z, Sun J, Guo TP, Zhang D. Acupuncture for Chronic Prostatitis or Chronic Pelvic Pain Syndrome: An Updated Systematic Review and Meta-Analysis. *Pain Res Manag.* 2023 Mar 14;2023:7754876. doi: 10.1155/2023/7754876. PMID: 36960418; PMCID: PMC10030225. <https://pubmed.ncbi.nlm.nih.gov/36960418/>

Sexual Health

M. Huijben et al. Clomophene citrate : A potential alternative for testosterone therapy in hypogonadal males. *Endocrinology, Diabetes & metabolism*, vol 4, issue 2, 2023, <https://doi.org/10.1002/edm2.416>

Geelhoed et al. Improvement in the ability to have sex in patients with Peyronie's disease treated with



EAUN Chair and Chair Elect with Special Interest Group members in Milan, March 2023. From left: Brigitta Rasmussen Villumsen, Bente Thoft Jensen, Kathryn Chatterton, Paula Allchorne, Corinne Tillier, Anna Mohammed, Stefano Terzoni, Marta Marchetti

Collagenase Clostridium histolyticum. *BJUI Compass* 2023;4:66–73. <https://doi.org/10.1002/bco2.185>

Teunissen et al. Advances in erectile function–preserving radiotherapy for prostate cancer. *The Journal of Sexual Medicine*, 2023, 20, 121–123 <https://doi.org/10.1093/jsxmed/qdac015>

Nicolai et al. Penile Rehabilitation and Treatment Options for Erectile Dysfunction Following Radical Prostatectomy and Radiotherapy: A Systematic Review. *Front. Surg.* 8:636974. <https://doi.org/10.3389/fsurg.2021.636974>

Ibrahim et al. The Change of Erectile Function Post Recovery from COVID-19 Infection *Urol Int.* 2023 May 30;1-5 <https://doi.org/10.1159/000530212>

EU*ACNE nursing education accreditation system EU*ACNE

What it is and why it matters



Dr. Jason Alcorn
EAUN Board Member
Wakefield (GB)

j.alcorn@eaun.org

In this article, I would like to present the recent European Association of Urology Nurses (EAUN) efforts to ensure the EU-ACME would create a high quality and user-friendly system of accrediting nursing education (in addition to the existing system for accrediting medical specialist education).

These systems are based on international standards and I will explain why this is important to you. Continuing nursing education or continued professional development are geared towards practising nursing professionals. Both can be defined as the systematic maintenance, improvements and broadening of knowledge and skills, and the development of professional qualities necessary for the execution of professional and technical duties through the professional's working life. They are designed to provide information and knowledge that is both relevant and essential to nursing practice. To achieve this aim, programmes are required to be based on effective educational principles that promote the acquisition of knowledge while promoting efficiency, professional integrity and high ethical standards.

What is Accredited Nursing Education?

Continued nursing education is a critical part of

preparing healthcare professionals to provide high-quality patient care. Accreditation is a process that ensures that nursing education programmes meet certain standards of quality and rigor. Accredited nursing education programmes provide individuals with the knowledge and skills they need to become competent healthcare professionals.

Accreditation is a process that evaluates the quality of educational programmes. EAUN has been the motor behind the current EU-ACNE system, built to credit or recognise programmes for education undertaken by an individual, thereby gaining credits for the activities. This system provides an assurance that an internationally recognised standard of quality has been met.

Why is it important for you?

Many countries do not require their nurses to attend accredited courses or have any form of accreditation. So, the question you may ask is, why is it important for me? The answer is simple: it is a means of demonstrating your commitment to continuing professional development. Having an EAUN accredited nursing portfolio is a way for you to stand out from the crowd, such as at your next job interview.

Other countries however, such as the Netherlands, do require specific nursing professionals to gain accreditation points, for example to renew their registration as a Nurse Practitioner. The EU-ACNE provides a system for nurses to gain accreditation points for both international and local activities.

For individuals, the purpose of accessing the EU-ACNE accreditation system or using accredited programmes is to be assured of the quality or for your employer to be assured of quality. Also, to know that it is recognised as such by the EU-ACNE. The gained credit points will also give healthcare professionals a means of demonstrating their

continuing professional development. As a member of EAUN, you have access to your own continuing nursing education (CNE) account.

Further benefits can be realised through improvements in patient outcomes; identifying strengths and gaps in your career progression; improved communication and staff empowerment; and demonstrating a commitment to quality improvement.

Have your meeting accredited

Should you run, create or present educational courses, activities or events, as an individual or an organisation, you can apply for accreditation. This provides your attendees with credits, but also with the assurance that what you are providing meets a set standard.

Please [check this page](#), or contact the EU*ACME/ACNE by email at info@EU-ACME.org to be registered as a provider.

The system

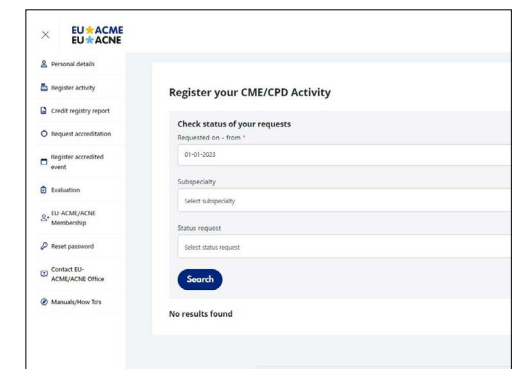
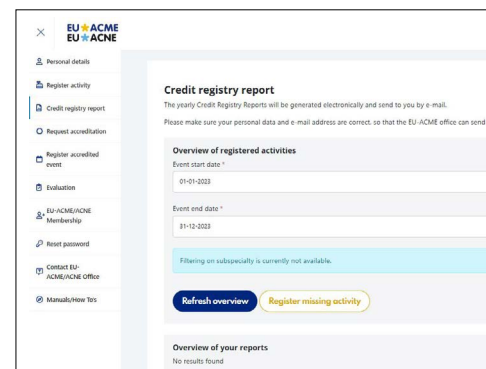
Every EAUN member has a CNE account, but any nursing professional can [become an ACNE member](#) and create a portfolio. The interface is user-friendly, easy to access with a simple format (Fig. 1). Here, credits for accredited events or activities are

collected, creating a repository or portfolio that can be presented as proof of commitment to quality patient care (Fig. 2). There are many activities that credits can be gained for: lectures or presentations (including posters or videos); publications; educational material produced; participation in committees; reading an article in a recognised urological journal and answering the multiple choice questions; or any other learning experience that have the required documentation. To collect the credits the meeting/event/activity must be accredited by a (inter)national accreditation authority, such as one in your own country or the EU-ACNE.

In concluding this short article, we can all agree that continued nursing education in whatever format is an essential part of our practice. How we evidence this, is where the EAUN has stepped in to ensure such a system would become a reality for its members. In providing a system which is user-friendly and easy to access, educational credits can be collected in one place. These can then be used to demonstrate commitment to improving quality urology nursing care and help you stand out from the crowd.

The EU-ACNE website can be found here:

www.eu-acme.org



European Association of Urology Nurses

EAUN: Sexual Health

New Special Interest Group launched



Jeannette Verkerk-Geelhoed, MScN, PhD student
Chair, SIG Sexual Health
St Antonius Hospital
Nieuwegein (NL)

j.verkerk@eaun.org

Since the last EAUN meeting, held at EAUN23 in Milan earlier this year, a new Special Interest Group (SIG) called SIG Sexual Health has been launched. I took the initiative to form this new SIG and approached several urology nurses during the EAUN23 meeting, inviting them to join me.

My idea of forming a SIG focused on sexual functioning in men was envisaged several years ago. At that time, as an EAUN board member and chair of the Scientific Congress Office, I had enough opportunities to bring attention to the subject of sexual functioning in men. After discussing it with fellow board members, I wanted to kick-start the SIG immediately after I finished my term on the board, so I did.

My interest lies specifically in andrology and men's health. I work as a clinical nurse specialist (CNS)/ advanced nurse practitioner (ANP) fully in andrology in a nurse lead outpatient clinic in a large teaching hospital in the Netherlands. I see patients, diagnose them and treat them with all different kinds of andrological conditions, ranging from erectile dysfunction, hypogonadism and Peyronie's disease. Currently, I am conducting my PhD study on Peyronie's disease.

European Association of Urology Nurses

Addressing female sexual function is an essential part of this SIG's work as well. Within urology, female sexual function is also an issue, i.e. bladder cancer patients, receiving a urostomy. Another example is urinary tract issues and incontinence. That's why we are delighted to have Rebecca Martin (GB) in our group too, because she is very specialised in this field.

"If you are interested in the topic of sexual health and would like to join us, please don't hesitate to contact us."

In addition to Rebecca, Helen Battard-Bason (MT) and Mariet Lenaers (BE) have agreed to be part of the SIG as well. Together, the four of us will carry out activities expected from such a group, such as organising webinars and sessions during the annual EAUN meeting.

We aspire to be an active SIG and collaborate with the other SIGs on overlapping subjects. If you are interested in the topic of sexual health and would like to join us, please don't hesitate to contact us.



EAUN Board

| | |
|--------------|----------------------|
| Chair | Paula Allchorne (UK) |
| Chair Elect | Corinne Tillier (NL) |
| Board member | Jason Alcorn (UK) |
| Board member | Mattia Boarin (IT) |
| Board member | Franziska Geese (CH) |
| Board member | Robert McConkey (IE) |
| Board member | Marcin Popinski (PL) |
| Board member | Tiago Santos (PT) |

www.eaun.org

ERUS23

ERUS-EAUN Robotic Urology Nursing Meeting

13-15 September 2023, Florence, Italy

www.erus23.org

Robotic Nursing & Live Surgery

An application has been made to the EU-ACNE for CNE accreditation for this event

erus you eaun esu eaun European Association of Urology

A crucial prevalence study on female UI conducted in Milan

EAUN aids in urological nursing research project



Dr. Giulia Villa
Nurse, Ass. Prof. in
Nursing
Vita-Salute San
Raffaele University
Milan (IT)

villa.giulia@hsr.it

Research Team:

S. Trapani, Midwife, PhD Student, Milan/Rome, IT;
S. Gnechi, Nurse, MScN Student, Milan, IT;
A. Poliani, Nurse, MScN Student, Milan, IT;
D.F. Manara, Nurse, Midwife, Prof. in Nursing,
Milan, IT

The chance to participate and win the nursing research competition in order to promote our study has aroused our group's interest and enthusiasm.

As Italian nurses, being part of this competition judged by international expert colleagues is a once-in-a-lifetime opportunity for many reasons. The competition creates an open forum where we can present our research idea, and allows us to share and build better research because the competition is based on the comparison and suggestions of an international audience. Therefore, the competition allows us to build more effective research for our patients.

The European Association of Urology Nurses (EAUN), among its many important roles, is also active in supporting and improving clinical practice through research. Indeed, the EAUN supports the

competition every year; thus, enables the advancement of knowledge in urology nursing through the promotion of research studies.

A great deal of work has been done in recent years to promote nursing research in urology, and the research project that we as a group have presented fulfils this purpose.

The reasons behind the construction of this research project are manifold. The first reason is that this project wants to give voice and relevance to an issue that affects many women globally urinary incontinence (UI). Bladder problems and urinary diseases, also known as lower urinary tract symptoms (LUTS), are common in women worldwide (Todhunter-Brown *et al.*, 2022). One of these problems is UI which is defined as "the complaint of any involuntary leakage of urine" (Abrams *et al.*, 2003; Hylan *et al.*, 2010).

UI has been identified as a World Health Organization health priority because it negatively influences the physical, psychological and social life of the affected people (Batmani *et al.*, 2021), who comprise both women (Sussman, Syan and Brucker, 2020) and men (Gacci *et al.*, 2022). UI affects more women (51.1%) than men (13.9%) (Markland *et al.*, 2011). These data indicate the need to further investigate the topic concerning the female condition. Although UI is a discussed literature topic, it is an underestimated problem (Tran & Puckett, 2022). For these reasons, epidemiological information is needed to plan and evaluate treatment practices to counteract UUI.

There are limited data concerning middle-aged (40 to 65 years old) women even though this age range is central in women's lives and should be characterised by a high quality of life. Healthcare professionals often overlook UI. It is essential for urology nurses to know the prevalence of UI among women because nurses could educate these

women on non-pharmacological approaches to this disease, prevent urinary tract infections, skin ulceration falls and fractures, improve return to social activities, independence and quality of life (Nelson *et al.*, 2018).

"UI has been identified as a World Health Organization health priority because it negatively influences the physical, psychological and social life of the affected people..."

According to statistics produced by the Italian Institute for Statistics (ISTAT), the population is aging, and the average age of the population ranges between 40 and 65 years old (ISTAT, 2021). Statistics suggest focusing on this specific range of age, in which high quality of life and healthy lifestyle is expected, also because they are socially active women. In addition, the range 40 to 65 represents the starting point of significant occurrence of UI in the female population (Wieland *et al.*, 2019; Fincopp, 2022). Currently, the Italian epidemiology for UI is approximately 3 million women (Fincopp, 2022), but the last published Italian prevalence studies date back to the first decade of the new millennium (Bortolotti *et al.*, 2000; Siracusano *et al.*, 2003). For this reason, a prevalence study focused on UI in Italy could provide significant information.

The objectives of the research project are to calculate the prevalence and investigate the costs and predisposing factors of UI in a university and research hospital in Milan, Italy. This study will be the first of a sequence. Subsequent studies will explore non-pharmacological strategies to support

women with UI, and the experiences of women with UI. The primary outcome is to calculate the prevalence of middle-aged women with urinary incontinence. There are two secondary outcomes:
1. To describe the UI and related predictors, quality of life, social impact and costs
2. To describe the association between UI and related predictors, quality of life, social impact and costs.

About the study

An observational, prospective, prevalence study will be conducted to investigate and describe UI prevalence among female hospitalised patients and female healthcare personnel in a university and research hospital in the Milan metropolitan area. It is not possible to decide the population sample in advance. All female patients and professionals that fit inclusion criteria will be included. The inclusion criteria are female sex, middle age (40 to 65 years old), informed consent signed, comprehension of written and spoken Italian language, female hospitalised patient (outpatient, day surgery, and day hospital included), female hospitalised patients before surgical procedure if they should undergo surgery, female personnel. The exclusion criteria are male sex, pregnant women, post-partum women, and women who had undergone surgery for UI.

A prevalence study is essential for establishing the distribution of the condition in the population and projecting the need for health and medical services. The study will follow the STrengthening the Reporting of OBServational studies in Epidemiology (STROBE) Checklist (Vandenbroucke *et al.*, 2007). The collected data will be completely anonymous. The decision not to participate in the survey will not impact future nursing care. All patients receive the same care and support from healthcare personnel. The study will be approved by the Hospital Ethical Committee. The project will start in the autumn of

2023. The EAUN budget will be allocated for the support of the study.

A survey will collect demographic and clinical characteristics using standardised data entry forms. All the data will be collected based on a series of variables derived from an accurate review of the UI predictors, costs, and quality of life of the women affected (Goren *et al.*, 2014; Harding *et al.*, 2023). The information included the following:

- Demographics (age, ethnicity, level of education, and body mass index)
- Presence of comorbidity (diabetes, chronic respiratory disease, anxiety, depression and asthma);
- Pelvic or uro-gynaecological surgery undergone
- Incidence of menopause
- Parity
- Lifestyle factors
- UI prevalence and symptomatology (frequency, quantity, type of urine leakage, time of onset urine leakage)
- UI quality of life (social impact and interference with sexual life)
- Costs (work productivity, weekly costs of hygiene care products, and healthcare-resource utilisation)

The Italian version of the International Consultation of Incontinence Modular Questionnaire Urinary Incontinence Short Form (ICIQ UI-SF) (Avery *et al.*, 2004; Tubaro *et al.*, 2006) will be used to investigate the urological symptoms in women and to screen the different subtypes of incontinence. The questionnaire is not gender-dependent and allows the assessment of the prevalence, frequency, and perceived cause of UI and its impact on everyday life.

The questionnaire comprises four questions centred on the frequency of UI, the amount of leakage, the overall impact of UI and a self-diagnostic item. The ICIQ-UI-SF scale is appropriate for estimating national prevalence in representative samples (Bedretdinova *et al.*, 2016). This prevalence study should give us more information about UI in middle-aged women living in the Milan metropolitan area and will allow us to make new individualised pathways. The research



Dr. Giulia Villa receives the Prize for the Best EAUN Nursing Research Project from EAUN Chair Mrs. Paula Allchorne in Milan

team comprises different healthcare professionals such as nurses and midwives, because UI is multifactorial and requires a multi-professional approach.

Every healthcare professional represents an additional contribution to this study because he/she can see the UI from different points of view according to his/her expertise and skills. In addition, this study will be the first of other future studies about UI: a qualitative study exploring the living experiences with UI and a systematic review of non-pharmacological treatment for UI will be planned.

“Although UI is a discussed literature topic, it is an underestimated problem.”

The research team will continue investigating this disease, searching for new strategies and methods to treat the UI with non-pharmacological interventions (including mindfulness-based and cognitive-behavioural-based interventions). After the monocentre first period, this study could be expanded to become a multicentre prevalence study to evaluate the phenomenon better and investigate the prevalence in a larger population.

Conflict of interest

The research team declared that they have no competing interest or relationship, financial or otherwise, or personal, religious, or political beliefs that might be perceived as influencing an investigator's objectivity.

References

1. Abrams, P. *et al.* (2003) 'The standardisation of terminology in lower urinary tract function: report from the standardisation sub-committee of the International Continence Society', *Urology*, 61(1), pp. 37–49. Available at: [https://doi.org/10.1016/S0090-4295\(02\)02243-4](https://doi.org/10.1016/S0090-4295(02)02243-4).
2. Avery, K. *et al.* (2004) 'ICIQ: A brief and robust measure for evaluating the symptoms and impact of urinary incontinence', *Neurourology and Urodynamics*, 23(4), pp. 322–330. Available at: <https://doi.org/10.1002/nau.20041>.
3. Basak, T., Kok, G. and Guvenc, G. (2013) 'Prevalence, risk factors and quality of life in Turkish women with urinary incontinence: a synthesis of the literature', *International Nursing Review*, 60(4), pp. 448–460. Available at: <https://doi.org/10.1111/inr.12048>.
4. Batmani, S. *et al.* (2021) 'Prevalence and factors related to urinary incontinence in older adults women worldwide: a comprehensive systematic review and meta-analysis of observational studies', *BMC Geriatrics*, 21(1), p. 212. Available at: <https://doi.org/10.1186/s12877-021-02135-8>.
5. Bedretdinova, D. *et al.* (2016) 'Prevalence of Female Urinary Incontinence in the General Population According to Different Definitions and Study Designs', *European Urology*, 69(2), pp. 256–264. Available at: <https://doi.org/10.1016/j.eururo.2015.07.043>.
6. Bo, K. *et al.* (2017) 'An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for the conservative and nonpharmacological management of female pelvic floor dysfunction', *Neurourology and Urodynamics*, 36(2), pp. 221–244. Available at: <https://doi.org/10.1002/nau.23107>.
7. Buckley, B.S. and Lapitan, M.C.M. (2010) 'Prevalence of Urinary Incontinence in Men, Women, and Children—Current Evidence: Findings of the Fourth International Consultation on Incontinence', *Urology*, 76(2), pp. 265–270. Available at: <https://doi.org/10.1016/j.urology.2009.11.078>.
8. Delgado-Rodríguez, M. and Llorca, J. (2004) 'Bias', *Journal of Epidemiology & Community Health*, 58(8), pp. 635–641. Available at: <https://doi.org/10.1136/jech.2003.008466>.
9. Fincopp - Federazione Italiana Incontinenti e Disfunzioni pavimento pelvico (2022) FINCOPP. Available at: <https://fincopp.org/> (Accessed: 27 November 2022).
10. Gacci, M. *et al.* (2022) 'European Association of Urology Guidelines on Male Urinary Incontinence', *European Urology*, 82(4), pp. 387–398. Available at: <https://doi.org/10.1016/j.eururo.2022.05.012>.
11. Goren, A., Zou, K. H., Gupta, S., & Chen, C. (2014). Direct and indirect cost of urge urinary incontinence with and without pharmacotherapy. *International Journal of Clinical Practice*, 68(3), 336–348. <https://doi.org/10.1111/ijcp.12301>
12. Hammad, F.T. (2021) 'Prevalence, social impact and help-seeking behaviour among women with urinary incontinence in the Gulf countries: A systematic review', *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, 266, pp. 150–156. Available at: <https://doi.org/10.1016/j.ejogrb.2021.10.005>.
13. Harding, C. K., Lapitan, M. C., Arlandis, S., Bø, K., Cobussen-Boekhorst, H., Costantini, E., Groen, J., Nambiar, A. K., Omar, M. I., Peyronnet, B., Phé, V., & van der Vaart, C. H. (2023). EAU Guidelines on Management of Non-Neurogenic Female Lower Urinary Tract Symptoms. European Association of Urology.
14. Hoy, D. *et al.* (2012) 'Assessing risk of bias in prevalence studies: modification of an existing tool and evidence of interrater agreement', *Journal of Clinical Epidemiology*, 65(9), pp. 934–939. Available at: <https://doi.org/10.1016/j.jclinepi.2011.11.014>.
15. Irwin, D.E. *et al.* (2006) 'Population-Based Survey of Urinary Incontinence, Overactive Bladder, and Other Lower Urinary Tract Symptoms in Five Countries: Results of the EPIC Study', *European Urology*, 50(6), pp. 1306–1315. Available at: <https://doi.org/10.1016/j.eururo.2006.09.019>.
16. Leboeuf-Yde, C. and Lauritsen, J.M. (1995) 'The prevalence of low back pain in the literature. A structured review of 26 Nordic studies from 1954 to 1993', *Spine*, 20(19), pp. 2112–2118. Available at: <https://doi.org/10.1097/00007632-199510000-00009>.

The complete reference list of this article is available from the EUT Editorial Office. Please send an e-mail to: EUT@uroweb.org with reference to the article "A crucial prevalence study on female UI conducted in Milan" by Dr. G. Villa, June/July issue 2023.