



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 (group \times time \times hypnotic 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 $\geq 85\%$. 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: UUI Episodes for both groups overall at Baseline, 2 months, 6 months & 12 months

	Hypnotherapy Median (Q1,Q3)	Pharmacotherapy Median (Q1,Q3)	Between Group Difference P value^a
Baseline UUI^b N=142 (70 Hypnotherapy, 72 Pharmacotherapy)	8 (4, 14)	7 (4, 11)	P=0.165
2 month UUI^b N=142 (70 Hypnotherapy, 72 Pharmacotherapy)	2 (0, 6)	1 (0, 3)	P=0.147
6 month UUI^b N=138 (67 Hypnotherapy, 71 Pharmacotherapy)	1 (0, 4)	1 (0, 4)	P=0.903
12 month UUI^b N=140 (69 Hypnotherapy, 71 Pharmacotherapy)	1 (0, 3)	1 (0, 6)	P=0.988
Within Group Difference P value^c	All <.001	All <.001	

^a Wilcoxon Rank Sum Test (for skewed data)

^b Urgency Urinary Incontinence

^c All within group changes relative to baseline using Wilcoxon Signed Rank Test

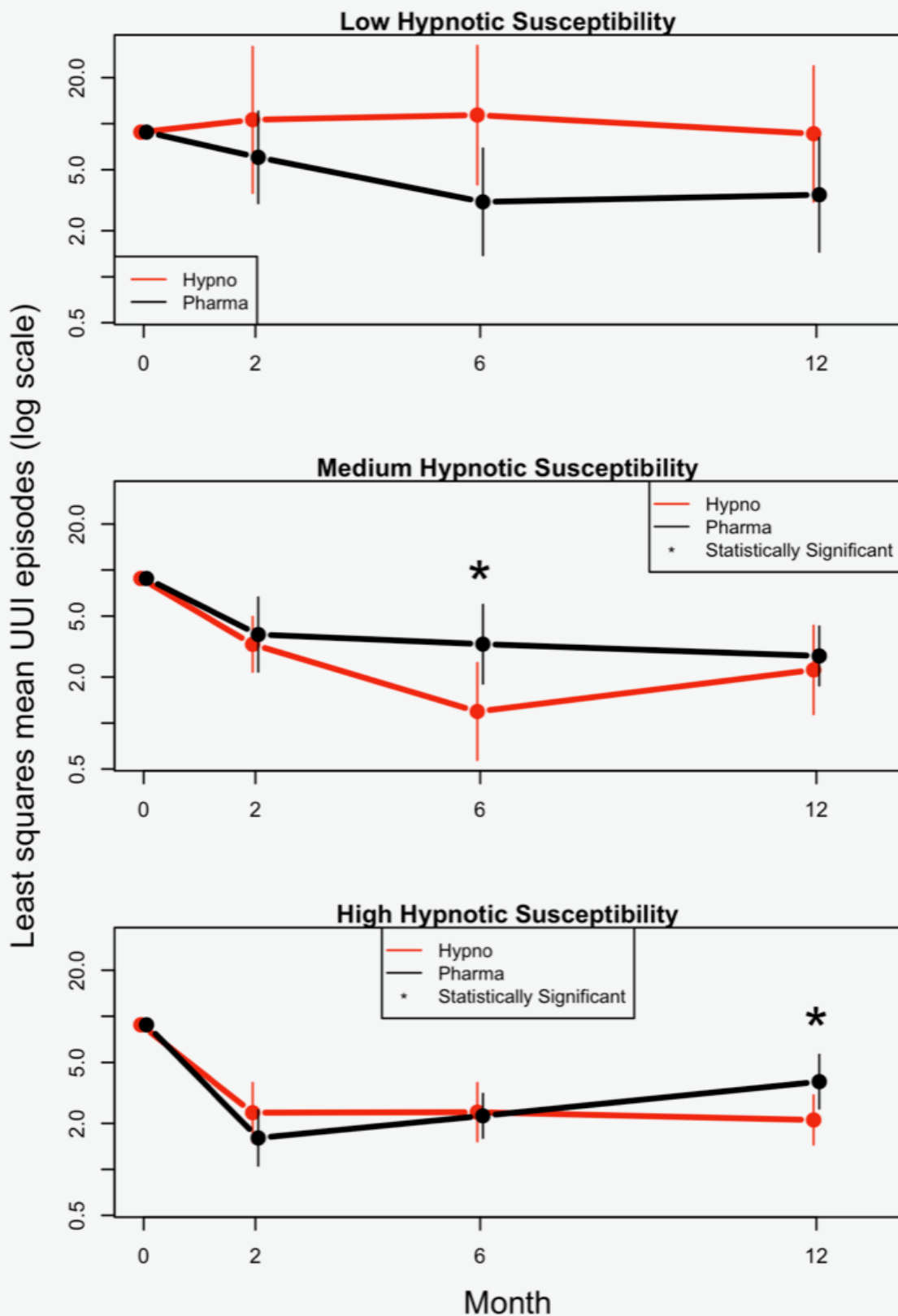


Figure legend. Least squares mean vs. study month stratified by hypnotic susceptibility. Least squares means calculated by negative binomial regression adjusting for baseline UUI episodes and hypnotic susceptibility. Vertical lines represent 95% confidence intervals. Each least squares mean is calculated 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.

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