New Zealand Urological Nurses Society

NZUNS was launched in 2001, a progression from the NZ Urology Special Interest Group. Currently we have a membership of 117 nurses from throughout New Zealand.

Membership is open to all nurses with an interest in Urology.

NZUNS offers a quarterly newsletter, ‘Urology Update’ with current news, reports, and information about educational study days and conferences. It provides the opportunity for members to share articles of interest, quality initiatives, case studies etc.

Our NZ group is affiliated to the Australian and New Zealand Urological Nurses Society Inc (ANZUNS). The annual membership fee of $30 entitles the member to both NZUNS and ANZUNS newsletters and reduction in registration fees at associated conferences.

The objectives are to:
1. Provide a communication network between Australian states and NZ
2. Maintain affiliation with international urological nurses organisations
3. Support and provide educational opportunities
4. Promote nursing research
5. Facilitate access to relevant resource material
6. Promote the role of the urology nurse in diverse areas of health care
7. Identify and promote standards of urological nursing practice

Study days are regularly held in various regions.

A national two-day NZUNS conference is held annually; this year’s will be held in Nelson, 17th October – 19th October. Within the conference is the opportunity for nurses to present a paper for the OBEX Travel Award, which enables the recipient to attend courses or conferences for further education.

These meetings are a great opportunity to update urological knowledge, hear how colleagues practice and reflect on one’s own practice.

For further information or membership enquiries, please feel free to contact: jean.bothwell@waitematadhb.govt.nz

Visit our Website: http://www.nzcontinence.org.nz
Ph: 09 236 0444 ~ Fax: 09 236 0788
Email: info@continence.org.nz
Web: www.nzcontinence.org.nz
Address: PO Box 270 | Drury 2247 | Auckland | New Zealand

New Zealand CON tinence
ASSOCIATION

Awareness Week Report – Bay of Plenty

Continence awareness week is with us again and the Theme this year is Life Without Limits: Men’s Issues – Is your plumbing in order?

To promote this our service we put up posters around the Hospital and a daily bulletin board giving Bladder and Bowel statistics, facts, figures and some tips about bowel and bladder problems was shared over the DHB Intranet. This went to everyone employed within the DHB (around 3,800 employees) and we had some really good responses and one negative. We have also received some referrals and emails from people asking advice, but surprisingly the negative feedback came from a Doctor.

We also dressed up in our Super Mimi Lady finery and raised awareness in the Warehouse and New World car parks – handing out balloons and pamphlets on good blad- der and bowel habits and urinary symptoms in men. We also talked to people urging them to check their waterworks and about the importance of prostate checks.

From the President

Welcome to this edition of the NZCA newsletter. The national executive has been working through some important issues that we hope to highlight in the next newsletter. These include a more robust application for research money, and we encourage any members who have small projects to apply for this, and a conflict of interest position for the association. We hope to put both of these in the next newsletter. Our major scientific meeting is planned for late September 2008 in Hamilton so you should all pencil this in to your diaries now. It is always a valuable exercise. Also can I please encourage all of you to consider writing material for the Australian and New Zealand Continence Journal. I have replaced Ted Arnold on the editorial board of the journal and can absolutely assure you that any research applications would be considered.

Webcasts

Through TTMed Urology, www.ttmed.com/urology, you will be able to find major conference webcasts such as the ICS 2007, the EAU 2007, the AUJA 2007, SIU 2007 and much more.

More than 20 hours of plenary session presentations will be broadcast via the Internet to a worldwide audience without any charge starting Tuesday, September 4. Webcasts offer the possibility of hearing the original lectures with their synchronized slide presentations. Twenty-four hours after the actual session’s end, TTMed-Team

Research Fund Applications

Closing date for 2007 research fund applications – Friday 9 November 2007
Decision on funding applications – Friday 7 December 2007

Please see research fund documents included in this newsletter for further information.

We are keen to see nurses and physios conducting research. This can be a full study or a pilot study. Many have not done research before and may not feel confident submitting an application. To address this we plan to hold a workshop at next year’s conference in Hamilton on conducting research and research applications. Several members of the executive with experience in this area have also offered to mentor anyone through the process. If you would like to take advantage of this offer for a 2007 application please email Jan.

Email applications to jan@continence.org.nz

Events

Continence Foundation of Australia Conference
Oct. 31 - Nov. 3 2007
Surfers Paradise, Marriott Hotel, Gold Coast
For more information email shari@eventolutions.com.au

NZCA Conference
12-14 September 2008
Hamilton
Investigating Incontinence - Humanity and Technology

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Age related pathogenesis of nocturia in patients with overactive bladder.
Weiss JP, Blaivas JG, Jones M, Wang JT, Guan A
Journal of Urology 2007; 178:548-551
This is a non-experimental study based on baseline data collected for a randomised controlled trial of tolterodine. The participants in the study were men and women over the age of 18 who had overactive bladder, defined as eight of more micturitions in 24 hours and urgency urinary incontinence. Of 850 participants 845 completed 7-day bladder diaries which included information about their normal night time sleeping habits, and for two of the seven days, accurate voided volumes for all voids. The bladder diary was used to derive nocturnal urinary volume and maximum voided volume, a surrogate measure for functional bladder capacity. Nocturnal polyuria was defined where nocturnal urinary volume was greater than 35% of total 24-hour urinary output. The nocturnal index was the nocturnal urinary volume divided by the maximum voided volume, and if this was greater than one this implies that the nocturia is due to nocturnal urinary overproduction.
In the study the mean age of the participants was 59, with about half men and women. The mean number of episodes of nocturia was 3.3. The nocturia index increased with age and was higher in men than women.
The authors conclude that in overactive bladder that increased nocturnal urinary production relative to maximum voided volume was an important contributing factor. With older age (greater than age 70) the contribution of increased nocturnal urinary production is more important than reduced nocturnal bladder capacity (less than age 50). The authors also point out that this finding may only apply to those with overactive bladder than a more general population.

The reliability of the frequency-volume chart in assessing lower urinary tract symptoms.
BJU International 2007;100:111-115
This is a non-experimental study based on data collected for a randomised controlled trial of self-management in men with lower urinary tract symptoms. 96 men completed frequency volume charts on each of the three successive days. The aim of the study was to gauge the repeatability of the components of the voided volume record and estimate how much it might vary within the same participants measured repeatedly. The two ways of doing this were with ‘Intra-class correlation coefficients’ (ICC’s), which can range from between zero and one, a value of zero means measures do not agree very well and at one that they agree very well, and limits of agreement, the range of measurement for which 95% of patient’s measurements are predicted to occur if repeated. The mean age of the patients was 63 years all were men. The mean total voided volume was 1739 ml, with an average volume per void of 186 ml and 9.4 voids per 24 hours.
The study found poor agreement between successive voided volume measurements with ICC’s of between 0.39 (for nocturnal urinary voids) and 0.8 for average volume per void. Limits of agreement were very wide, for example 59 ml for volume per void and 3 for number of voids per 24 hours.
The authors conclude that this variability makes it difficult to interpret voided volume records and that longer than 1 day needs to be considered however based on the data given they are unable to recommend a particular length of time.
Although not commented on by the authors this is only in men with lower urinary tract symptoms and agreement in patient groups may be different.
Cont’d on page 5
LWL Taranaki
For some time now our little group, consisting of Jane Bond (Private Practitioner in Continence), Alison Meerman (Continence Adviser at TDBH), and myself, Lisa Yates (Hospital Women’s Health Physio & Women’s Personal fitness consultant), have been meeting regularly. We discuss interesting cases, new research, and ways to improve the delivery of continence services within the Taranaki region. While we all have very different lives, we have one thing in common—we are passionate about promoting community and professional awareness surrounding continence. So continence awareness week presented the perfect opportunity to take some positive action. And with the focus this year on Men’s Health, we knew we had our work cut out!

Following many weeks of planning, our campaign began with some media liaison—And a brief on our planned Continence awareness week activities was published in the Midweek newspaper. The week then kicked off with a lively interview on the popular morning radio station, which had Jane candidly answering some rather probing question, and had presenter Barney squirming in his seat with her answers! She was supposed to have been joined by a local Urologist, but unfortunately he had an emergency to attend to. However, nothing was lost; the interview proving a huge success with many comments from pleased (albeit slightly amazed) listeners—keen to learn more about this all too often taboo topic.

This was complimented by strategic placement of the fantastic NZCA posters, which were plastered everywhere... Doctor / Physio waiting rooms, both public & hospital staff toilets, the shopping mall, the maternity wards, and of course we had a display in the hospital public health cabinet. There was no escaping the fact that 30% of men in a doctor’s waiting room have experienced bladder or bowel problems, but only a third seek help.

In addition, we planned a much talked about, highly controversial “peeing competition” to be contested by the local representatives (soccer and rugby clubs). Figuring nothing attracts male attention more than beer and sport, a popular sports bar was the agreed location. The events programme included: a timed void, the largest volume, and the highest aim, with a local GP arranged to judge. (We thought that the lads may get stage fright if they had three women judging!). However, much to our disappointment, the rugby boys had a game scheduled for the following evening and withdrew, forcing us to cancel the event, causing a default victory to Team Taranaki Soccer.

In hindsight, one was left pondering if the common association between the male micturition process and his inherent masculinity may have factor in the team’s withdrawal. While we can only hypothesise the reasons for the last minute change of heart, it was an important reminder of the fragility of this health issue. As health professionals we must never forget the potential anxiety and embarrassment it can cause, even amongst men representing the sporting elite of our province.

All was not lost however, as we still had our finale—an information stall at Centre City on Saturday morning. The three of us arrived amidst a flurry of green helium balloons, posters, information leaflets, and followed by two young men; wearing no more than incontinence pants and t-shirts asking the questions: “Is your plumbing in order?” and “Warning! This may happen to you!” The brave lads (who actually volunteered their time) proved to be big crowd drawers, finding themselves answering all sorts of questions, and amusing shoppers with their thought provoking message. If the commotion caused by our human billboards wasn’t enough, we also had a competition with a cash shopping voucher as a draw card. Whilst answering six questions on men’s continence awareness, participants were given the opportunity to learn and ask questions, with the potential bonus of winning a shopping spree!

Through the planning and execution of our various Continence awareness activities, I am confident we achieved our objective of increasing community awareness and encouraging discussion surrounding this common problem. What was perhaps most interesting, was witnessing some of the terrified faces trying earnestly to look in the opposite direction. Or watching those frightened men rapidly retreating when they realised the topic at hand. As a health professional, talking about continence is just a normal part of my day, but I was reminded that for a percentage of our society it is a horrifying topic; One that despite all our medical advancements, is still for many an incredibly difficult issue to raise with anyone. I wonder how we can better reach those people next year?

FORMAT FOR APPLICATIONS AND ADMINISTRATIVE AGREEMENT FOR GRANTS IN AID OF RESEARCH
The application for a grant-in-aid of research should be typed, concise (restricted to no more than five pages exclusive of curriculum vitae) and addressed to the Chief Executive Officer, NZ Continence Association, PO Box 270 Drury 2247.

Applications for support of research will normally be made by the supervisor of the particular project whose research record will be taken into account in the Research Committee’s deliberations. This stipulation does not prevent the appropriate recognition of an undergraduate or graduate student or other persons who will be appointed to work on the project but emphasizes the line of accountability for funds that may be granted by the NZ Continence Association.

Applicants are required to provide responses under the headings shown below. Five copies are required but only one requires all signatures. Applicants should particularly note that they:

a) must arrange ethical review of any research proposals involving human subjects or animals.
b) must ensure that the Host Institution and the signatures are clearly identified on the Administrative Agreement.

APPLICATION FOR GRANT IN AID OF RESEARCH
1. Personal Data
Include the applicant’s name, qualifications, position, address and telephone number.
2. Title of Project
Include a brief background review of the problem, with references.
3. Specific Objectives
Include one paragraph indicating briefly the specific objectives of the proposed research.
4. Subject Review
Include a brief bibliography relevant to the proposed project.
5. Method and Research Plans
Provide a brief description with references of how the problem is to be tackled; indicate experimental and statistical methods, animals etc to be used, precautions to be taken and justifying the number of specimens, or animal and human subjects to be studied.
6. Potential Significance of Project
Indicate the potential significance of the project and in particular how it meets the general aims of the NZ Continence Association.
7. Research site and Resources
Indicate location of research and available resources.
8. Assistance Required
Indicate the nature of the assistance requested with justification. Please detail the amounts required. Sometimes it may only be possible to assist in part, therefore applicants should list priorities.
9. Assistance Available
Indicate such other assistance as is already, or may be, available for the project including, financial etc.
10. Time Available and Duration of Project
Indicate the estimated time to be spent by each person on the project expressed as a proportion of their total working hours. The estimated duration of the project should also be stated.
11. Research Experience
Indicate research experience of the personnel, particularly in the field related to the project.
12. Ethical Review
Provide a statement to the effect that the proposed work involving human or animal experimentation has been approved by an appropriate committee. Ethical approval must be obtained between approval of funding and uplifting of the grant.
13. Curriculum Vitae
Append to each copy of the application an abbreviated CV of members of the project team, such CV not to exceed two pages.

ADMINISTRATIVE AGREEMENT
Only one signed copy required with each application.

a) The applicant understands and agrees that any grant received as a result of this application is subject to the conditions of the NZ Continence Association as set out in the information statement and that the grant funds will only be expended for the purpose described in the application. The applicant agrees to supply reports on progress of the work as required and on completion of the work.

Signed

b) The Head of Department (where applicable) approves this application and agrees to accept this research within the department.

Signed

c) The institution agrees and undertakes to support the research outlined in this application.

Signed

Host Institution
Grants in aid of research

Information & Conditions

General
The New Zealand Continence Association (NZCA) is an organization comprising members who have a professional interest in continence. An important aim of the NZCA is to promote research into continence, particularly as it affects New Zealanders. Grants for research may be awarded to medical or non-medical researchers whose applications satisfy the aims of the NZCA. The NZCA delegates authority for the administration of its grants in aid of research to its National Executive Committee or to a sub-committee appointed by the National Executive Committee. In formulating its recommendations the Research Advisory Committee considers the scientific merits of the research proposed, the funds available, and the extent to which the proposal supports the aims of the NZCA. Most grants made are of a seeding nature and offer support for a year or less. Grants may be used for some or all of the following purposes:

a) The purchase of equipment and supplies specifically required for the conduct of the research.
b) Working expenses of the research project.
c) The payment of salaries and wages, however as the funds available will be limited generally salaries are unlikely to be funded.

Applications for grants are generally called once each year, in April, and completed applications are to be submitted to the National Executive Office by 31 April. Decisions on grant applications will be made during June.

The expectation of the NZCA is that funding of a research project will result in a presentation at the scientific meeting of the NZCA and the publication of a paper in a reputable journal. We strongly encourage applicants to consider publication of the research in the Australian and New Zealand Continence Journal.

Specific conditions that apply to grants made by the NZCA

1. Ownership

Unless otherwise stated in the notice of the award of a grant, equipment purchased under the grant shall become the property of the institution from the commencement of the grant.

2. Variation

No project funded, or otherwise assisted by the NZCA may be varied by the grantee without the approval of the National Executive Committee or its Research Advisory sub-committee. Should a project be discontinued, the grantee must inform the Chief Executive Officer promptly so that the funds remaining may be applied for the promotion of other projects. If a grantee fails to commence research work on a project within six months from the date of approval the funding of the project will be deemed to have lapsed. The NZCA reserves the right to discontinue funding at any time should it come to notice that the funds are not being applied in a satisfactory manner and if circumstances warrant the return of any unexpended funds.

3. Ethical Approval

All research proposals involving human subjects or animals must be approved by an appropriate Ethics Committee.

4. Acknowledgement

In any publication or presentation of research supported by the NZCA the support of the NZCA must be acknowledged. A minimal statement would be in the form:

“This work was supported by the NZ Continence Association”

5. Publicity

If you do not agree to the mention of your name to the news media in the event of your application being successful, please advise the Chief Executive Officer of the NZCA.

6. Research Reports

While the NZCA may require that a report on work in progress under a grant be submitted at any time, recipients of grants that have lapsed for current for seven months or longer, will be required to write a report on completed work or work in progress, for inclusion in the Chief Executive Officer’s Annual Report, and discussed as an agenda item at the Annual General Meeting. Reports will be required in early July in the form determined by the Chief Executive Officer. The aim of the NZCA is to promote a high standard of reporting in terms of scientific presentation and lay understanding in order to promote the widest possible interest in the work supported by the NZCA. Recipients of grants are expected to understand that not only must their work satisfy members of the NZCA, but also must be seen by members of the NZCA as worthy of support in the promotion of research in terms of the aims of the NZCA.

The NZCA expects to receive a copy of any publication arising from work it has supported.

7. Format of Applications

Applications must conform to the outline shown in the NZCA document “Format for Applications for Grants in Aid of Research.” Any enquiries should be directed to the Chief Executive Officer of the NZCA. The postal address is Chief Executive Officer, NZ Continence Association, PO Box 270 Drury 2247.

Duloxetine compared with placebo for treating women with symptoms of overactive bladder.

Steers WD, Hershorn S, Kreder KJ, Moore K, Strabehn K, Yalcin I, Bump RC.

BJU International 2007;100:337-345

This is a report of a randomised controlled trial of duloxetine, a serotonin-norepinephrine reuptake inhibitor more widely used out of NZ for the treatment of stress incontinence, in women with overactive bladder. Women were recruited from 30 study centres in Australia, Canada, and the US. They had to be greater than 18 years of age and have overactive bladder symptoms for 3 months prior to entry into the study. At baseline and before study entry the participants completed a 2 day frequency volume chart, then had urodynamic assessment including a post-void residual volume and voids per 24 hours than randomised to duloxetine 80 mg/day or placebo. At 4 weeks the dose of duloxetine was increased to 120 mg/day. Three sets of voided volume records and a repeat urodynamic assessment was carried out in the following 12 weeks. The main outcome variable was voiding episodes per day. The study was designed to detect a difference of 0.33 of a difference in voiding episodes per day although the authors do not comment on whether this was a clinically important difference. There were a large number of other outcome variables including Quality of Life instruments. Initially 153 women were randomised to each of the two treatments and by week 12, 120 were still in the placebo group and 90 in the duloxetine group.

The mean age was 53 years in the placebo group, only about 10% had previously tried oxybutynin, the mean voids per 24 hours was 10.6, and on formal urodynamics about 20% had detrusor overactivity. Unfortunately the results do not give simple summary statistics for the actual values of the outcome variables at the endpoint time of 12 weeks and do not give confidence intervals for the differences between active and placebo group. Instead the results are presented as the baseline readings and change from baseline within groups and a P-value only for the difference between groups.

For the primary outcome variable the voids per 24 hours was 1.2 less in the treatment group compared to the control group. Amongst the secondary outcome variables the mean inter-voiding interval was 23 minutes longer for the treatment group compared to the control group. The urinary incontinence episodes were 0.6 fewer per day in the treatment group.

Overall the study gives some evidence that duloxetine is superior to placebo for overactive bladder symptoms in women. Caveats for the trial are the high drop out rate in the active treatment group, related to side effects, and that the results are not presented by accepted standards for the reporting of randomised trials. Clearly a trial is needed of duloxetine versus anticholinergic treatment.

Draft Disclosure Document: For discussion

The New Zealand Continence Association (NZCA) national executive resolved at a face-to-face meeting on 24 June 2007 to establish a disclosure policy with respect to presentations at NZCA meetings and for the National executive members. We wish this policy to be concordant with that published on the International Continence Society website (address: date accessed).

In particular the National Executive wishes to put on a formal basis a declaration of the relationship between companies manufacturing or marketing products or services in relation to continence, industry, and the members of the National Executive and presenters at meetings sponsored by the NZCA.

The National Executive recognises that in a small country such as New Zealand that a close relationship between health professionals dealing with continence and industry is inevitable and often beneficial to both groups. As a particular example the NZCA and its meetings benefit from financial support of industry.

Cont’d on page 7