

Version 2.0



Abstract

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PI Title:

Project Title: HOMEBOUND ELDERLY--MAINTAINING POSTTREATMENT CONTINENCE

Abstract: *DESCRIPTION (Adapted from the Investigator's Abstract): The purposes of this study are to (1) examine the effectiveness of a relapse prevention intervention based on Self-efficacy theory and Marlatt's model of relapse prevention in sustaining post-treatment continence levels; (2) examine the impact of standard behavioral therapy and the relapse prevention intervention with respect to adherence, relapse, cost and cost-effectiveness; (3) examine the direct economic incentive for home health care agencies to provide both the standard behavioral therapy and the relapse prevention intervention for urinary incontinence (UI); and (4) examine the impact of standard and relapse prevention behavioral therapy on the quality of life and self-efficacy of homebound older adults. In addition, we will explore the development of a predictive model to identify patients who are likely to relapse following the behavioral treatment of UI. This study will collect baseline cost data relative to UI on all subjects for a two month period prior to randomization (Phase I). Subjects will then be randomized to receive a 6 week behavioral therapy intervention (relapse prevention behavioral therapy, RBT) consisting of two additional in-home visits and three telephone interventions over a period of four months (Phase II). All subjects will be followed every three months for one year after completing the initial behavioral therapy. The specific aims of this study of cognitively intact homebound older adults are to: (1) examine the effectiveness of RBT in sustaining or improving post-treatment continence levels during follow-up compared to SBT. (2) Compare adherence rates of subjects who receive RBT to the rate for subject who receive SBT. (3) Compare the relapse rates of subject who receive RBT to the rate for subjects who receive SBT. (4) Estimate the cost and cost-effectiveness of RBT and SBT. (5).*

Examine the direct economic incentive for home health care agencies to provide RBT and SBT for UI to Medicare recipients. (6) Examine the impact of RBT and SBT on UI on quality of life measures. Secondly, we will (7) Determine whether changes in self-efficacy are associated with improvements in UI. (8) Determine whether self-efficacy at the end of treatment predict relapse. (9) Determine if self efficacy at the end of treatment predicts maintenance of post-treatment continence levels at 3, 6, 9 and 12 months post treatment. (10) Explore the development of a predictive model of patients who relapse during follow-up.

Thesaurus Terms:

aging, cognitive behavior therapy, home health care, human therapy evaluation, urinary incontinence

clinical trial, quality of life, relapse /recurrence

behavioral /social science research tag, clinical research, human old age (65+), human subject

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