

# PICO 8 og 9 Bækkenbundstræning

## Review information

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### Dates

Assessed as Up-to-date:

Date of Search:

Next Stage Expected:

Protocol First Published: Not specified

Review First Published: Not specified

Last Citation Issue: Not specified

### What's new

Date / Event	Description
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### History

Date / Event	Description
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## Abstract

## Background

## Objectives

## Search methods

## Selection criteria

## **Data collection and analysis**

### **Main results**

### **Authors' conclusions**

## **Plain language summary**

### **[Summary title]**

[Summary text]

## **Background**

### **Description of the condition**

### **Description of the intervention**

### **How the intervention might work**

### **Why it is important to do this review**

## **Objectives**

## **Methods**

### **Criteria for considering studies for this review**

#### *Types of studies*

#### *Types of participants*

#### *Types of interventions*

## ***Types of outcome measures***

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Secondary outcomes

## **Search methods for identification of studies**

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***Searching other resources***

**Data collection and analysis**

***Selection of studies***

***Data extraction and management***

***Assessment of risk of bias in included studies***

***Measures of treatment effect***

***Unit of analysis issues***

***Dealing with missing data***

***Assessment of heterogeneity***

***Assessment of reporting biases***

***Data synthesis***

***Subgroup analysis and investigation of heterogeneity***

***Sensitivity analysis***

**Results**

**Description of studies**

***Results of the search***

***Included studies***

***Excluded studies***

**Risk of bias in included studies**

***Allocation (selection bias)***

***Blinding (performance bias and detection bias)***

***Incomplete outcome data (attrition bias)***

***Selective reporting (reporting bias)***

***Other potential sources of bias***

**Effects of interventions**

## **Discussion**

**Summary of main results**

**Overall completeness and applicability of evidence**

**Quality of the evidence**

**Potential biases in the review process**

**Agreements and disagreements with other studies or reviews**

## **Authors' conclusions**

**Implications for practice**

**Implications for research**

## **Acknowledgements**

**Contributions of authors**

**Declarations of interest**

**Differences between protocol and review**

**Published notes**

**Characteristics of studies**

## Characteristics of included studies

### Damon 2014

<b>Methods</b>	RCT
<b>Participants</b>	Alle patienter som var henvist til US pga AI på 8 centre i Frankrig blev inviteret, symptomer mere end 6 mdr. mindst x 1 ugtl.
<b>Interventions</b>	Intervention: PFMT x 20 indenfor 4 mdr. + standardbehandling Kontrol: Standardbehandling som beskrevet i franske guidelines Begge interventioner uklart beskrevet. Perinealretraining består af mange forskellige elementer ikke kun bækkenbundstræning, kontrolgruppen får langt færre besøg, uklart om det er bækkenbundstræning, de andre elementer i interventionen eller antal besøg der gør forskellen. Uklart hvem der har tilbudt behandling til grupperne
<b>Outcomes</b>	Inkontinensstilfælde, frafald/compliance
<b>Notes</b>	Frankrig. Funding: The study was sponsored by a grant from the Programme Hospitalier de Recherche Clinique regional (HCL/P/2006.429/22).

### Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Random-ization was centralized at the public health department of the University Hospital of Lyon and was stratified by centre in blocks of 6.
Allocation concealment (selection bias)	Low risk	Random-ization was centralized at the public health department of the University Hospital of Lyon and was stratified by centre in blocks of 6.
Blinding of participants and personnel (performance bias)	High risk	Patient reported outcomes. Blinding unlikely
Blinding of outcome assessment (detection bias)	High risk	Patient reported outcomes. Blinding not likely
Incomplete outcome data (attrition bias)	High risk	Der er stort frafald i træningsgruppen, men desuden ikke gjort rede for frafald i Tabel 2, kun 52 ud af 75 i kontrolgruppen og 40/67 i træningsgruppen afleverer disse
Selective reporting (reporting bias)	Low risk	No apparent selective reporting
Other bias	Low risk	No other apparent bias

### Heymen 2009

<b>Methods</b>	RCT
<b>Participants</b>	168, Patients were recruited from a consecutive series of chronically incontinent patients referred to University of North Carolina Hospitals between December 2000 and March 2006 for diagnostic assessment of FI
<b>Interventions</b>	Intervention:manometric biofeedback training combined with PFE to teach a coordinated contraction of the pelvic floor muscles in response to diminishing volumes of intrarectal balloon distensions, Control: PFE training alone, verbal instruction.
<b>Outcomes</b>	Inkontinensepisoder, frafald
<b>Notes</b>	USA Funding: Supported by National Institute of Diabetes and Digestive and Kidney Disease Grants R01DK57048 and R24 DK067674; General Clinical Research Center, University of North Carolina at Chapel Hill, Grant RR00046; and Sandhill Scientific, Incorporated.

### Risk of bias table

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	Coinvestigator (KJ) produced the randomization table by use of a random number generator (SPSS®, version 7.0; SPSS, Inc., Chicago, IL)
Allocation concealment (selection bias)	Unclear risk	Randomiseringen sker forud for Run-In perioden, behandler (SH) i Run-In perioden er ikke blindet for gruppeallokeringen. Group membership was reported to the therapist
Blinding of participants and personnel (performance bias)	High risk	Ublindet investegator ringer og spørger om adequate relief der afgør om pt. går videre i forsøget. Herudover ingen oplysninger om blinding, men det formodes at pt. og behandler ikke kan blindes grundet behandlingens karakter.
Blinding of outcome assessment (detection bias)	High risk	Patient reported outcomes. Blinding not likely
Incomplete outcome data (attrition bias)	High risk	168 ptt. randomiseres, 15 vs. 20 opnår adequate relief i Run-in perioden, Withdrew from Run-In 17 vs 7. Resultat uens gruppe størrelse 45 vs 63.
Selective reporting (reporting bias)	Low risk	None detected
Other bias	High risk	Design critical since patients were randomized before run inn period. last observation carried forward at 12 months follow-up for patient with no positive effect at three months follow up

**Johansson 2012**

<b>Methods</b>	RCT
<b>Participants</b>	Sixty-five consecutive female patients, median age 57 (range 27–78) referred to a tertiary center for fecal incontinence were included
<b>Interventions</b>	Intervention: Biofeedback (4–6 months) Control: Medical treatment with loperamide and bulking agents (2 months)
<b>Outcomes</b>	Incontinence episodes, Quality of life, drop-out
<b>Notes</b>	Funding: Not reported Study only as an abstract

**Risk of bias table**

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Unclear risk	Not described, abstract only
Allocation concealment (selection bias)	Unclear risk	Not described
Blinding of participants and personnel (performance bias)	High risk	Patient reported outcomes. Blinding unlikely
Blinding of outcome assessment (detection bias)	High risk	Patient reported outcomes. Blinding unlikely
Incomplete outcome data (attrition bias)	Low risk	57 out of 65 randomized participants complete the study
Selective reporting (reporting bias)	Unclear risk	Abstract only
Other bias	Unclear risk	Abstract only

**Norton 2003**

<b>Methods</b>	RCT
<b>Participants</b>	171, Patients attending their first biofeedback assessment session were informed about the study and informed consent to enter the trial was sought. Inclusion criterion was any patient referred for symptoms of fecal incontinence, regardless of frequency or severity of incontinence
<b>Interventions</b>	Intervention: Pelvic floor muscle training with or without biofeedback training and home training device Control: Standard care
<b>Outcomes</b>	Incontinence episodes, quality of life, drop-out



<b>Notes</b>	<p>England</p> <p>Funding: Supported by Action Research for 3 years of the study (to S.C.). Action Research was not involved in the study design or the decision to publish.</p>
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## Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	At the time of referral patients were randomized to 1 of the 2 therapists (random numbers generated by Excel function; Microsoft, Redmond, WA)
Allocation concealment (selection bias)	Low risk	none detected
Blinding of participants and personnel (performance bias)	High risk	Patient reported outcomes. Blinding not likely
Blinding of outcome assessment (detection bias)	High risk	Patient reported outcomes. Blinding not likely
Incomplete outcome data (attrition bias)	Low risk	Endpoint data foreligger på ca. 82% af de randomiserede.
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	None detected

*Footnotes*

## Characteristics of excluded studies

*Footnotes*

## Characteristics of studies awaiting classification

*Footnotes*

## Characteristics of ongoing studies

*Footnotes*

## Summary of findings tables

## Additional tables

## References to studies

### Included studies

#### **Damon 2014**

*Published and unpublished data*

[Empty]

#### **Heymen 2009**

[Empty]

#### **Johansson 2012**

*Published and unpublished data*

[Empty]

#### **Norton 2003**

[Empty]

### Excluded studies

### Studies awaiting classification

### Ongoing studies

## Other references

### Additional references

### Other published versions of this review

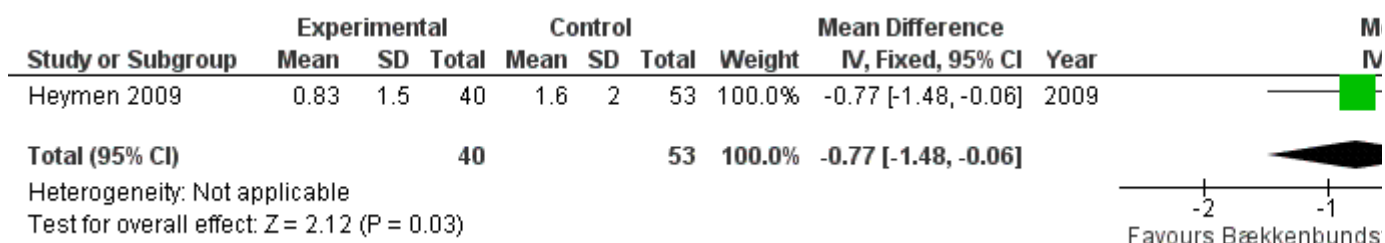
## Data and analyses

### 1 PICO 8

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Inkontinensstilfælde pr dag	1	92	Mean Difference (IV, Random, 95% CI)	0.10 [-0.39, 0.59]
1.2 Inkontinensstilfælde pr. uge	1	140	Mean Difference (IV, Random, 95% CI)	-1.00 [-1.66, -0.34]
1.3 Antal dage pr uge med inkontinens	1	93	Mean Difference (IV, Fixed, 95% CI)	-0.77 [-1.48, -0.06]
1.4 Frafald	3	496	Risk Ratio (M-H, Random, 95% CI)	1.15 [0.57, 2.30]
1.5 Complete responder, no incontinens last week of study	0	0	Risk Ratio (M-H, Fixed, 95% CI)	Not estimable

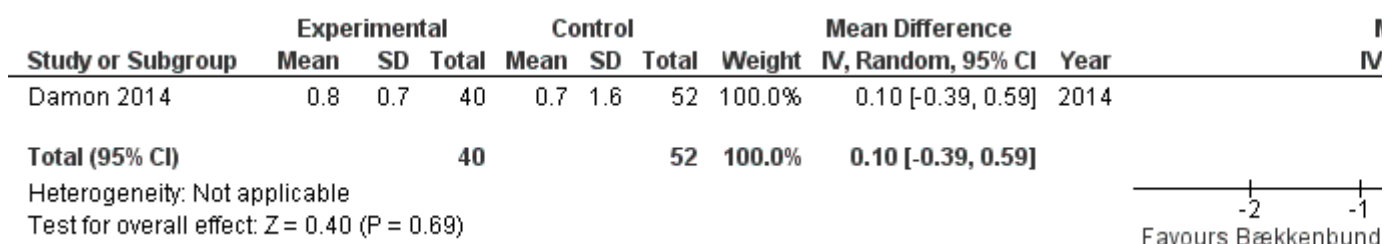
## Figures

### Figure 1 (Analysis 1.3)



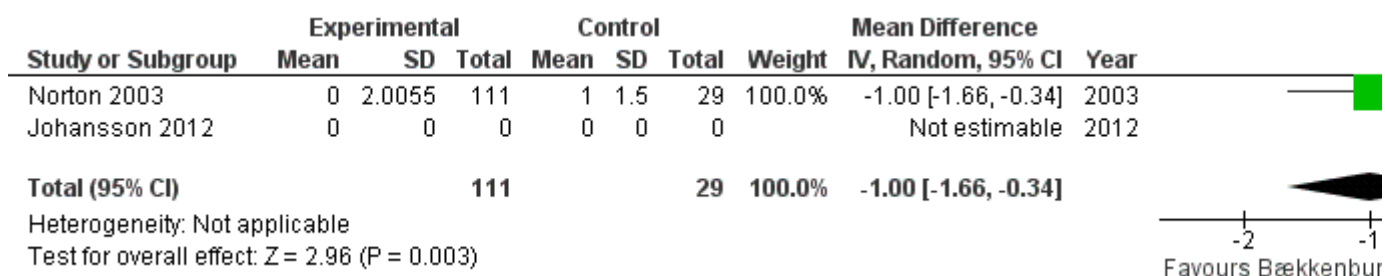
Forest plot of comparison: 1 PICO 8, outcome: 1.3 Antal dage pr uge med inkontinens.

### Figure 2 (Analysis 1.1)



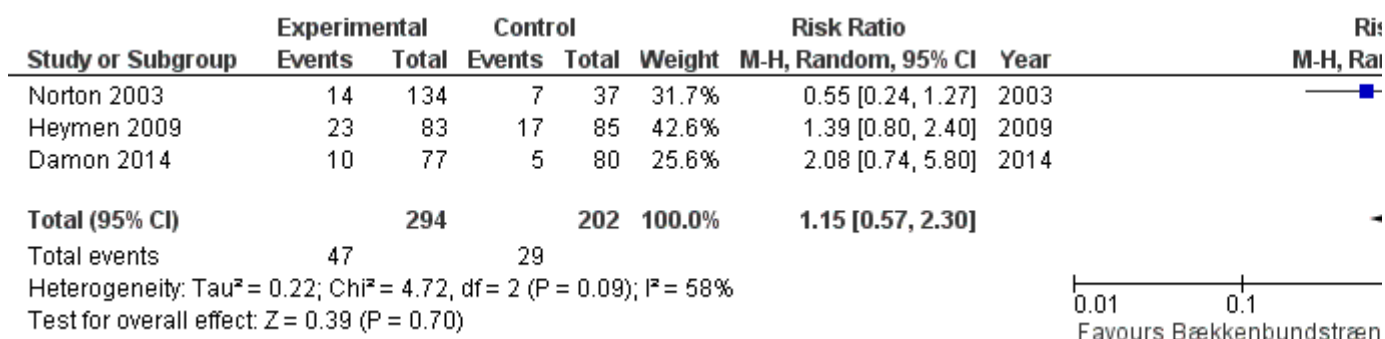
Forest plot of comparison: 1 PICO 8, outcome: 1.1 Inkontinensstilfælde pr dag.

### Figure 3 (Analysis 1.2)



Forest plot of comparison: 1 PICO 8, outcome: 1.2 Inkontinensstilfælde pr. uge.

### Figure 4 (Analysis 1.4)



Forest plot of comparison: 1 PICO 8, outcome: 1.4 Frafald.

**Figure 5**

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Damon 2014	+	+	-	-	-	+	+
Heymen 2009	+	?	-	-	-	+	-
Johansson 2012	?	?	-	-	+	?	?
Norton 2003	+	+	-	-	+	+	+

Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

## Sources of support

### Internal sources

- No sources of support provided

### External sources

- No sources of support provided

## Feedback

## Appendices