Patient preference in intermittent catheterization

User compliance is central to ensure long-term success and cost effectiveness of intermittent catheterization. Compliance is enhanced by adapting catheter choice to the needs and preferences of the individual patient and enabling use of hydrophilic catheters. As a result, substantial costs related to urinary tract infections (UTI) can be avoided and quality of life improved.

User compliance is a key factor for ensuring good clinical outcome. In addition, user non-compliance is related to a significant financial burden affecting 30-50% of all patients. Several factors affect compliance, and shared decision-making between doctor and patients has been recommended as a way to improve initial compliance. Long-term compliance seems dependent on whether the therapy fits into the patient’s everyday life and is easy to use. For intermittent catheterization, compliance is partly reached by a free and adapted choice of catheter as described in several publications and guidelines. The greatest barriers for practicing intermittent catheterization are reported to be inconvenience related to preparations and access to bathrooms. Under such circumstances use of a convenient and neat catheter may be helpful. It is however, essential to fully understand each patient’s catheter preference to optimize compliance. Previous research has concluded that UTI risk reduction, ease of insertion and convenience are the most appreciated attributes for intermittent catheters among patients. There is also a general clinical recommendation to consider personal preference, comfort and ease of use in a patient’s catheter choice.

Hydrophilic-coated catheters are known to be easy to use, comfortable and preferred by patients. For example, when a choice is given, 71% of patients do not want to reuse conventional plastic catheters and 70-81% prefer use of hydrophilic-coated catheters. A recent study verified the importance of convenient and hygienic catheter features for patient satisfaction when evaluating a new hydrophilic-coated catheter. The specific catheter design resulted in high patient satisfaction (81%) and previous work has concluded that catheter features are linked to quality of life for users. For example, it has been shown that a discrete and convenient hydrophilic-coated catheter can improve quality of life by 28%. Hydrophilic-coated catheters are also reported to reduce the risk of urethral trauma and UTI, also after long-term use. As a result, hydrophilic-coated catheters are found to be a cost-effective alternative for users who are prescribed intermittent catheterization.

In intermittent catheterization, good patient compliance is crucial to reduce risk factors for UTI, such as adequate catheterization frequency to maintain low bladder volumes. There are substantial costs for the healthcare system to treat UTIs and due to the current threat of antimicrobial resistance there is a strong need for infection-preventive actions, particularly for intermittent catheter users. As hydrophilic-coated catheters have been found to reduce the risk of UTI and are often preferred by patients, their use in clinical practice is recommended. This in turn, is expected to increase compliance and cost-effectiveness of intermittent catheterization and provide better quality of life for patients.
References


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