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VIRTUAL REALITY AS TREATMENT APPROACH FOR OLDER WOMEN WITH MIXED URINARY INCONTINENCE

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Objectif: The objectives of the study were (1) to evaluate the feasibility of a combination of pelvic floor muscle (PFM) exercises and virtual reality rehabilitation (VRR) (PFM/VRR) to treat mixed urinary incontinence (MUI) among older women, (2) to evaluate the effectiveness of the PFM/VRR program on MUI symptoms, quality of life (QoL), and PFM function, and (3) to gather quantitative information regarding patient satisfaction with the PFM/VRR training program. **Méthodologie:** Women 65 years and older with at least two weekly episodes of MUI were recruited. Participants were evaluated two times before (pre-1 & pre-2) and one time after (post) a 12-week group PFM/VRR training program. Feasibility was defined as the participants' rate of participation in and completion of both the PFM/VRR training program and the home exercise program. The evaluations included a three-day bladder diaries, one-hour modified pad test, symptom and quality of life (QoL) questionnaires, PFM function testing with the Laycock's PERFECT 6-point scale and satisfaction questions. **Résultats:** 24 women (70.5 ±3.6 years) participated. The majority of participants complied with the study demands in terms of attendance at the weekly treatment sessions (91%), adherence to the home exercise program (92%) and completion of the three (pre1 & 2 and post) evaluations (96%). Following the intervention the frequency and quantity of urine leakage decreased and patient-reported symptoms and QoL improved significantly. The P (power) and the T (timing) of the PERFECT scores changed significantly after treatment. Finally, the majority of patients were very satisfied with treatment (91%) and the appreciation score of the VRR component of the training program was 9.8 (+ 0.5) on 10. **Discussion:** This feasibility study demonstrated that women, aged 65 and over, with mixed UI are good candidates for a PFM/VRR programme and are capable of complying with study demands. The PFM/VRR programme was also effective in reducing UI symptoms, enhancing QoL and improving PFM strength and coordination. Indeed, the addition of a VRR component may also improve adherence to PFM rehabilitation.

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