The Cochrane Incontinence Group is a Collaborative Review Group (CRG) of the Cochrane Collaboration, an international organisation dedicated to informing those who provide or receive health care on the best available evidence. We undertake systematic reviews of randomised controlled trials on different interventions designed to prevent or treat incontinence, or aid rehabilitation. The group is concentrating on interventions where incontinence is the primary problem.

The problems covered include urinary and faecal incontinence; enuresis; day-time wetting in children; encopresis; post prostatectomy incontinence; use of urinary catheters including catheter-related urinary tract infections (but not other infections); enterocutaneous and enterovesical fistulae; neurogenic incontinence and retention; post-operative urinary retention and rectal or vaginal prolapse.

Staff News

The Incontinence Group are very pleased to welcome Christine Norton, a new editor, to the group. Christine will bring to the group a lot of experience gained in specialist continence nursing. More about Christine on page 8.

The Group would also like to thank secretaries Alison Clayton and Pamela Moir for their assistance over the last year or so. We wish them both well in their new jobs. Thanks also to Miriam Brazzelli who has been lead and co-reviewer on several reviews for the Incontinence Group. We wish her well in her new role within the Health Services Research Unit, Aberdeen.

UPCOMING COCHRANE MEETINGS AND TRAINING OPPORTUNITIES

For an up to date listing of training available see:
http://www.cochrane.org/cochrane/workshop.htm
Note: Complimentary copies of The Cochrane Library will be withdrawn once reviews become two years out of date.

During their meeting in February 2001, and after consultation with members of the editorial teams of collaborative review groups, the Steering Group of the Cochrane Collaboration has agreed the policy that withdrawal of complimentary copies of The Cochrane Library should take effect from the Module submission deadline for Issue 1, 2002 for reviews that have not been updated since Issue 3, 1999. This means that Issue 2, 2002 will be the first issue for which complimentary copies will not be sent to contact reviewers whose reviews have not been updated.

Cochrane Policy on Updating Reviews and timescale for converting protocols into full reviews

When registering a review with the Cochrane Collaboration, reviewers agree to keep it up-to-date. How often reviews need updating will vary depending on the production of valid new research evidence. Reviewers should work with their editorial team to establish guides addressing when new research evidence is substantive enough to warrant a major update or amendment. The dates of such amendments must be recorded in the What’s New section of the review. It is the Cochrane policy that reviews should either be updated within two years or should have a commentary added to explain why this is done less frequently. It is also Cochrane policy that protocols that have not been converted into full reviews within two years should generally be withdrawn from the CDSR. Even if no substantive new evidence is found on annual review and no major amendment is indicated, this information should still be used to update the review by adding the date of the latest search for evidence to the review.

The Cochrane Reviewers’ Handbook

Regular information updates can be found in the “What’s New” section of the Cochrane Reviewers' Handbook.

Reviewers who are already familiar with the main points of the Handbook may benefit from consulting the “What’s New” section that appears at the start of each updated version to familiarise themselves with current information and requirements.

Potential reviewers and those starting out on their review will find the full handbook to be full of useful guidance on how to proceed with their protocol and then their review.

The Handbook is updated quarterly in conjunction with the Cochrane Library. It contains all the information required for reviewers and potential reviewers on Cochrane Methodology and Policy.

You can download the Cochrane Reviewers' Handbook or consult it on-line from the following Cochrane Collaboration website:

http://www.cochrane.org/cochrane/hbook.htm

Cochrane Collaboration
Consumer Network

“Helping people make well-informed decisions about health care”

www.cochraneconsumer.com/

The Cochrane Consumer Network’s site contains a range of health care information, and information to help people understand health care research including the latest ‘Hot Topics’. It is also a resource for consumers and others who want to become involved in the Collaboration or other health research activities.

On the next page is a recent consumer synopsis prepared by the Consumer Network for one of the Cochrane Incontinence Review Group’s reviews on absorbent products, followed by the Cochrane summary.
Consumer Synopsis

Some evidence that disposable products work better than non-disposable pads to help people manage their incontinence.

Incontinence is the inability to control the urge to go to the toilet and is a common and embarrassing problem. People who cannot learn to regain control, rely on pads to protect their clothes from leaking urine or faeces. These products act like underpads and are either disposable or re-useable and are made of fluff material or super absorbent polymers. The review of trials found some evidence that disposable products may work better than non-disposable products in reducing skin problems. The review also found super absorbent products may work better than fluff pulp. More research is needed.

Background: Incontinence is a distressing condition with significant medical, social and economic implications. People suffering from incontinence, who cannot be successfully cured, depend, almost exclusively, on the use of containment products to manage their symptoms.

Objectives: Many people with incontinence cannot be cured and so depend on symptomatic management. The objective was to assess the effects of different types of absorbent product for the containment of urinary and/or faecal incontinence.

Search strategy: We searched the Cochrane Incontinence Group trials register (March 2000), The Cochrane Library (Issue 1, 2000), Medline (to January 2000), Embase (to January 2000), Cinahl (to November 1999), HealthSTAR (to December 1999), The UK National Research Register (Issue 1, 2000), ClinicalTrials.gov (searched on 4 April 2000) and the reference lists of relevant articles. We contacted investigators in the field to locate studies. Date of the most recent searches: March 2000.

Selection criteria:
Types of studies - All randomised or quasi-randomised trials of absorbent products for the containment of urinary and/or faecal incontinence.

Types of participants - All adults with urinary and/or faecal incontinence were eligible. The intention was to subdivide participants by severity of underlying incontinence, level of mobility and gender, but this proved not to be feasible.

Types of intervention - Absorbent products (bodyworns, underpads, and different fabric types for disposable products), for any severity of incontinence.

Data collection and analysis: Two reviewers assessed the methodological quality of eligible studies and independently extracted data from included trials.

Main results: Five studies with a total of 345 participants met the selection criteria. Two studies compared disposable with non-disposable bodyworns, two compared fluff pulp with superabsorbent materials, and one bodyworns (superabsorbent and fluff pulp) with underpads (superabsorbent, fluff pulp and cloth). Data presented on effects were available for few outcomes and were subject to potential bias.

Reviewers’ conclusions: The data were too few and of insufficient quality to provide a firm basis for practice. Disposable products may be more effective than non-disposable products in decreasing the incidence of skin problems and superabsorbent products may perform better than fluff pulp products. However, based on the available evidence, these conclusions can only be tentative.


MeSH: Absorption; *Clothing; Equipment and Supplies; *Fecal Incontinence; Human; *Urinary Incontinence

Miriam Brazzelli
Liz Shirran

This is an abstract of a regularly updated, systematic review prepared and maintained by the Cochrane Collaboration. The full text of the review is available in The Cochrane Library (ISSN 1464-780X). The Cochrane Library is prepared and published by Update Software Ltd. All rights reserved. See www.update-software.com or contact Update Software, info@update.co.uk, for information on subscribing to The Cochrane Library in your area.
Workshop for Cochrane Statisticians on Meta-Analysis

During the week of the 9th to the 13th of July, 25 statisticians associated with the Cochrane Collaboration gathered at Ruskin College in Oxford, UK, to learn more about meta-analysis and their role in the Collaboration. Topics covered included how to carry out a meta-analysis, which summary statistic to use, meta-analysis of survival data and crossover studies, quality of trials and reviews, heterogeneity, meta-regression, using different outcomes, and causes of bias. Practical sessions, both on paper and computer, were included to make us aware of the common pitfalls, and to introduce us to advanced meta-analysis routines in the statistical package STATA.

There were several topics of particular interest to reviewers which were highlighted from this workshop. Reviewers probably combine outcomes more often than they should, more attention should be paid to bias and heterogeneity, and some reviews have conclusions which are too strong and not supported by the data.

The usual reason for not combining results is if there is notable clinical heterogeneity. Thus if one study was carried out on elderly women and another on young men then there may be good reason not to combine the results. In addition to that there may be statistical heterogeneity, which is measured by a test in METAVIEW. However, you must remember that this test has low power, so we usually say that heterogeneity may exist at a lower threshold of significance than normal, 10% rather than 5%.

When considering whether to combine results, reviewers often overlook whether the results are likely to be biased. One type of bias is publication bias, where studies with a significant finding are more likely to be published than non-significant studies. The pooled result from such studies is not a reasonable measure of the likely overall result. But bias may also be due to problems with the quality of the studies: combining the results of 10 poor quality studies with 10 participants per arm is unlikely to provide a reliable answer.

Unfortunately, finding out exactly when studies become too different or too low quality to combine is very difficult. Much more research is needed before guidelines can be drawn up. In the meantime more caution is needed.

In some reviews, reviewers overstate the case, in that the conclusions can often not be supported from the data. This is a problem that is common in the medical literature, and is not confined to systematic reviews. It is a shame not to be able to make decisive conclusions that provide clear indications for clinical practice but it is bad to make firm conclusions without reliable evidence.

I really enjoyed the workshop and found it worthwhile. I would like to thank the Cochrane Incontinence Group for their contribution towards making it possible for me to go.

Peter Herbison
Statistical Editor

Crossover trials in meta-analysis

It is not currently possible to use REVMAN and METAVIEW to include crossover trials in a meta-analysis. This is because the same people are in both of the groups, so their results in each treatment arm are related to each other. Thus the manner of entering the data, with mean and standard deviation (or n/N) for each treatment arm, results in a biased estimate of the standard error of the summary statistic (weighted mean difference or relative risk).

There is no good reason why crossover studies should not be included in the meta-analysis, apart from the practical difficulties. There is software around that will enable the combination of data including crossover studies, an example of which is the statistical package STATA. There are sometimes minor problems about whether the error structure is similar enough for the studies to be combined with parallel-arm studies. Then, it is recommended that separate meta-analyses be done and these could be combined if it looks reasonable to do so. More often, the data from crossover trials are not presented in such a way that they can be entered into Metaview in the first place.
Often the data is presented for each treatment separately and this cannot be used unless the correlation between the measurements on the different treatments is known, as this is needed to get the correct standard deviation of the difference. An example of this unhelpful data presentation can be found in the anticholinergic drugs versus placebo review (in preparation), in which there are 19 crossover studies. In these only two outcomes (in different studies) are reported in such a way that it would be possible to use them.

The CONSORT statement (http://www.consort-statement.org/) on the reporting of randomised trials does not specifically mention crossover studies, so there is little guidance at the moment about the correct way to report them. Continuous data should be presented as the mean and standard deviation (or error) of the difference between treatments. When dichotomous outcomes are presented it is usually unclear whether the people with the outcome are the same or different people in each of the arms. Dichotomous data should be presented in two by two tables as follows:

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where positive and negative are the two results on some dichotomous outcome (e.g. cured/failed).

If some of the crossover studies do report the outcomes correctly, or if you can obtain individual patient data for some of the studies (e.g. from the authors), it is possible to use these to get estimates of the appropriate correlations. These can then be used in other crossover studies for which you do not have appropriate data to get approximations of the standard deviations, which can then be used in the meta-analysis. This is described in a forthcoming paper by Elbourne et al. However, if the full data is to be used it currently requires the services of a statistician to do so, and even then may not be possible.

Failing that, crossover studies can be included in a systematic review in two other ways. If available, data from the first period can be used, but this means losing the information from half the participants, or secondly the information can be given as a qualitative summary.

Peter Herbison
Statistical Editor

**News about Cochrane Workshops**

If you are thinking of doing a Cochrane Review for our group, you might like to attend one of the workshops organised by the Cochrane Collaboration to help the process along. Basically, after you have registered your title, you should attend a Protocol Workshop to help you develop your ideas: check out what is available in your area on the Cochrane website (http://www.cochrane.org/cochrane/workshop.htm)

Once the protocol is published in the Cochrane Library, you will need to turn it into a review using Review Manager (RevMan). You can download the software you will need for RevMan, as well as the RevMan 4.1 User Guide. A self-paced RevMan training exercise to guide users through all the steps in using RevMan to prepare a review protocol and a complete review has been developed. It can be downloaded from Cochrane websites (see the link 'Training and support resources' from the above website address). This exercise is now given out at the end of UK protocol workshops. We can also provide a copy of the exercise on disk (on request) if you have problems accessing it.

You will notice that the UK Cochrane Centre will not be running RevMan workshops this year because participants at such workshops over the last few years have requested more on analysis rather than the use of the software. Consequently, a new UK workshop on 'Introduction to Analysis' has been developed to replace the former UK RevMan workshops. This workshop will be suitable for either new reviewers to help them complete the methods section of a protocol or reviewers who are beginning the analysis of their review. You will find details on the web site above.

June Cody
Cathryn Glazener
Interested in preparing a systematic review?

Do you have an idea for an incontinence related systematic review?

Would you like to prepare an incontinence related systematic review, but are unsure of a topic?

Do you know of any students willing to prepare a systematic review as part of their postgraduate training?

June Cody the review group co-ordinator of the Incontinence Group will be happy to discuss ideas and methodology with potential reviewers.

CONTACT US!  j.cody@abdn.ac.uk

Additional information can be obtained from the Cochrane Reviewers’ Handbook available from: www.cochrane.org/

Software for conducting the reviews, RevMan (Review Manager) can be downloaded from: www.cochrane.org/cochrane/revman.htm.

Training on how to write a protocol and use RevMan software will be made available through your nearest Cochrane centre.

Interested in peer-reviewing?

If you would like to peer-review protocols and reviews, please indicate your areas of interest, your educational status and if you have special knowledge or capabilities (ie statistical analysis, scientific methodology, etc).

Interested in hand searching a journal or abstract?

If you have access to journals on incontinence and would be willing to hand search for trials please contact us.

CONTACT US!  s.a.wallace@abdn.ac.uk

Interested in translating?

If you are interested in translating articles or parts of articles from any language into English, please contact us.

The Cochrane Collaboration requires that systematic reviews include relevant studies, published and un-published, in any language. People are needed therefore, to translate these studies from the original language to English.

CONTACT US!  j.cody@abdn.ac.uk

How can we improve?

We would be grateful to receive your comments and suggestions on how we can improve any aspect of our newsletter. Please send your comments to June Cody at the editorial base (email: j.cody@abdn.ac.uk).

We will periodically request that you peer review a specific protocol or review.

CONTACT US!  j.cody@abdn.ac.uk
Absorbent products for containing urinary and/or faecal incontinence in adults  Liz Shirran Miriam Brazzelli

Alarm interventions for nocturnal enuresis in children  Cathryn Glazener Jonathan Evans

Anterior vaginal repair for urinary incontinence in women  Cathryn Glazener Kevin Cooper

Behavioural and cognitive interventions with or without other treatments for faecal incontinence in children  Miriam Brazzelli Peter Griffiths

Biofeedback and/or sphincter exercises for the treatment of faecal incontinence in adults  Christine Norton Gordon Hosker Miriam Brazzelli

Bladder training for urinary incontinence in adults  Brenda Roe Kate Williams Mary Palmer

Conservative management for post prostatectomy incontinence  Katherine N Moore June Cody Cathryn Glazener

Desmopressin for nocturnal enuresis in children  Cathryn Glazener Jonathan Evans

Drugs for nocturnal enuresis in children (other than desmopressin and tricyclics)  Cathryn Glazener Jonathan Evans

Electrical stimulation for faecal incontinence in adults  Gordon Hosker Christine Norton Miriam Brazzelli

Laparoscopic colposuspension for urinary incontinence in women  Birget Moehrer Marcus Carey Peter Wilson

Management of faecal incontinence and constipation in adults with central neurological diseases  Paul Wiesel Christine Norton Miriam Brazzelli

Pelvic floor muscle training for urinary incontinence in women  Jean Hay-Smith Bary Berghmans Kari Bo Erik Hendriks Rob de Bie Ernst van Waalwijk van Doorn

Physical therapies for prevention of urinary and faecal incontinence in adults  Jean Hay-Smith Peter Herbison

Prompted voiding for the management of urinary incontinence in adults  Sharon Eustice Brenda Roe Jon Paterson

Suburethral sling operations for urinary incontinence in women  Carlos Bezerra Homero Bruschini

Surgery for complete rectal prolapse in adults  Paul Bachoo Miriam Brazzelli Adrian Grant

Surgery for faecal incontinence in adults  Paul Bachoo Miriam Brazzelli Adrian Grant

Tricyclic and related drugs for nocturnal enuresis in children  Cathryn Glazener Jonathan Evans

Weighted vaginal cones for urinary incontinence  Peter Herbison Jill Mantle Stan Plevnik

Bladder neck needle suspension for urinary incontinence in women  Charis Glazener K Cooper

Simple behavioural and physical interventions for nocturnal enuresis in children  Charis Glazener Jonathan Evans

Alpha adrenergic drugs for urinary incontinence in women  Stephen Radley Usman Azam Pete Collin David Richmond Chris Chapple

Anticholinergic drugs versus other medications for urinary incontinence in adults  Gaye Ellis Jean Hay-Smith Peter Herbison

Anticholinergic drugs versus non-drug active therapies for urinary incontinence in adults  Gaye Ellis Jean Hay-Smith Peter Herbison

Anticholinergic drugs versus placebo for urinary incontinence in adults  Gaye Ellis Jean Hay-Smith Peter Herbison

Which anticholinergic drugs for urinary incontinence in adults  Gaye Ellis Jean Hay-Smith Peter Herbison

Drug treatment for faecal incontinence in adults  Mark Cheetham Christine Norton Miriam Brazzelli

Electrical stimulation for urinary incontinence in women  Steinar Hunskaar Simon Emery Selvi Jeyaseelan

Habit retraining for the management of urinary incontinence in adults  Joan Ostaszewicz Linda Johnston Brenda Roe

Lifestyle interventions for the treatment of urinary incontinence in adults  Ingrid Nygaard Bryant Charmaine Dowell Peter Wilson

Mechanical devices for urinary incontinence in women  Malcolm Frazer Gunnar Lose Ezzat Kozman Kelvin Boos Douglas Tincello

Non-anticholinergic drugs (excluding alpha adrenergics) for urinary incontinence in adults  Pete Collin Usman Azam Stephen Radley Chris Chapple David Richmond

Oestrogens for urinary incontinence in women  Andrew Hextall Simon Jackson Birgit Moehrer

Open retropubic colposuspension for urinary incontinence in women  Carmela Lapitan June Cody

Surgical management of vesicovaginal and/or urethrovaginal fistulae  Carmela Lapitan Gunter Rienhardt

Timed voiding for management of urinary incontinence in adults  Joan Ostaszewicz Linda Johnston Brenda Roe

Treatment of daytime urinary incontinence in children  Premala Sureshkumar Wendy Bower Jonathan Craig

Urinary diversion and bladder reconstruction/replacement using intestinal segments for intractable incontinence or following cystectomy  James N’dow June Cody DE Neal Adrian Grant

Urodynamic investigations for the management of urinary incontinence in adults  Charis Glazener Carmela Lapitan
Christine Norton PhD MA (Cantab) RGN

I qualified as a nurse at St. George’s Hospital in London, after taking a history degree at Cambridge University. My interest in incontinence started over 20 years ago when I worked with Stuart Stanton in the Urogynaecology Unit at St. George’s Hospital. At the time I thought this was to be a six-month temporary contract while I decided what to do with my career. Little did I know then that over 20 years later I would still be involved with continence.

I was one of the first nurse specialists working with incontinence in the UK and a founder member of the Association for Continence Advice, for which I served as Honorary Secretary for its first four years. Later I ran the Urodynamics Unit at the Institute of Urology in London and then worked at clinic for elderly incontinent people with James Malone-Lee. From this base in North London I set up one of the first district-wide continence teams in the UK and ran the first prototype of the nationally recognised continence course.

After having a family, I worked first for the Association for Continence Advice and later set up the UK Continence Foundation with a grant from the government, and was Director for the first 5 years. This gave me a totally different perspective on issues in continence care, with responsibility for public awareness campaigns and political lobbying. We succeed in 1993 in having the Department of Health issue a policy on continence care which strongly endorsed service development and the role of the nurse specialist.

For the past 6 years I have returned to clinical practice and worked at St. Mark’s Hospital, a specialist colorectal hospital on the outskirts of London, working with patients with faecal incontinence. This subject has long been neglected, even among those with an interest in incontinence. I think in many ways we are in the situation of urinary incontinence 20 years ago - lack of an evidence base and lack of both services and public awareness. Since starting this job I have written and lectured extensively and have written a book and website for people with faecal incontinence (www.bowelcontrol.org.uk). I have recently completed my PhD at Kings College London with a thesis entitled “Biofeedback and nursing management for adults with faecal incontinence”. This was a randomised trial of different elements of biofeedback. I represent nursing on the Board of the International Continence Society and co-chair the ICS Continence Promotion Committee with David Fonda. In 1998 was honoured to be given a lifetime achievement award by Prime Minister Tony Blair for contribution to continence nursing.

My first contact with the Cochrane Incontinence Review Group was as a reviewer on various reviews related to bowel care. Last year I joined the editorial team. I strongly believe that it is only by continuously reviewing our evidence base that we will be able to provide the best care for people with continence problems.

Have you ever thought of publishing you review in a print journal?

Did you know that some journals will consider dual publication of a Cochrane Review after it has appeared in The Cochrane Library? These include The Lancet and The Journal of Wound, Ostomy and Continence Nursing (Journal of WOCN). BMJ, JAMA and Obstetrics & Gynecology also publish Cochrane Reviews but the timing of dual publication may be less flexible. Other journals may be keen to publish Cochrane Reviews and it is probably worth asking them if you think your review would
be of interest to their readers. As an example, three reviewers from the Incontinence Group - Miriam Brazzelli, Liz Shirran and Luke Vale - have just had a shortened version of their Cochrane Review on ‘Absorbent Products for Containing Urinary and/or Fecal Incontinence in Adults’ published in the Journal of WOCN (J WOCN 2002; 29 (1): 45-54).

Internationally, both professional and public access to The Cochrane Library is increasing all the time. For example, everyone on the island of Ireland now has free access to The Cochrane Library and Norway, Finland and Sweden hope to follow suit in the near future. However, sometimes, dissemination of the evidence in Cochrane Reviews to health professionals ‘on the ground’ can be slow and might be helped by publishing in a print journal read by members of the relevant professions.

Important points to bear in mind if you are planning a publication in a print journal. Cochrane Reviews cannot be subject to the exclusive copyright requested by some journals. If you have a particular journal in mind, it is a good idea to contact them and ask what their policy is - even for the journals mentioned above it is always best to check the current situation with the journal editors as editorial policies are subject to change from time to time.

Please also liaise with the Incontinence Group’s editorial base in Aberdeen (see contact details on the back page). We might be able to provide you with some helpful information and we are trying to keep track of all publications that relate to Cochrane Reviews (including conference abstracts). There is also information about print publication in the Cochrane Reviewers’ Handbook (section 2.3) and the Cochrane Manual (section 2.2.4). This includes a passage that could be put into a letter to a journal editor and the statement which should be published along with the print version of the review. If you wish to view the most up-to-date versions of the Handbook and Manual see your local Cochrane website, eg http://www.cochrane.org/, and click on the link to guidelines, manuals and software.

Sheila Wallace
Trials Search Coordinator

Mike Clarke
Cochrane Collaboration

About the Incontact Organisation

Incontact (Action on Incontinence) is the UK organisation for people with bladder and bowel problems. Formed in 1989 by a group of patients and health professional, the organisation provides information and support to people affected by these taboo conditions, as well as their carers and the health professionals who look after them. Incontact is a registered charity.

Incontact produces a range of user-friendly information materials. Our Bladder and Bowel Problems booklet covers a range of common conditions and what can be done to help. There are product information sheets, a quarterly magazine, and a number of new titles in the pipeline.

People with continence problems can also benefit from our network of local groups and helplines - talking to someone who ‘knows what it is like’ is so important for many. These groups can also be a resource for healthcare workers, providing a local referral point for support and self-help. Incontact can provide information and advice to health professionals or consumers thinking about setting up a local group.

As a consumer-led organisation, Incontact views the patient’s voice as paramount. We work closely with the National Health Service and the voluntary sector to ensure that this voice is heard. Incontact believes that partnership between the consumers and service providers is vital, and we are always looking at new opportunities for collaboration.

For more information you can visit our website at www.incontact.org, call us on 020 7700 7035 or write to United House, North Road, London N7 9DP.

Jolyon Rose
Director of Incontact
International Consultation on Incontinence (ICI) Paris 2001

Editorial meeting in Paris
Sheila Wallace, Jean Hay-Smith, Katherine Moore, Don Wilson, Adrian Grant, Mela Lapitan, June Cody, Peter Herbison.

The 2nd International Consultation on Incontinence took place in Paris in July 2001. This meeting was sponsored by the World Health Organisation and the International Committee on Urological Diseases. This was a forum to gather together world experts in the incontinence field. Their aim was to produce comprehensive and up to date information about the precise definitions of incontinence, the best evidence to guide management and to promote communication and multi-disciplinary work in the field. The Incontinence Group helped this process by supplying references from our Controlled Trials Register, and Cochrane Reviews in relevant areas.

We also had our annual Editors’ Meeting, difficult to arrange when we live at opposite points of the globe. We agreed on several policy issues, such as means of promoting our work to a wider range of audiences, improving consumer involvement in both determining priority areas and setting relevant questions and protocols as well as reviews before publication.

June Cody
Review Group Co-ordinator

International Continence Society (ICS) Meeting 2002

The ICS will hold its 32nd Annual Meeting in Heidelberg, Germany, from the 28th to the 30th of August. Housing one of the oldest universities in Europe this attractive old town has a long-standing scientific tradition. The meetings will include a variety of workshops and symposia with the AGM being held on the Friday (the 30th August) and an active social program running alongside.

The Cochrane Incontinence Group is planning to hold a workshop in Heidelberg though dates and content are still to be confirmed. However, it would be an ideal meeting place for anyone already involved in the Incontinence Group, and for those who might be interested in joining us as collaborators, reviewers, peer reviewers, handsearchers or translators (see page 6).

Incontinence: The Engineering Challenge

A seminar to review recent developments and work in progress in the field of continence was organised by The Medical Engineering Division of the Institute of Mechanical Engineers. It took place in London on 21 November 2001. The seminar covered many types of continence aids illustrating the value of collaboration between engineers, health professionals and consumers. The aim is to improve what already exists or invent new ways of dealing with urinary and/or faecal incontinence.

Lots of important work is underway. As a lay person it was quite an eye-opener. For instance, many consumers use panty liners or sanitary towels to absorb urine when these may not meet their needs. Many engineers are now working on absorbent products. The material used for absorption can be tailored to the type of fluid to be absorbed - allowing a fast enough rate of absorption and containment of the fluid within the material to prevent leakage.

Engineers are trying to meet the challenge of how to stop encrustations in indwelling catheters and how to design an active urine collection device for people with decreased mobility. Many other important projects are underway - long may the collaboration continue.

This meeting was co-sponsored by The Continence Foundation, the Engineering and Physical Sciences Research Council, The Association of Institutions concerned with Medical Engineering and the International Continence Society.

Sheila Wallace
June Cody

Cochrane Colloquium 2002

The 10th Annual Cochrane Colloquium will be in Stavanger, Norway from 31st July to 3rd August

Sheila Wallace
June Cody
**Contact details**

Please photocopy, complete and return the following section if:

- Your contact details have changed and you wish to be kept informed about our group
- You are not on our mailing list and you would like to receive information about our group in the future
- You would like to be removed from our mailing list

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