



Participant experiences of clean intermittent self-catheterisation, urinary tract infections and antibiotic use on the ANTIC trial – A qualitative study

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ABSTRACT

Background: Recurrent urinary tract infections are a commonly reported problem in people who use clean intermittent self-catheterisation. Yet there is a lack of knowledge regarding both the impact on people's lives, the use of prophylactic anti-biotics and perceptions of patients on their use.

Aims: To explore the views and experiences of adults who use clean intermittent self-catheterisation for long-term bladder conditions, with a focus on urinary tract infection experience and prophylactic antibiotic use.

Design: A qualitative descriptive study.

Methods: Twenty-six semi-structured qualitative interviews were conducted with individuals recruited from the ANTIC Trial (Antibiotic treatment for intermittent bladder catheterisation: A randomised controlled trial of once daily prophylaxis). Participants were intermittent self-catheter users aged 18 years or older. Interviews took place between August 2015 and January 2016. Transcript data were analysed thematically.

Findings: Three overarching topics were revealed with corresponding themes: the experiences of intermittent self-catheterisation and urinary tract infections (normalisation, perceived burden); attitudes towards antibiotics for urinary tract infection treatment (nonchalant attitudes, ambivalence towards antibiotic resistance); and experiences of low-dose prophylaxis antibiotics (habitual behaviour and supportive accountability).

Conclusion: The emotional and practical burden of catheter use and urinary tract infection was considerable. Beliefs pertaining to antibiotic use were based on utility, gravity of need and perceived efficacy. These opinions were often influenced by clinician recommendations.

What is already known about the topic?

- Patients who use intermittent self-catheterisation are susceptible to urinary tract infections.
- Although sometimes prescribed it is unknown if prophylactic antibiotics would decrease the number of infections that patients experience.

What this paper adds

- Urinary tract infections can add significant health burden to the

patients who undertake intermittent self-catheterisation.

- Although there was some awareness of antibiotic resistance there was varying understanding of their effectiveness and an ambivalent attitude to the use of low-dose prophylactic antibiotics.
- Should efficacy be proven patients would be willing to take prophylactic antibiotics.

1. Introduction

Recurrent urinary tract infections in clean intermittent self-catheterisation users have been reported to affect between 12% and 88% of

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cohorts and does not seem to be related to frequency of use, type of catheter or use of meatal wipes (Di Benedetto, 2011; Bolinger and Barriers, 2013; Wilde et al., 2018). In clinical practice, symptomatic and/or microbiology proven urinary tract infection are typically treated with an antimicrobial regimen to treat the bacteriuria (Bolinger and Barriers, 2013). Research has identified once daily low dose antibiotic prophylaxis as an effective preventative strategy for people who suffer from recurrent urinary tract infection without retention (NICE, 2003; Morton et al., 2002; Albert et al., 2004). Yet there is currently lack of unequivocal evidence for effectiveness in clean intermittent self-catheterisation users who suffer recurrent urinary tract infection (Niel-Weise and van den Broek, 2005; Wyndaele et al., 2012) and although there are studies that have examined patient experiences' of clean intermittent self-catheterisation (Bolinger and Barriers, 2013; Wilde et al., 2018; Cobussen-Boekhorst et al., 2016) there are no qualitative studies specifically focussing on the effect urinary tract infection have on such patients or on their perceptions of antibiotic treatment. Such an investigation would help understand patient self-care for urinary tract infection and adherence to clinical antibiotic recommendations.

1.1. Aims

This paper sits within a larger body of research, which aims to establish whether low-dose antibiotic prophylaxis lead to improved patient outcomes in adult clean intermittent self-catheterisation users in a routine care setting (Niel-Weise and van den Broek, 2005). Here we report on the qualitative sub-study of the randomised controlled clinical trial. The aims were as follows.

1. To add to the current literature that describes patient experiences of both clean intermittent self-catheterisation and urinary tract infection
2. To explore participant's perceptions of and attitudes towards antibiotic regimens for urinary tract infection treatment
3. To describe the perceived effectiveness of low-dose prophylactic antibiotics for urinary tract infection treatment.

2. Methods

2.1. Design

A qualitative descriptive approach was adopted, using in-depth tape-recorded interviews over the telephone. Semi-structured interviews were used to allow for flexible data collection and to capture variation in responses and interpretations of the research topic. This aligned with the aims of the study, which were to qualitatively explore the nuances of human experience.

2.2. Setting

Participants were recruited from the ANTIC trial (Brennand et al., 2016) in the period of August 2015 to January 2016. This included primary and secondary care settings across seven locations in the United Kingdom.

2.3. Participants

Convenient sampling was used to recruit participants from both the prophylaxis and non-prophylaxis arms of the larger ANTIC randomised controlled clinical trial. Twenty-six individuals were interviewed, 15 females and 11 males, with median age of 56.5 (range 25–81) years (see Table 1). Reasons for using clean intermittent self-catheterisation included neurological bladder, prolapsed intervertebral disc, and urinary retention. Time using clean intermittent self-catheterisation ranged from 2.5 years to 26 years (median: 8.5 years).

Table 1
Descriptive characteristics of study participants.

Participant	Sex	Age (years)	How long using CISC (years)	Reason use CISC	Study arm
1	M	54	5	Spinal injury	P
2	M	54	2	MS & spinal injury	NP
3	F	50	7	MS	P
4	F	59	4.5	Urinary retention & ulcerated colitis	NP
5	F	54	15	MS	NP
6	F	72	3	Urinary retention	P
7	M	68	2.5	Urinary retention	NP
8	F	46	10	MS	NP
9	F	29	26	Spina Bifida	P
10	M	57	3.5	MS	P
11	F	53	5.5	MS	P
12	F	64	7	Urinary retention/ stress incontinence	NP
13	F	48	2.5	Urinary retention	P
14	M	67	2.5	Urinary retention	P
15	M	62	5	Urinary retention	P
16	F	51	3	Prolapsed intervertebral disc	P
17	M	63	14	Nerve damage from spinal column	NP
18	F	81	3	Urinary retention	NP
19	M	51	3	Transverse Myelitis – paralysed from C6 down	P
20	M	53	26	Spina Bifida	P
21	M	71	2	MS	NP
22	F	69	4	MS	NP
23	F	63	10	Urinary retention post hysterectomy	P
24	F	35	26	Spina Bifida (Mitrofanoff)	P
25	M	71	9	Prolapsed intervertebral disc	P
26	F	25	20	Mitrofanoff	NP
Average	F: 15 M: 11	56.5	8.5		P: 15 NP: 11

Notes P denotes prophylaxis, NP denotes no prophylaxis.

2.4. Data collection

Interviews were semi-structured in nature, informed by a topic guide used to prompt responses pertinent to the research aims (Appendix A, Supplementary material). This included the experience of using clean intermittent self-catheterisation, the impact of urinary tract infection, health beliefs concerning antibiotics, and the experience of taking part in the ANTIC Trial (see Appendix B, Supplementary material). KW conducted all interviews via private telephone at a time that was convenient to the participant. Interviews were audio-recorded and fully transcribed, with an average duration of 35 (17–59) min. All transcripts were checked for accuracy by KW and any identifiable information was removed prior to analysis.

2.5. Data analysis

Data were managed used NVivo v.10 software (QSR International Pty., Ltd., 2012) and analysed thematically following the six phases outlined by Braun and Clarke (Braun and Clarke, 2006). This included familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun and Clarke, 2006). Team meetings (KW, JC and DM) were held regularly to discuss the analytical process and refine key themes until consensus was reached. No participants were involved in the analysis process.

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