



UROLOGICAL SOCIETY
OF AUSTRALIA
AND NEW ZEALAND

PeriCoach® Structured Programming and Effect of Clinical Engagement

M. MONSOUR^{1,2}, C. CORNELIUS², M. NOURSALEHI²

1 Monsour Clinic 297 Kent St. Maryborough, QLD, Australia

2 PERICOACH, Brisbane, Australia



INTRODUCTION

Pelvic floor muscle exercises (PFME) are recommended as first line treatment for UI and mild to moderate POP. As many as 50% of women do not perform PFME properly nor consistently enough to be effective. The PeriCoach system comprises a vaginal probe, Smartphone app, web portals and database. It includes an optional 8-week structured program, technique guidance, exercise notifications and ability for users to share data with their clinician.

AIM

The PeriCoach system captures the exercise history and performance in a data repository, which allows for analysis of the deidentified real-world data. This feature coupled with the PeriCoach v3, lead to the introduction of the PeriCoach “8 Week Challenge” structured programming to drive compliance, accountability and visibility to real-world user interaction with the system.

METHOD

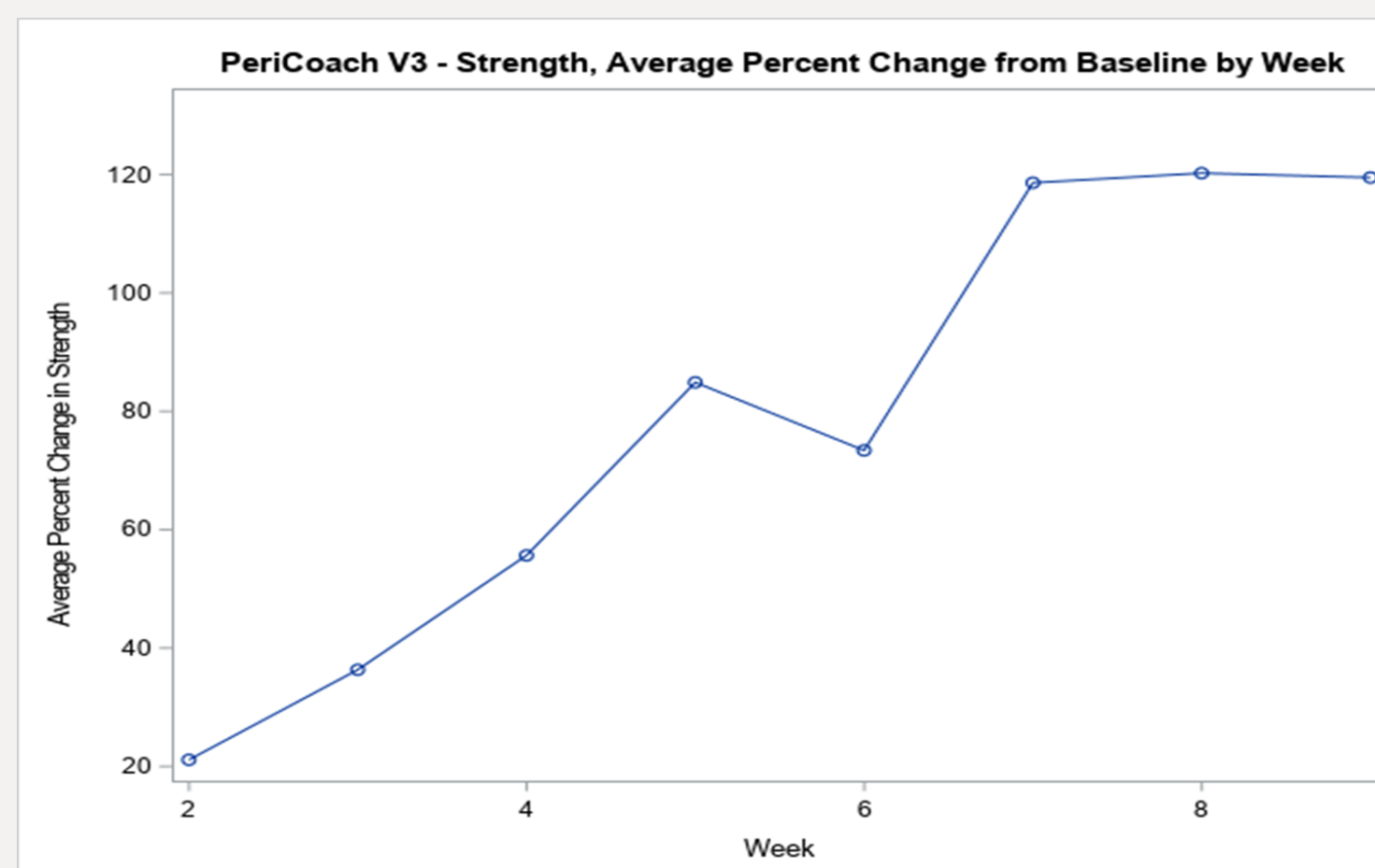
All-comers, prospective study of PeriCoach version 3 (v3) users that participated in the 8 Week Challenge. All users were default enrolled into the PeriCoach 8-week program.

- The program provides the user with app notification and progress reports to meet the requirements of: 5 days of exercise and 3 days of bladder diary entries per week, milestone measure testing every 2 weeks and quality of life survey completion at onset, 4 and 8 weeks.
- The primary objective was to assess change in strength as measured by the PeriCoach and leakage episodes and volume as recorded in the app based on program compliance.
- Secondary findings were the influence of connection with clinician on the strength, episodes and volume outcomes.
- The users that completed at least 75% of the 4 requirements were determined compliant.
- Analysis was percentage change from baseline.

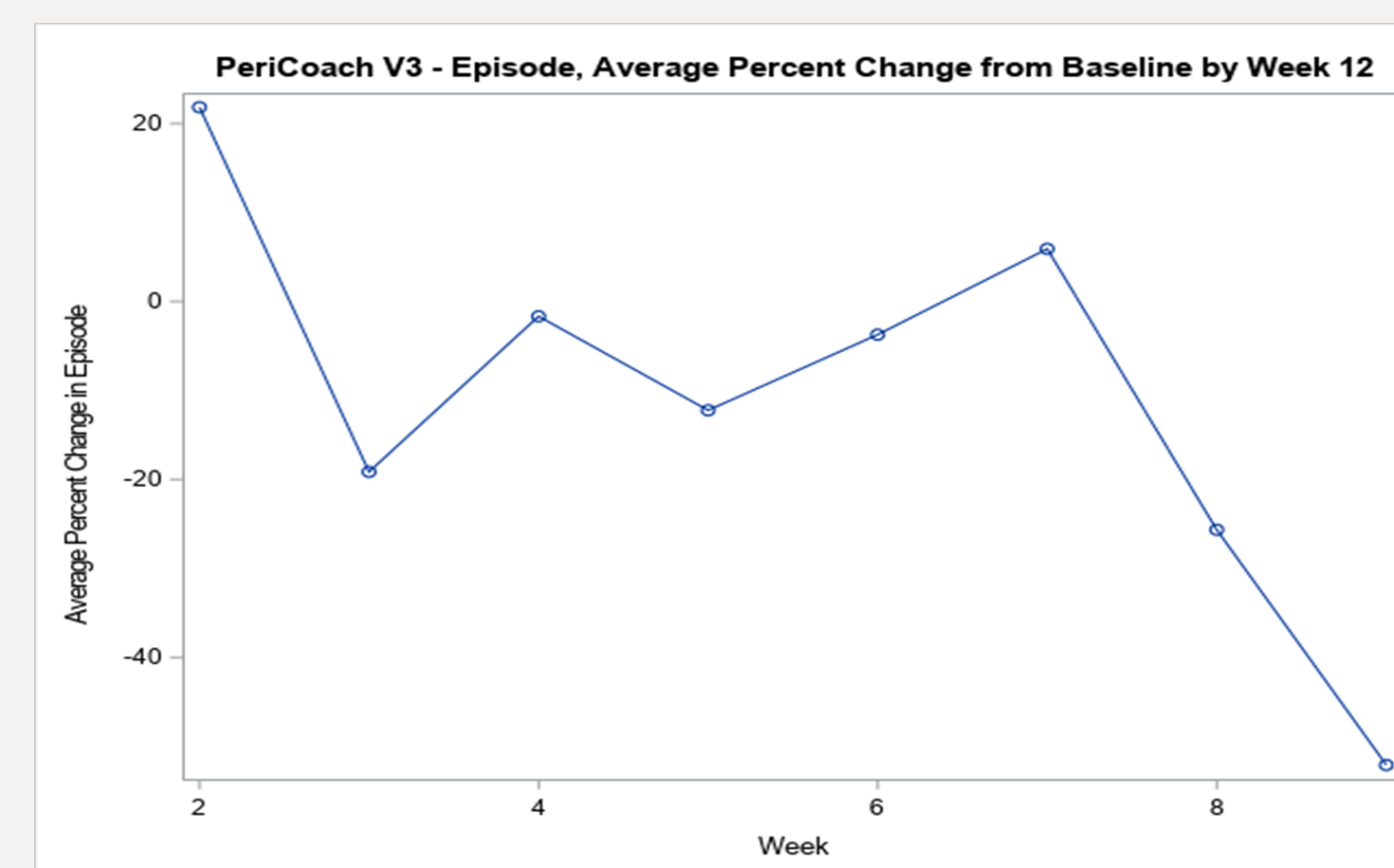
RESULTS

To date, de-identified data has been gathered and analysed for 242 PeriCoach v3 users that participated in the 8-week program and 38 were compliant. Of those 30 (79%) are connected to a clinician. PeriCoach real-world data continues to be collected.

The overall strength comparison between compliant and non-compliant users was highly significant ($p < 0.0001$).



Ave. percent change from baseline of strength improved significantly by week 5 ($p = .0090$).

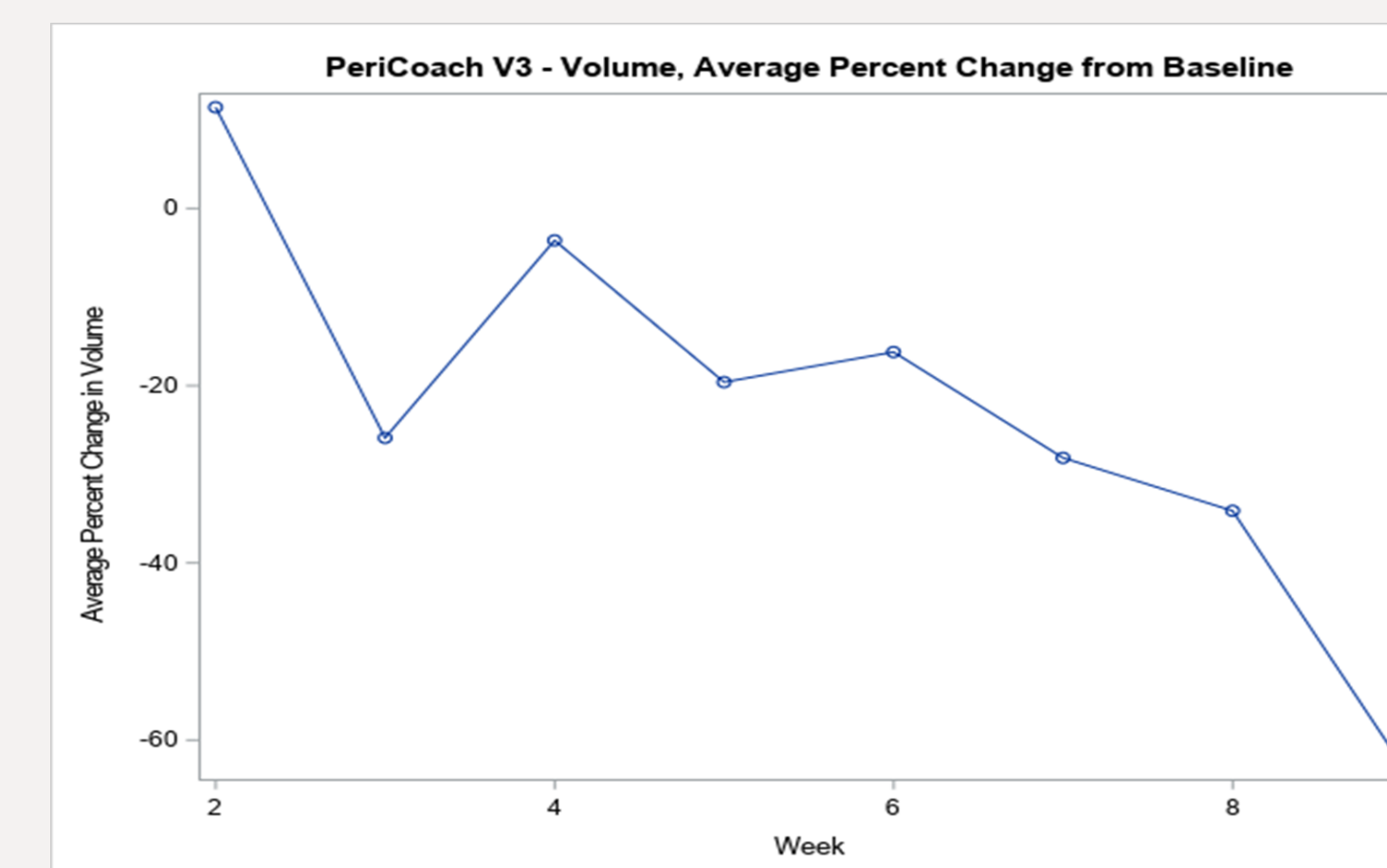


Improvement by week 3 and beyond ($p = 0.0671$) in reported leakage episodes.

Strength improved by 70% or higher for 45% of the users who completed 8-week program vs. only 10% for those who didn't comply with the program ($p = 0.0047$).

Clinician connection significantly influenced improvement in Strength by Week 8 ($p = 0.0047$).

By week 8, 75% of the users demonstrated 80% or more reduction in leakage and episodes.



By week 3, significant reduction in reported leakage volume ($p = 0.0410$).

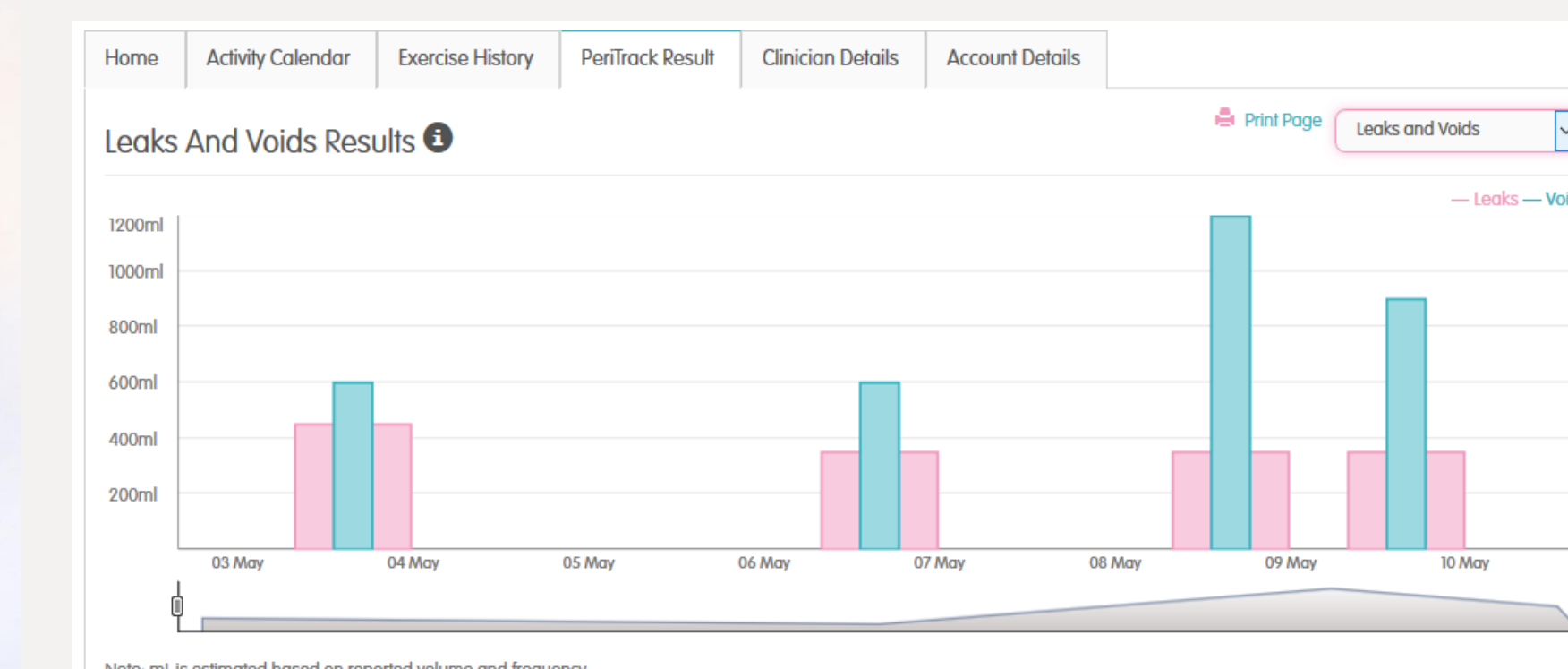
CONCLUSIONS

The real-world evidence gathered by PeriCoach v3 together with the 8-week program proves marked improvements in key continence measures within 3 weeks of use. Clinician engagement holds significant influence on PeriCoach user adherence to structured programming, as well as improved strength outcomes.

Please direct any queries to Product Management: USANZ2019@analyticamedical.com



PeriCoach smartphone app, device, and charging case.



Example user portal results for reported Leaks and Voids

ACKNOWLEDGEMENTS

Dr. Michael Monsour, MBBS (Hons), is a practicing physician and Director at Analytica LTD.

REFERENCES

- Newman, D. Pelvic Floor Muscle Rehabilitation Using Biofeedback. *Urologic Nursing*, 2014; 34(4), 193-202.
- Bump, R. et al. Assessment of Kegel exercise performance after brief verbal instruction. *American Journal of Obstetrics & Gynecology* 1991; 165, 322-329.
- Bø, K., Hilde, G. Does it work in the long term?—a systematic review on pelvic floor muscle training for female stress urinary incontinence. *Neurourology & Urodynamics* 2013; 32(3), 215-223