Reviewer's report

Title: ICONS: Identifying Continence OptioNs after Stroke: findings from a cluster randomised controlled feasibility trial

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Reviewer: Adrian Wagg

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Reviewers report: ICONS: Identifying continence options after stroke: findings from a cluster randomised controlled feasibility trial

Abstract: This is a concise and accurate extract of the study with a sound digest of results.

Background: This is well written and encapsulates the current state of knowledge in this area. The purpose of the study is well articulated. There is a misspelling of focused

Methods: Whilst “facilitation” and the interventions are well described, the study may well benefit from some measurement of facilitation, for instance according to the model described by Carroll (Carroll C, Patterson M, Wood S, Booth A, rick J Balain S. A conceptual framework for implementation fidelity, Implementation Science 2007; 2: 40) may well be a useful addition. There appears to be no accounting of fidelity to the intervention intended included in the trial plan. Was there a planned recording for a non-responder analysis? Otherwise this is well thought out

The authors might plan for an assessment of PFM function by nursing staff, rather than physiotherapists, given the difficulty – certainly basic PFMT does not need specialist physiotherapy for delivery

Results: The proportion of “non-stroke” patients is high – this will certainly need to be taken into account for future planning.

The “usual care” throughput is significantly lower than the two intervention arms – whilst this may be simply due to chance, given the randomisation - was there something else to account for the disparity?

The high proportion of stroke patients ineligible for inclusion is of concern - the exclusion criteria did not seem overtly strict and the approach appears more pragmatic. Perhaps the authors might discuss the implications of this for a future planned trial which may have limited external validity.

Otherwise the results are well reported in the light of this feasibility trial. The results are consistently and faithfully reported – there appears to be no manipulation of the results

Discussion

This is a well considered discussion which systematically assesses the study
from the perspective of feasibility and methodological refinement. The authors might consider the pragmatic provision of PFMT, which has utility for SUI, MUI and UUI; a standardised definition of “medically stable” and pharmacological management for UUI in addition to their conservative interventions. Action on the catheterisation of stroke patients remains a target – this will not only have an impact on active continence management but on CAUTI and urethral trauma, all of which may either delay rehab or render continence less likely.

Some consideration should be given to the absence of fidelity to intervention and facilitation measures.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

none