Paper 8: Hypnotherapy or Pharmacotherapy for Urgency Urinary Incontinence Treatment in Women. The Hyp-hOP Randomized Clinical Trial

Thursday, October 11, 2018

03:20 PM - 03:30 PM

Hyatt Regency Chicago - Riverside East

Objective: To determine whether hypnotherapy effectively treats urgency urinary incontinence (UUI) compared to pharmacotherapy.

Methods: This investigator-masked trial randomized women with non-neurogenic UUI to hypnotherapy or medication, enrolling those with ≥3 UUI episodes/week. Primary outcome: 3-day diary UUI episodes. Hypnotic susceptibility testing categorized participants into low, medium & high susceptibility. Hypnotherapy group received 8 weekly hypnotherapy sessions, 1 optional “booster” session & audio-recordings. Medication group received 1 medication counseling session, 8 weekly follow-up sessions & extended release anti-muscarinics x 1 year. Follow-up occurred at 2, 6 & 12 months. Multivariable analysis compared groups with respect to UUI, P<0.05.

Results: 152 women were randomized (74 hypnotherapy/78 medications); 142 completed 2-month & 140 completed 12-month follow-up (Table 1). Groups did not differ in any characteristics, including age (57.6±12.8, 59.5±10.3 years, P=0.34) & hypnotic susceptibility (P=0.46). Most had high (N=101) or medium (N=31) susceptibility, few had low (N=10). Unadjusted between group comparisons showed no UUI differences at baseline & follow-up; both groups improved (Table 1). Regression analysis revealed hypnotic susceptibility & baseline UUI influenced follow-up UUI. Due to a 3-way interaction (groupxtimexhypnotic susceptibility), least squares means best described UUI episodes. At 2 months, there were no UUI differences between groups. At 6 months, medium hypnotic susceptibility participants treated with hypnotherapy had fewer UUI episodes compared to medication: 1.2 (0.6-2.5) vs. 3.3 (1.8-6.0), ratio 0.36, 95% CI 0.14-0.94. At 12 months, high hypnotic susceptibility participants treated with hypnotherapy had fewer UUI episodes compared to medication: 2.1 (1.5-3.7) vs. 3.7 (2.5-5.6), ratio 0.56, 95% CI 0.32-0.98] (Fig. 1).

Conclusions: Hypnotherapy & medication both effectively treated UUI at 2–12-month follow-up, with median UUI decreasing ≥ 85%. In those with medium-high hypnotic susceptibility, hypnotherapy was superior to medication at longer follow-up, offering a durable alternative therapy for UUI.
Table 1. Unadjusted Within & Between Group Comparisons: UI Episodes for both groups overall at Baseline, 2 months, 6 months & 12 months

<table>
<thead>
<tr>
<th></th>
<th>Hypnotherapy Median (Q1,Q3)</th>
<th>Pharmacotherapy Median (Q1,Q3)</th>
<th>Between Group Difference P value *</th>
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</thead>
<tbody>
<tr>
<td><strong>Baseline UI</strong></td>
<td>8 (4, 14)</td>
<td>7 (4, 11)</td>
<td>P=0.165</td>
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<td>N=142 (70 Hypnotherapy, 72 Pharmacotherapy)</td>
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<td><strong>2 month UI</strong></td>
<td>2 (0, 6)</td>
<td>1 (0, 3)</td>
<td>P=0.147</td>
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<td>N=142 (70 Hypnotherapy, 72 Pharmacotherapy)</td>
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<tr>
<td><strong>6 month UI</strong></td>
<td>1 (0, 4)</td>
<td>1 (0, 4)</td>
<td>P=0.903</td>
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<tr>
<td>N=138 (67 Hypnotherapy, 71 Pharmacotherapy)</td>
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<tr>
<td><strong>12 month UI</strong></td>
<td>1 (0, 3)</td>
<td>1 (0, 6)</td>
<td>P=0.988</td>
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<tr>
<td>N=140 (69 Hypnotherapy, 71 Pharmacotherapy)</td>
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<tr>
<td><strong>Within Group Difference P value c</strong></td>
<td>All &lt;.001</td>
<td>All &lt;.001</td>
<td></td>
</tr>
</tbody>
</table>

* Wilcoxon Rank Sum Test (for skewed data)
* *b* Urgency Urinary Incontinence
* *c* All within group changes relative to baseline using Wilcoxon Signed Rank Test
Figure legend. Least squares mean vs. study month stratified by hypnotic susceptibility. Least squares means calculated by negative binomial regression adjusting for baseline UUI episodes and hypnotic susceptibility. Vertical lines represent 95% confidence intervals. Each least squares mean is calculated using an overall average baseline value of 8.8 UUI episodes on three-day voiding diary. Asterisk (*) indicates significant group difference (p < 0.05); because of correlation structure the individual confidence intervals may overlap slightly while the test for difference is significant.
Authors

Yuko M. Komesu, M.D.  
University of New Mexico

Ronald Schrader, PhD  
University of New Mexico

Rebecca G. Rogers, MD  
University of Texas at Austin, Dell Medical School

Robert Sapien, MD  
University of New Mexico

Loren H Ketai, MD  
University of New Mexico

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