

Reducing consultations for symptoms of cystitis using a health education leaflet

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SUMMARY

This study aims to evaluate the effects of a health education leaflet on the number of general practice consultations for the symptoms of cystitis. Seventy women with symptoms of cystitis were recruited into two groups, only one group received health education leaflets. Twenty-nine per cent of patients who received leaflets re-consulted within 40 weeks from presentation compared with 66% of patients who did not receive leaflets ($P<0.005$).

Keywords: cystitis; health information leaflets; women's health.

Introduction

EVIDENCE suggests that over 50% of women in the United Kingdom (UK) suffer from cystitis at some point in their lives — some suffer repeatedly — and that cystitis accounts for just over 1% of general practice consultations.¹ One study has assessed health education sessions aimed at preventing recurrent cystitis,² but the results were not statistically significant. The use of a previously unevaluated leaflet³ to attempt to reduce recurrent presentation of symptoms of cystitis is investigated in this study.

Methods

Seventy women aged 15–80 with the clinical features of cystitis, from two general practices, were recruited into two groups. One group received health education leaflets³ in addition to the normal treatment, and the other group received normal treatment alone. Since the interpretation of the term 'cystitis' varies between practitioners,² diagnostic criteria were left to the clinical judgment of participating doctors to mirror the potential use of the leaflet in practice.

Each consulting room was supplied with forms for recruiting patients to the education and control groups. As limited recruitment time was available for a student project, the first 10 eligible patients presenting in each consulting room were recruited to the education group, and subsequent patients were recruited to the control group. Additional control patients were identified from laboratory records of urine samples sent from non-recruited patients in the practices during the same period.

The practice records of patients in the education and control groups were surveyed to find the number of consultations for symptoms of cystitis in the 12 weeks before and the 12 and 40 weeks after their presenting consultations.

Results

The records of all patients were reviewed at 12 weeks after their presenting consultations. Sixty-four out of 70 patients were followed to 40 weeks. Six patients left the practices between 12 and 40 weeks. Four of these six had already re-consulted by 12 weeks. One each of the other two were in the education and control groups, neither having re-consulted for cystitis at 12 weeks.

Twenty per cent of patients had consulted for symptoms of cystitis in the 12 weeks before recruitment in both the education and control groups. Urine culture results were available for 42 patients. Seven out of 22 (32%) in the education group were culture positive compared with six out of 20 (30%) in the control group.

Table 1 shows the number of patients re-consulting in each of the sub-groups. Less than half as many 'education' as 'control' patients re-consulted by 40 weeks (29% vs 66%; $P<0.005$). There was a similar difference between the education group and the subset of controls who had been recruited at consultations compared with those recruited through laboratory reports (29% vs 71%; $P<0.01$).

Figure 1 shows the number of patients in each group who re-consulted and the total number of re-consultations in each group as cumulative frequencies over the 40 week follow-up period. The total number of re-consultations was 49 in the control group compared with 20 in the education group.

Discussion

In this study the recruitment of controls was the main methodological problem. However, it would appear that neither the consecutive recruitment of education and control patients nor the subsequent alternative method of recruiting extra controls could account for the differences found in subsequent consultation patterns between education and control patients.

As well as aiming to prevent recurrent cystitis by modification of behaviour, the leaflet contains advice on self-treatment. This may have contributed to the lower rate of re-consultation among the education group. The reduced resource utilization was probably beneficial both in an economic sense and by empowering patients to manage their own illnesses where appropriate. In the 40 weeks following intervention, there were 29 fewer consultations in the education group compared with controls. The use of this leaflet would seem to be a cost-effective means of preventing further consultations for cystitis.

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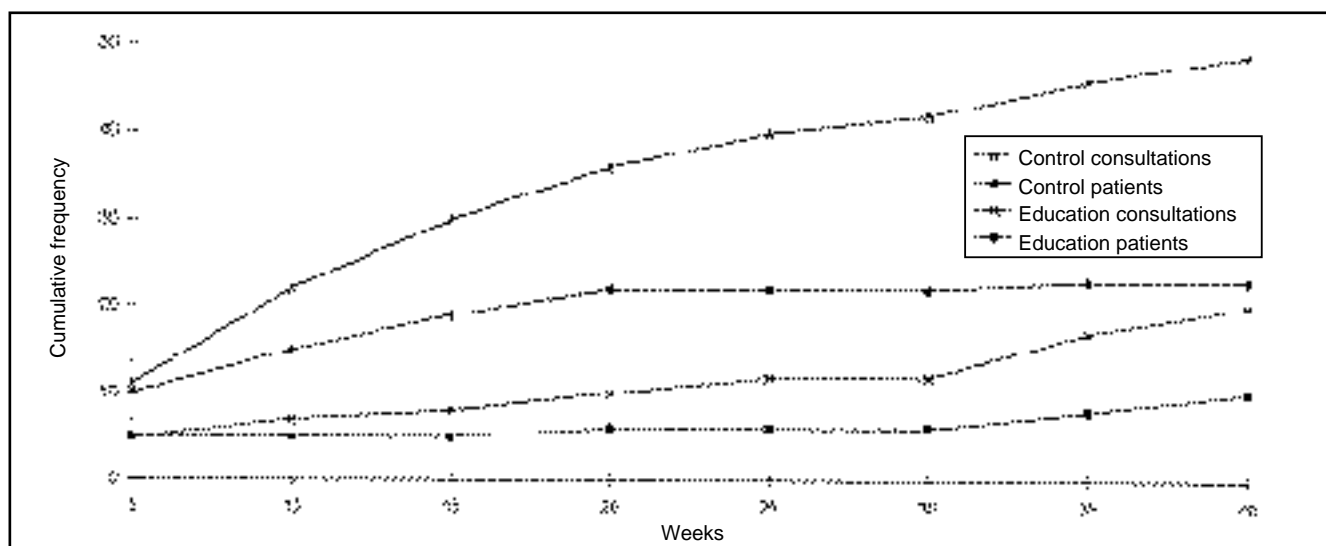


Figure 1. Cumulative frequencies of patients re-consulting and of number of re-consultations in the two groups over 40 weeks.

Table 1. Number of patients re-consulting for cystitis over 40 weeks.

Group	No of consultations	Consultations
Education	25	10
Control		
Recruited	5	12
Laboratory	7	11
Total	12	23