



# Brand Communication Platform

## Continence Life Study Review 2017/18

January 2018

# Want to know more?

For more information on the  
Coloplast Continence Life Study,  
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For implementation reach out to:

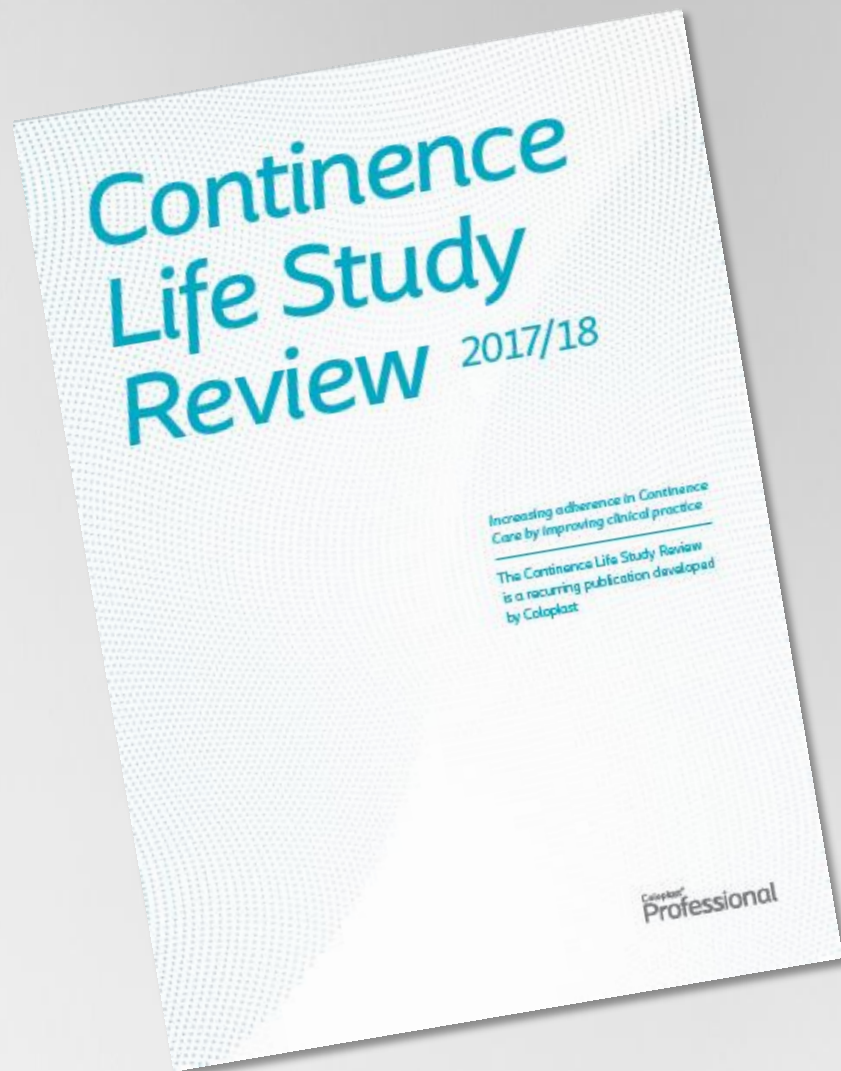
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# Welcome to the Brand Communication Platform for Continence Life Study Review 2017/18

This presentation will explain the **background**, **objective**, **content** and **implementation process** of the Continence Life Study Review 2017/18

This is the first of a series of reviews provided by Medical Marketing in cooperation with the CC Marketing team to support our commercial agenda and Coloplast Professional

# Background

# What is the Continence Life Study Review?

The Continence Life Study Review is a recurring publication diving into themes supporting our clinical and commercial agenda on CC.

The aim is to raise awareness about important aspects of continence care by sharing evidence based data, clinical insights and inspiring trends and topics in order to improve the standard of care



# Definitions

- Life Study

A study based on data from clinical trials, market research, global user database surveys, qualitative interviews and literature review and much more.

- Life Study Review

A publication based upon above data. Here the data is interpreted, discussed and presented with the specific purpose relevant to our commercial agenda.

# Main objectives for Continence Life Studies is to support our commercial agenda with specific hooks to our portfolio

## Share insights

- Create a demand and **drive growth** by focusing in on barriers and motivators for behavioral change
- Demonstrate how the CLS clearly links to selling the **IC Range & and support Care**



## Strengthen the nurse

- Enable HCPs to make more fact-based decisions and hereby raise the **standard of care**





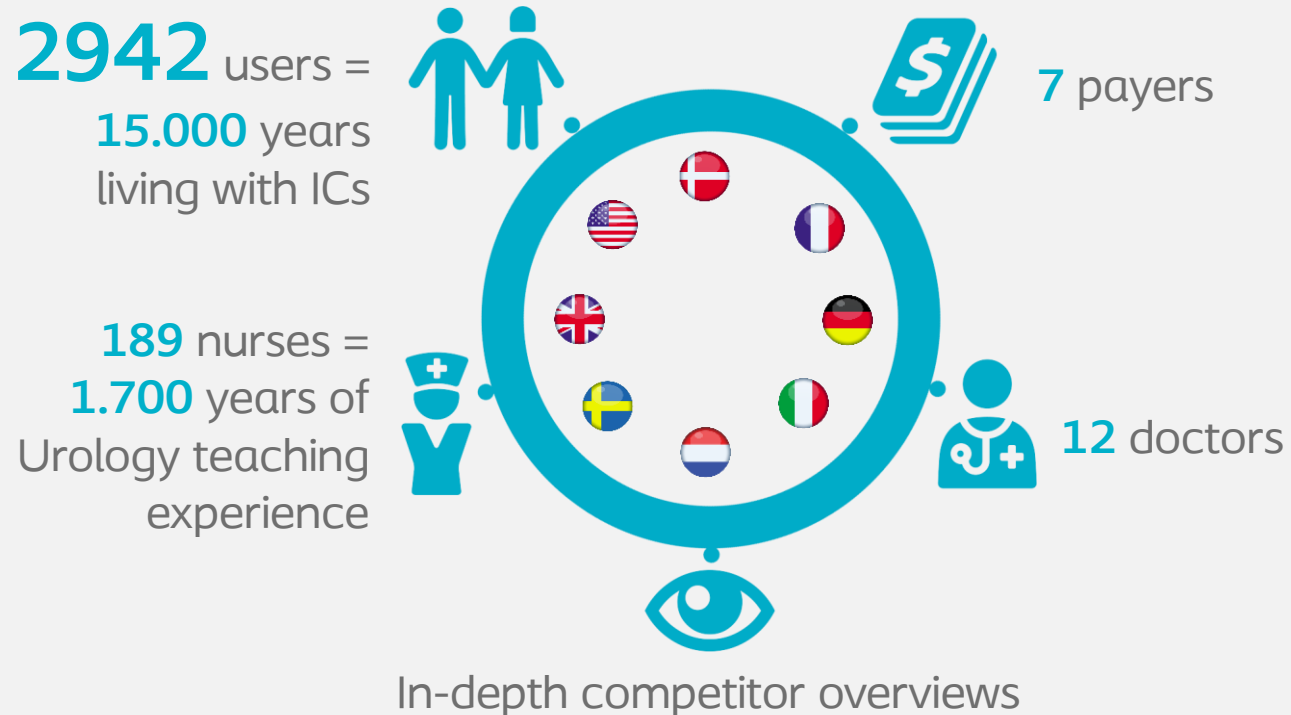
# The insights and data in the CLS...

- Data comes from clinical trials, market research, global user database surveys and literature review  
... data, that is generating a lot of **new knowledge** that we all can **benefit** from to ensuring high standards of Continence Care globally
- Data provides **an understanding of** - and **insights** on the **everyday challenges** people, dependent on a medical product, face...  
...as well as an understanding of how these challenges **impact** their **everyday life**

This data will be useful in the dialogue with the nurse



# We gather opinions and perspectives of both users and nurses via thorough research



Some of the data supporting the Continence Life Study Review 2017/18 originates from the Value Proposition Study from 2016.

# The Continence Life Study Review 2017/18 will deliver on the Value Proposition



Improving bladder health



Give users a feeling of more control

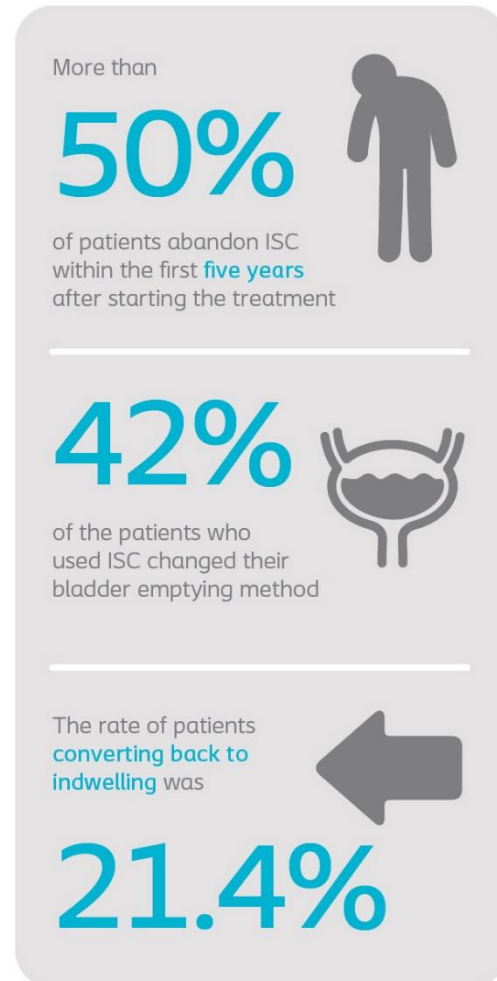


Establishing healthy habits



Addressing individual needs

# Intermittent self-catheterisation is gold standard, yet adherence to treatment is an issue



(1) Pannek et al., 2013. EAU Guidelines on Neurogenic Lower Urinary Tract Dysfunction.

(2) Sabeté, E., 2003. Adherence to Long-term Therapies: evidence for action, World Health Organization.

# Positioning of the Continence Life Study Review 2017/18

# Continence Life Study Reviews – a part of Coloplast Professional



## Fundamentals

New specialists, ward nurses, students, and community-based staff.



## Masterclasses & Events

New and experienced specialists.



## Advisory boards & panel

Experienced specialists



## Research projects

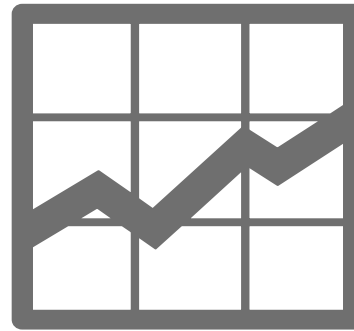
Experienced and highly experienced specialists

**Other activities:** Newsletters, Talks, Web, Campaign incl. rebranding of existing activities, Improving CRM data, Ostomy/Continence Life Studies

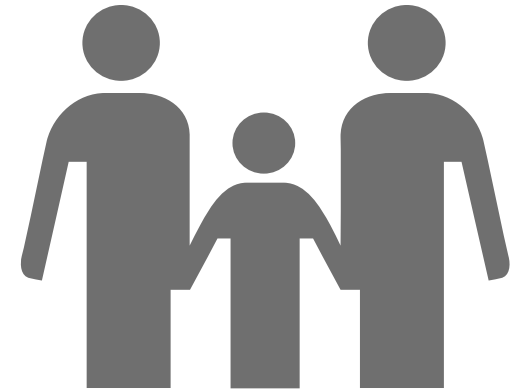
# The purpose of Coloplast Professional is the purpose of the Continence Life Studies



To be the preferred partner  
for nurses in the long-term



To increase sales of  
Coloplast products



To improve the quality of life  
of our users



# The Continence Life Study Reviews will

Enable the nurse to make *facts based decisions through knowledge*

Learn how to read, use data, and become more structured in making a professional plan, *raising standard of care*, arguing for resources in their daily practice and build up their competences

Provide nurse with *rationales* to ensure the resources needed in the daily practice

Invite for a *debate/discussion* with our key customers on specific topics inspired from the content of the report

.



# Purpose of the Continence Life Study Review

Make nurses more fact based

- Teach nurses how to read and use data
- Enable the nurse to make fact-based decisions
- Raising standard of care
- Providing the nurse with rationales to ensure resources in their daily practice
- Build up the nurses competences

Pave the way for

- The SpeediCath range
- Coloplast Care

# Continence Life Study Review 2017/18 - a vital part of Coloplast Professionals

The Continence Life Study Review 2017/18 has been developed to grow our key customers within the area of Continence Care

In this edition we share new knowledge within:

- Why adherence to treatment is still a challenge
- How to lead the way to acceptance
- How to help patients overcome challenges with intermittent self-catheterisation
- Giving the patient confidence to be adherent

These insights will:

- Help enable the nurse make facts based decisions through knowledge
- Provide nurse with rationales to help ensure adequate resources in the daily practice
- Invite for a discussion with our key customers on specific topics inspired from the content of the report

# Content

# The story

*In this issue, we focus on the adherence to intermittent self-catheterisation. More specifically, we share insights on how to overcome the barriers to adherence that exist among a large number of people living with continence issues.*

*The title of the review is "Increasing adherence in continence care by improving clinical practice" and puts focus on how the health care professional can motivate the behavioral change of her patients.*



[illegible]

- 6 Helping patients overcome physical barriers to adherence
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We were never alone on this journey, nor did we achieve these results alone. Healthcare professionals like you have shared your experiences from the frontlines of care. Across different fields of expertise, we've worked together to turn our know-how and your expertise into products and services that deliver better outcomes to benefit the patients.

We're committed to such collaboration and on-going sharing of insights. And our Life Study publications are good examples of this. Focusing on key topics within intimate healthcare, they aim to update you on the latest research and provide tools and inspiration that can support you in your work.

The Continence Life Study Review 2017/18 is the first in the series within continence care. In this issue, we focus on adherence to intermittent self-catheterisation (ISC) treatment – or more specifically, how to overcome the barriers to adherence that exist among a large number of patients living with continence issues.

**The gold standard**  
SC has long been recognised as the gold standard for neurogenic bladder management. As numerous studies show, SC ensures better bladder health<sup>2</sup> and lowers the risk of urinary complications compared to other treatments, such as indwelling catheters<sup>3</sup>. It also gives patients a greater sense of freedom and control, which are known to be key to quality of life.

**On the road to adherence**  
Based on recent research as well as engagement activities with healthcare professionals and patients from all over the world, the articles in this *review* explore the reasons behind these adherence issues. They shed light on patients' fears and concerns – and how such issues impact their ability to accept their situation, engage with the training, and adhere to the routines you're advising them to adopt.

Understanding the factors influencing patient behaviour is a critical first step in being able to change patient behaviour. Only then can we put them on the road to adherence – and ultimately help them live the life they want to lead.

Lens Eismaen Lochermeier  
Director of Medical Marketing, Coloplast A/S

1. Bak R, Parniani J, Cadden D et al. *Delirium*. In: Rosen J, Hann J, Haug R, eds. *Handbook of neurogeriatrics*. European Association of Geriatric Psychiatry, 2010.
2. Vahry K, Cohenman R, Hoffman J, Sheng X, Hwang Y, Laska W et al. *Practical bedside guidelines for best practice in analgesic best care*. *Cochrane database of systematic reviews*. Available from: [www.cochrane.org](http://www.cochrane.org).
3. Weyhndt J. *Complications of analgesic administration: their prevention and treatment*. *Spinal Care*. 2002;10(10):588-91.
4. Cameron AP, Taylor W, Taylor DS, Barnes AC, Rodriguez DB and Chavira JC. *Backer management after spinal cord injury in the United States 1972 to 2009*. *J Neuro Sci*. 2004;119(1):203-7.
5. Kohn J, Wilkins J, Parniani J. *Backer management in individuals with chronic neuropathic lower extremity limb dysfunction*. *Spinal Care*. 2010; 18(8):808-15.

## Key messages

The healthcare professionals have been paramount in raising standard of care

## How to overcome barriers to acceptance and adherence

# Forward together

Coloplast®  
Professional

# Continence Life Study review – Storyline

## Leading the way


Leading the way

### Helping patients overcome physical barriers to adherence

When it comes to treating bladder issues, intermittent self-catheterisation (ISC) has long been recognised as best practice treatment. Yet barriers to adherence persist. In this article, we address the misconceptions patients typically have about their anatomy, and show how these misconceptions can present real barriers to acceptance of, and adherence to, ISC. You will also find some simple tools that you can use to help patients understand their own anatomy, so they become more receptive to the treatment prescribed.

By professionals dedicated to providing optimal care for people with urinary tract issues, there is a shared mission: making people who use ISC, using the right tools, and in the right way, able to make sure they adhere to that treatment, so they have a better quality of life, and live longer, healthier, active lives.

In this article, we address the misconceptions patients typically have about their anatomy, and show how these misconceptions can present real barriers to acceptance of, and adherence to, ISC. You will also find some simple tools that you can use to help patients understand their own anatomy, so they become more receptive to the treatment prescribed.



Article  
1

## Overcoming challenges

Overcoming challenges

### Getting patients on the road to acceptance

In addition to physical barriers to intermittent self-catheterisation (ISC), patients might also have psychological barriers that need to be addressed. In this article, we examine what our research has revealed about these barriers – and how you can help patients overcome them.



Article  
2

## Give patients confidence

Give patients confidence

### Effective intermittent self-catheterisation training

In addition to addressing patients' physical and psychological barriers to intermittent self-catheterisation (ISC), effective training also plays an important role in achieving long-term adherence to ISC. In this article, we will look at how you can get the most out of a training session and give patients the confidence they need to perform ISC and adhere to treatment.

**Effective training – not an easy task**

As you know, effective training is vital to help patients get the most out of their ISC. But it's not always easy to get it right. The effectiveness of any training session will depend on the training you give, the way you deliver it, and the support you provide. There's a lot to think about when it comes to effective training.

**Figure 1**

96% of those who reported 85 sessions or less on training patients (ISC)



**Figure 2**

96% of those who reported 85 sessions or less on training patients (ISC)





Article  
3

## Interview

## Did you know...

## Supporting articles


Interview

### Sharing best practices

Sharon Holroyd is a nurse with 20 years of experience in urology and working with patients with bladder issues, shares her experiences helping patients adhere to intermittent self-catheterisation (ISC).

**When it comes to intermittent self-catheterisation (ISC),**

Sharon Holroyd is a nurse with 20 years of experience in urology and working with patients with bladder issues, shares her experiences helping patients adhere to intermittent self-catheterisation (ISC).



Article  
4

Did you know...

**In the Clinic**

88% of those with a range of 2 or more urinary tract infections (UTIs) per year

**At home**

3 out of 10 users use 2 or more catheter types

**When out and about**

48% of users say they get off to a start with ISC in a different setting

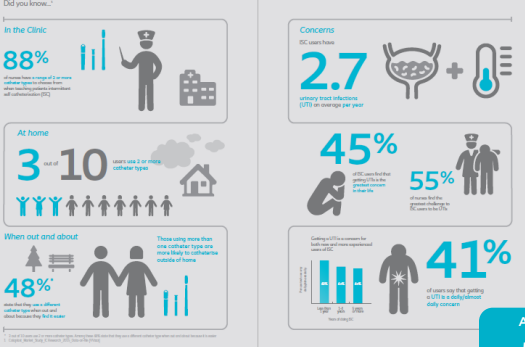
**Concerns**

2.7 urinary tract infections (UTIs) on average per year

45% of users say they get off to a start with ISC in a different setting

55% of users say they get off to a start with ISC in a different setting

41% of users say they get off to a start with ISC in a different setting



Article  
5

# Intro – setting the scene

## Key messages

Coloplast has been leading the way in intimate healthcare for 60 years

The healthcare professionals have been paramount in raising standard of care

Adherence to gold standard treatment of continence is an issue

How to overcome barriers to acceptance and adherence

## Link to company strategy

Forward together

### Introduction

#### Leading the way in intimate healthcare

For 60 years, we have been developing innovative products and services that have made life easier for millions of people with intimate healthcare needs.

We were never alone on this journey; nor did we achieve these results alone. Healthcare professionals like you have shared experience from the frontline of care. Across different fields of expertise, we've worked together to turn our know-how and your expertise into products and services that deliver better outcomes for the benefits of patients.

#### Sharing insights

We're committed to such collaboration and on-going sharing of insights. And our life study publications are good examples of this. Focusing on key topics within intimate healthcare, they aim to update you on the latest research and provide tools and inspiration that can support you in your work.

The Continence Life Study Review 2017/18 is the first in the series within continence care. In this issue, we focus on adherence to intermittent self-catheterisation (ISC) treatment – or more specifically, how to overcome the barriers to adherence that exist among a large number of patients living with continence issues.

#### The gold standard

ISC has long been recognised as the gold standard for neurogenic bladder management. As numerous studies show, ISC ensures better bladder health<sup>1</sup> and lowers the risk of urinary complications compared to other treatments, such as indwelling catheters. It also gives patients a greater sense of freedom and control – which we know is a key to quality of life<sup>2</sup>.

But studies also show that adherence to ISC is a challenge<sup>3</sup>. Despite our best efforts, we see a critical dropout rate amongst ISC users<sup>4</sup>. Why is this? And how can we work together to reverse this trend?

#### On the road to adherence

Based on recent research as well as engagement activities with healthcare professionals and patients from all over the world, the articles in this publication explore the reasons behind these adherence issues. They shed light on patients' fears and concerns – and how such issues impact their ability to accept their situation, engage with the training, and adhere to the routines you're advising them to adopt.

Understanding the factors influencing patient behaviour is a critical first step in being able to change patient behaviour. Only then can we put them on the road to adherence – and ultimately help them live the life they want to lead.

Lena Ehmsen Lachenmeier  
Director of Medical Marketing, Coloplast A/S

<sup>1</sup> Parrott J, Blok B, Castro-Diaz D, et al. EAU Guidelines on neurogenic lower urinary tract dysfunction, 2019.  
<sup>2</sup> Linn S, Cribben-Devlin H, Elmore J, et al. Evidence-based guidelines for best practice in urological health care: Catheterisation, urethral intermittent in adults, dilatation, urethral intermittent in adults. European Association of Urology Nurses (EAU/N) 2012.  
<sup>3</sup> Wiersma J. Complications of intermittent catheterisation: their prevention and treatment. Spinal Cord 2002;40(10):634-41.  
<sup>4</sup> Korte J, Völkner J, Parrott J. Risk factors for symptomatic urinary tract infection in individuals with chronic neurogenic lower urinary tract dysfunction. Spinal Cord 2016; 54(10):624-6.  
<sup>5</sup> Catterton AP, Walker LP, Tate DG, et al. Bladder management after spinal cord injury in the United States 1972 to 2005. J Urol 2010;184(1):219-7.



# Leading the way



# Article 1

## Key messages

Lack of adherence is a key concern as 50% stop ISC treatment within the first 5 years.

Patient misconceptions of own anatomy can lead to poor adherence

The nurses is important as she helps the patients overcome their physical barriers to ISC and thereby support adherence.

## Link to commercial strategy

SpeediCath Range, Coloplast Care

Nurse tools to address anatomical misconceptions; SCCE demo tools, SCCM demo tools



## Overcoming challenges



## Article 2

## Key messages

## Many struggle to accept the ISC treatment

Barriers are many and they vary from patient to patient

A model is presented to help nurses bridge the gap between fears of today and uncovering tomorrows dreams

Positive motivation can move the patient from fear to trust in the ISC treatment

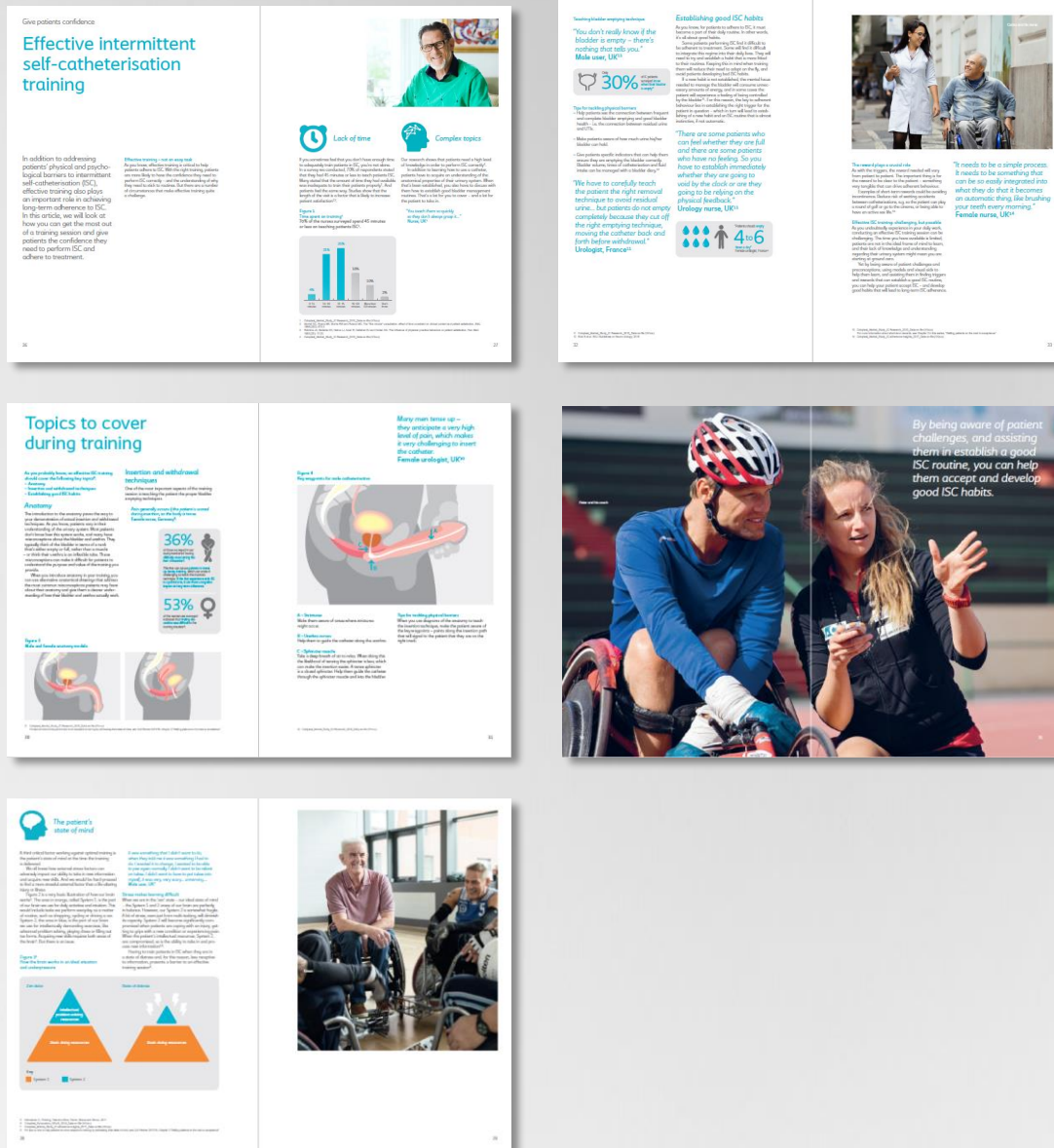
## Link to commercial strategy

## SpeediCath Range, Coloplast Care

Nurse tools; male and female demo tools,  
wheelmate, travel guide

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Professional

# Give patients confidence



## Article 3

### Key messages

ISC training is complex, yet critical for adherence

The training is challenged because the nurse has limited time available for each patient

The patient being trained is in a state of distress making it difficult to listen, understand and accept

A behavioral tool describe how the brain works in its ideal state as well as in the state of distress.

### Commercial link:

SpeediCath Range, Coloplast Care

Nurse tools; anatomy drawings, key way points male catheterisation, demo tools....

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Professional

# Interview

Interview

## Sharing best practices

Sharon Holroyd, a nurse with 20 years of experience in urology and working with patients with bladder issues, shares her experiences helping patients adhere to intermittent self-catheterisation (ISC).

**What is the typical patient reaction to intermittent self-catheterisation (ISC)?**  
Most of them are horrified by the idea. Quite a few of them think it's something that they will never be able to do. I think some are disgusted by the idea of it. And depending on when they come to you, some are still coping with the idea that their bladder doesn't work as it should. So they have a bit of anger and grief, and feelings of "Why not? Why do I have to do this?"

**How do you help them overcome these initial barriers to ISC?**  
It's about being honest with them. At times, we have to remind why they needed to end up with this treatment in the first place. We outline the benefits to them and try to reassure that ISC gives them control. That it's something that, once they're confident with it, can be adapted to suit their needs and personal lives, so they've got some flexibility with it.

**In your experience, what are the barriers to adherence to ISC?**  
It depends on the age group. With teenagers, it's a very much they don't want to be different. With adults, it's very individual. It depends on when their diagnosis is, and if they can fit it into their normal work patterns or routines. A lot of them feel that their life has to change significantly and that they can no longer do the things they want to do. So it's about getting over that barrier and saying to them, "Yes, you can."



*"First and foremost, I show them a choice of products and make it clear that it's their choice. I compare it to buying a pair of new shoes; it's important that you pick the ones that are comfortable for you."*  
Sharon

**How do you get them to trust ISC as the best treatment option for them?**  
What they often tell us what they think the issue is. What it might not seem like a big deal to a health professional, it is a big deal to them. So, a lot of it is about listening to them. It's about helping them identify where they think the issue is and then working with them to find solutions. For example, if it's something like, "I can't do this at work because I don't have access to a private toilet," then we look at ways we can change the schedule of when they need to use the catheter so that they can do it at home. It's just giving them solutions to where and how it can work for them. But, at the same time, making them a part of that decision so that they feel they've made the choice rather than being told what to do.

In some cases, it's about about putting them in touch with another person who's confident in doing ISC. So having a role with them. It just depends on the individual. You get a feel for what people are comfortable with and what avenues are available to them.

**Once you've gotten them to accept ISC, how do you go about the mechanics of training them in performing ISC?**  
First and foremost, I show them a choice of products and make it clear that it's their choice. While, in theory, any hydrogel tube could be used, they need to find the product that's easy for them to open and use. I compare it to buying a pair of new shoes. It's important that you pick the ones that are comfortable for you. I get them to play with a couple of different types of products, getting them to touch and feel them without using them, just so they can see what the sensation is like.

Sometimes I use an anatomical model. That is very patient specific. A lot of patients don't realise what the urethra is, where it is and how it works, so the model can be quite useful. And because the anatomical model sometimes can cause a bit of humor, it sort of breaks the ice and gets them to relax a bit more. Then it's about ensuring when they're going to do ISC, how they're going to do it, what part of their lives it's going to impact on, so we can adapt the training as they're going to use.

**How do you ensure they develop good habits?**  
We always say that it is the learning to drive. I'm going to teach you the best, safest possible way to do it, but we all pick up tips and shortcuts along the way. I don't know what they're going to do when they get back home, so it's just reinforcing the safety side of it - that it needs to be in their technique, and that there's no risk of infection that they need to be aware of, without making a scene that it's the end of the world.

It's about finding something that resonates with them, something that helps them realise, okay if I don't do this, there are consequences. And that comes from knowing the patient.

**You've mentioned the idea of control and choice quite a bit. Would you say there are key factors in getting patients to adhere to ISC?**  
Yes, I would. Not that many years ago, a doctor or nurse would stand at the end of the bed and tell you what you need to do, and you would do it. The question then is, let's move now, and I guess, we don't like being told what to do. So by saying, "There is a choice to make here on the good side of it, and here on the not so good side, let's see where you fit in to that," that seems to work better with the majority of people.

We can't force anyone into it. The important thing is giving them an element of choice. Whether it's simply a question of choosing the product or the colour of the packaging, or whether it's the frequency of how often they do it, as long as they have the capacity to understand the consequences of their choice, it's their choice to make.

**Given your years of experience, what do you think is most important to keep in mind when working with ISC patients?**  
I always try to remember that it's not me who's having to try to do this. ISC feels different for every single person. It is highly individual - and it's all about listening to what that person is trying to say to you, and finding out where their problems lie.

*"I always try to remember that it's not me who's having to try to do this. ISC feels different for every single person. It is highly individual - and it's all about listening to what that person is trying to say to you, and finding out where their problems lie"*  
Sharon

# Article 4

## Key messages

Help patients trust the ISC treatment by identifying issues and find the solutions to overcome these.

Choice of product is key in the training situation

Examples on how to address the elements needed for behavioral change (motivation, planning/coping and doing) during training

Development of good habits are linked to the choice of the patient, both in terms of catheter types and ISC routine

## Link to commercial strategy

SpeediCath Range

Coloplast®  
Professional

## Did you know



## Did you know...

### Summary

The Continence Life Study includes a few data points regarding the use of different catheter types and how it affects the life of the users.

Is also states the constant worry of getting urinary tract infections among the ISC users

### Link to commercial strategy

Coloplast Care (My Continence Check)

State facts that the use of more catheter types has a positive impact on the life of the ISC user,

Both HCPs and users see the risk of getting a UTIs as the biggest worry for ISC users.

Coloplast®  
**Professional**

# Toolbox

# Tool Box – Overview

## CLS – Elements



- CLS Full report (offline)
- CLS - Individual articles chapter: 1, 2, 3, 4
- CLS - 9 newsletters (Spring 2018)
  - Article 1 (1-2 newsletters)
  - Article 2 (2-3 newsletters)
  - Article 3 (2-3 newsletters)
  - Article 4 (1 newsletter)
- Figures available for full size print
  - Bladder full and being emptied
- CLS online

## Tool Box for activation



Tool box will be  
uploaded to the Brand  
Portal week 8 2018





# Continence Life Study – full review



## Objective

- The overall objective is to raise awareness about important Continence care issues by sharing evidence based data, clinical insights and inspiring trends
- The 2017/2018 CLS will support the TMs in facilitating relevant discussions around catheter use that can lead to changed behaviour - supporting our clinical and commercial agenda

## Format

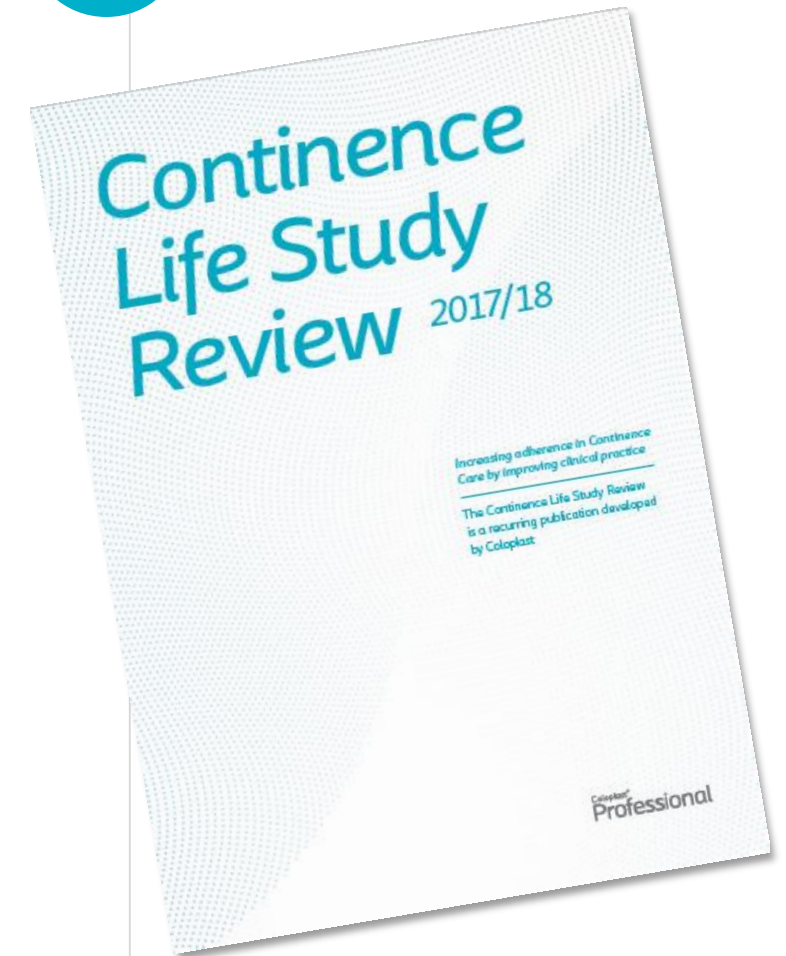
- Brochure in A4, 44 pages

## Target audience / intended use

- HCPs working with and teaching intermittent self-catheterisation
- TM to introduce and hand out full review to relevant nurses
- CLS can be handed out after a number of sales calls, so the nurse can revisit the themes discussed
- Full printed report is made in a good quality to be kept for future reference
- Can be used alone or with use of individual articles / newsletters

## Local Coloplast responsibility

- Translate to local language if relevant and print



# Continence Life Study – individual articles



## Objective

- The articles in the 2017/2018 CLS will support the TMs in facilitating relevant discussions around catheter use that can lead to changed behaviour - supporting our clinical and commercial agenda

## Format

- A series of 4 articles and a graphical discussion piece all layed-out in A4 format to be printed on an normal office printer. Length of articles vary.

## Target audience / intended use

- HCPs working with and teaching intermittent self-catheterisation
- TM to introduce, discuss and hand out relevant articles. Each article can stand alone.
- Can be used alone or with use of the full review and newsletters

## Local Coloplast responsibility

- Translate to local language if relevant and print out
- Text is 100% identical to the text in the full review, so translation is only needed one time





# Continence Life Study – newsletters



## Objective

- The CLS 2017/2018 newsletters are short versions of the main take away's from the four articles in the CLS.- inspiring the reader to look up the full articles.
- Newsletters will support the TMs in reaching out to HCPs they can't necessarily visit in person, ensuring that more they also get exposed to and can benefit from the content in the articles.

## Format

- A series of approx. 9 newsletters in PDF format that are inserted into HCP emails. Can be distributed via Eloqua.

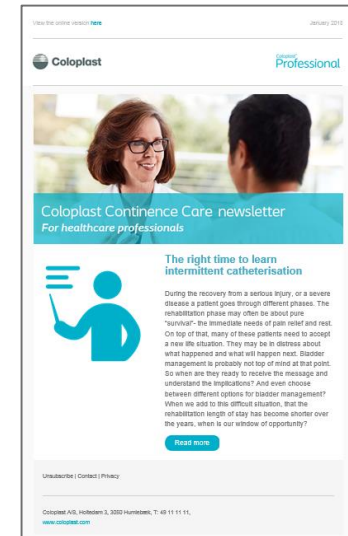
## Target audience / intended use

- HCPs working with and teaching intermittent self-catheterisation
- Each newsletter can stand alone – giving you the opportunity to select the ones you think will trigger most interest in our market

## Local Coloplast responsibility

- Translate to local language if relevant and print out
- Text is based on but not 100% identical to the text in the full review / articles, so translation is needed

Email



Article  
as PDF



# CLS figures in full size



## Objective

- To support the interest in and use of the CLS a number of anatomical figures are available in large sizes to be handed out and used by the HCPs for educational purposes

## Format

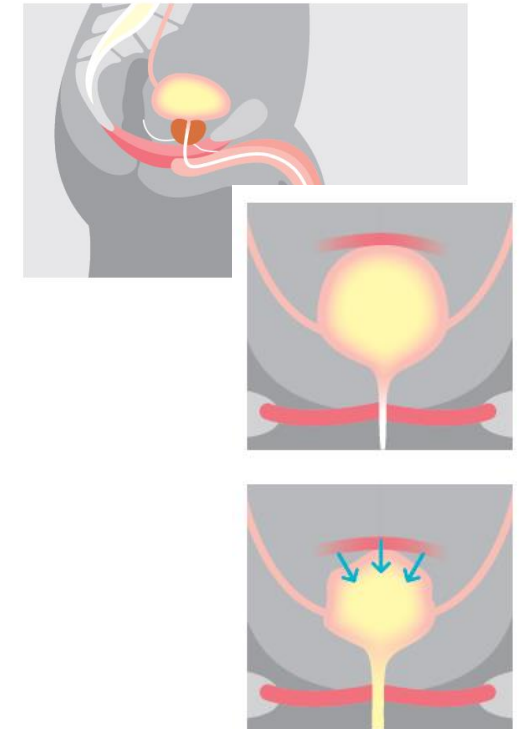
- Print out in suitable size. Consider laminating them prior to handing put in order to make them last longer

## Target audience / intended use

- HCPs working with and teaching intermittent self-catheterisation

## Local Coloplast responsibility

- Print out on office computer and potentially laminate



# CLS online



## Objective

- The online version of the CLS will ensure that more HCPs can visit or re-visit the content when it suits them

## Format

- Landing page built in our existing web. Articles available as pdfs (identical to the ones found under individual articles).

## Target audience / intended use

- Nurses working with and teaching intermittent self-catheterisation (both those we visit and those we do not)
- The landing page will in time host future CLS reviews too, helping ensure that all nurses have access to knowledge that can support them in their everyday work

## Local Coloplast responsibility

- The master landing page in English can be copied to the local web page as is or can be translated into local language.
- If translated, be aware that the 4 articles are PDFs and identical to the ones you may already have translated – reducing work load significantly. The text that needs to be translated specifically for the online version can be found on the brand portal.
- Localisation is done/paid locally.

# Implementation

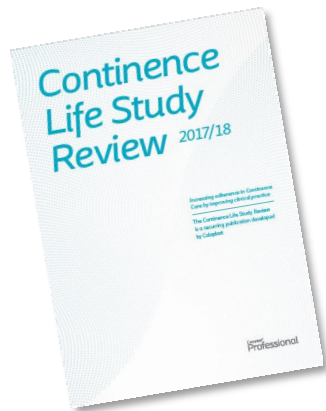
# Implementation

## Option of using 4 key CLS materials in market

1

### Full CLS Review

Implement entire booklet



2

### Individual CLS articles

Or... Only implement individual articles from booklet



3

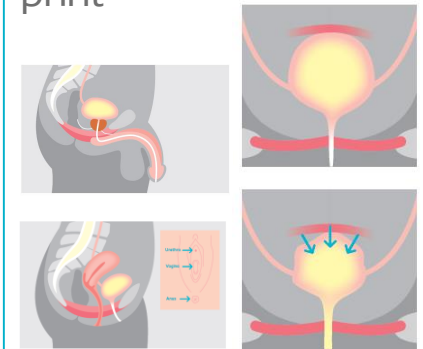
### CLS Newsletters

- Article 1  
(1-2 newsletters)
- Article 2  
(2-3 newsletters)
- Article 3  
(2-3 newsletters)
- Article 4  
(1 newsletter)

4

### Figures

Available for full print



# Translation Process

- Note: subs pay for translation and printing costs

## Option 1:

- Translation of full Master Continence Life Study Review with TPE. Subs review before printing.
- **NOTE: Sub is responsible for translation and printing costs.**

## Option 2:

- Translation of Full Master Continence Life Study Review by sub.
- InDesign files will be available to download from the Brand portal.

## Option 3:

- Translation of individual articles by sub.
- InDesign files will be available to download from the Brand portal.

# Online version of Continence Life Study Review

Implementation of the online version of the [to local web page \(in English\)](#)

- Reach out to DKPABO or DKCKL
- Please note it is possible to remove individual articles if needed.

# References used in Continence Life Study Review 2017/18



# References I

## Intro:

- Blok B, Pannek J, Castro-Diaz D, del Popolo G, Groen J, Hamid R, Karsenty G et al. EAU Guidelines on neuro-urology, European Association of Urology, 2016.
- Vahr S, Cobussen-Boekhorst H, Eikenboom J, Geng V, Holroyd S, Lester M et al. Evidence-based guidelines for best practice in urological health care.
- Catheterisation; urethral intermittent in adults; dilatation, urethral intermittent in adults. European Association of Urology Nurses (EAUN). 2013.
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- Krebs J, Wöllner J, Pannek J. Bladder management in individuals with chronic neurogenic lower urinary tract dysfunction. Spinal Cord. 2016; 54(8):609-13.

## Article 1: Helping patients overcome physical barriers to adherence

- Blok B, Pannek J, Castro-Diaz D, del Popolo G, Groen J, Hamid R, Karsenty G et al. EAU Guidelines on neuro-urology, European Association of Urology, 2016.
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- Pilloni SKJ, Mair D, Madersbacher H, Kessler TM. Intermittent catheterisation in older people: a valuable alternative to an indwelling catheter? Age Ageing. 2005;34:57-60
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- Afsar SI, YemiscibOU, Cosar SNS and Cetin N. Compliance with clean intermittent catheterization in spinal cord injury patients: a long-term follow-up study. Spinal Cord. 2013; 51: 645-9.
- Krebs J, Wöllner J, Pannek J. Bladder management in individuals with chronic neurogenic lower urinary tract dysfunction. Spinal Cord 2016;54(8):609-13.
- Coloplast\_Symposium\_ISCoS\_2016
- Coloplast\_Market\_Study\_IC adherence insights\_2017\_Data-on-file (VV-0206731)
- Coloplast\_Market\_Study\_Masculine incontinence\_2007\_Data-on-file (VV-0206733)
- Coloplast\_Market\_Study\_IC Research\_2015\_Data-on-file (VV-0206732)
- Coloplast\_Market\_Study\_GfK IC Research\_2015\_Data-on-file (VV-0206730)
- Coloplast\_Market\_Study\_IC adherence insights\_2017\_Data-on-file (VV-0206731)

# References II

## Article 2: Getting patients on the road to acceptance

- Anderson KD. Targeting recovery; priorities of the spinal cord-injured population. J Neurotrauma. 2004; 21(10):1371-83.
- Coloplast\_Market\_Study\_GfK IC Research\_2015\_Data-on-file (VV-0206730)
- Coloplast\_Market\_Study\_ReD Associates Study\_2007\_Data-on-file (VV-0206734)
- Coloplast\_Market\_Study\_IC Research\_2015\_Data-on-file (VV-0206732)
- Coloplast\_Market\_Study\_SC Standard insights\_2017\_Data-on-file (VVV-0206735)
- Coloplast\_Market\_Study\_IC adherence insights\_2017\_Data-on-file (VV-0206731)

## Article 3: Effective intermittent self-catheterisation training

- Coloplast\_Market\_Study\_IC Research\_2015\_Data-on-file (VV-0206732)
- Morrell DC, Evans ME, Morris RW and Roland MO. The “five minute” consultation: effect of time constraint on clinical content and patient satisfaction, BMJ. 1986;(292); 870
- Robbins JA, Bertakis KD, Helms LJ, Azari R, Callahan EJ and Creten DA. The Influence of physician practice behaviors on patient satisfaction, Fam Med. 1993;(25); 17-20.
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- Coloplast\_Symposium\_ISCoS\_2016
- Blok B, Pannek J, Castro-Diaz D, del Popolo G, Groen J, Hamid R, Karsenty G et al. EAU Guidelines on neuro-urology, European Association of Urology, 2016.
- Coloplast\_Market\_Study\_IC adherence insights\_2017\_Data-on-file (VV-0206731)

## Article 4: Sharing best practices

### Did you know

- Coloplast\_Market\_Study\_IC Research\_2015\_Data-on-file (VV-0206732)

## Our mission

Making life easier for people  
with intimate healthcare needs

## Our values

Closeness... to better understand  
Passion... to make a difference  
Respect and responsibility... to guide us

## Our vision

Setting the global standard  
for listening and responding