Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

CRD summary
This study evaluated patient preferences for physiotherapy in a group versus individual setting and it compared the clinical effectiveness and costs, for patients with female urinary incontinence. The authors concluded that group treatment was recommended, over individual treatment, because of its lower costs and comparable health outcomes, despite patient preferences. On the whole, the study was well conducted and satisfactorily reported. The authors’ conclusions appear to be appropriate.

Type of economic evaluation
Cost-effectiveness analysis

Study objective
This study evaluated patient preferences for physiotherapy in a group versus individual setting and it compared the clinical effectiveness and costs, for patients with female urinary incontinence.

Interventions
Physiotherapy sessions in a group were compared with the same sessions delivered to individuals. The physiotherapy consisted of three one-hour sessions over a three-week period and the groups included about 10 patients.

Location/setting
UK/primary care.

Methods
Analytical approach:
The clinical effectiveness and cost data were derived from a randomised controlled trial (RCT) of group physiotherapy versus individual physiotherapy. The time horizon was five months and the authors did not report the perspective.

Effectiveness data:
The clinical data were derived from a RCT that included 174 participants, with 111 receiving group therapy and 63 receiving individual therapy. Participants were followed-up for five months after randomisation. The two intervention groups were comparable at baseline in their demographics and outcome measures. The primary outcomes were the Symptom Severity Index (SSI) and the Incontinence-related Quality of Life (IQOL) questionnaire scores. The preference for treatment in a group or on an individual basis was assessed before randomisation.

Monetary benefit and utility valuations:
None.

Measure of benefit:
The summary benefit measures were the SSI and IQOL scores at three and five months. Other measures reported were the preference for group or individual treatment and the self-rated benefit from treatment.

Cost data:
The cost categories included the costs of hospital in-patient and out-patient visits, general practitioner visits, medications, complementary therapies, and hygiene products. The costs of productivity lost were also considered and
valued using average wages in 2004. The resource use data were collected during the clinical trial. The unit costs for health care were national reference costs. Other costs were from self-completed questionnaires. All costs were in UK pounds sterling (£) and the price year was 2005.

Analysis of uncertainty:
The authors conducted extensive statistical analyses to address potential biases, due to missing data, and to compare clinical and cost results between the groups.

Results
The percentage of participants, who expressed no preference, was 55 and the percentage, who expressed a preference for individual treatment, was 36.

No significant differences in the SSI and IQOL scores were observed between the intervention groups. Individual treatment was associated with higher costs per patient (£53.37) than group treatment (£7.73), with a difference of £52.91 (95% CI 25.82 to 80.00).

Detailed results were available online.

Authors' conclusions
The authors concluded that group treatment was recommended, over individual treatment, because of its lower costs and comparable health outcomes, despite patient preferences.

CRD commentary
Interventions:
The interventions were described in detail, but the authors did not discuss the usual practice.

Effectiveness/benefits:
The effectiveness data were collected from a well-designed RCT, which should have ensured their validity. The strengths of the trial included comparable baseline characteristics for the two intervention groups, power calculations, and an intention-to-treat approach.

Costs:
The authors did not report the perspective, but the study appears to have been carried out from a societal perspective as both health care and productivity costs were considered. The data on resource use and some costs were from the trial, which ensured the accuracy of these estimates. No discounting was performed because the time horizon was less than one year. The cost analysis was not reported in detail, but the authors provided additional online data on the resource use and costs.

Analysis and results:
A synthesis of the costs and benefits was not performed. The authors did not evaluate the uncertainty in their results, but conducted extensive statistical analyses on the inputs. The findings were clearly reported and discussed. The authors highlighted the strengths and limitations of their analysis.

Concluding remarks:
On the whole, the study was well conducted and satisfactorily reported. The authors' conclusions appear to be appropriate.

Funding
Funded by the Physiotherapy Research Foundation.

Bibliographic details
Lamb SE, Pepper J, Lall R, Jorstad-Stein EC, Clark MD, Hill L, Fereday-Smith J. Group treatments for sensitive health care problems: a randomised controlled trial of group versus individual physiotherapy sessions for female urinary
