

INCONTINENCE IN THE OLDER PERSON: ROLE OF THE CLINICAL NURSE SPECIALIST

Anne Marie Kelly

RGN, RNID, RNT, Dip. Gerontology , BNS, PDip in
Nurse Education, Masters in Health Science-Nursing

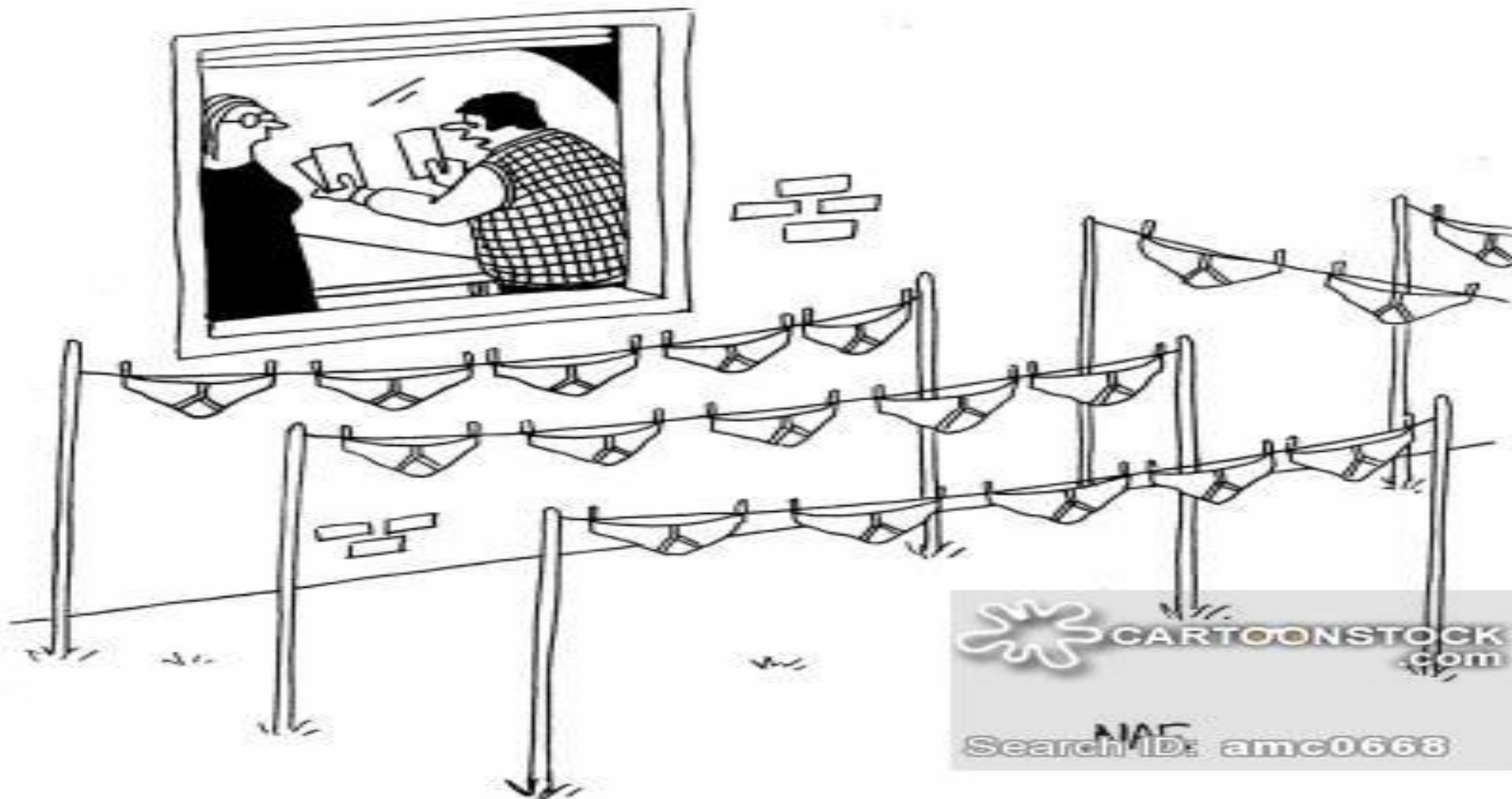
Elinor Lyons Building, Meath Campus,
Heytesbury Street, Dublin8.

Email: annemarie.kelly1@hse.ie

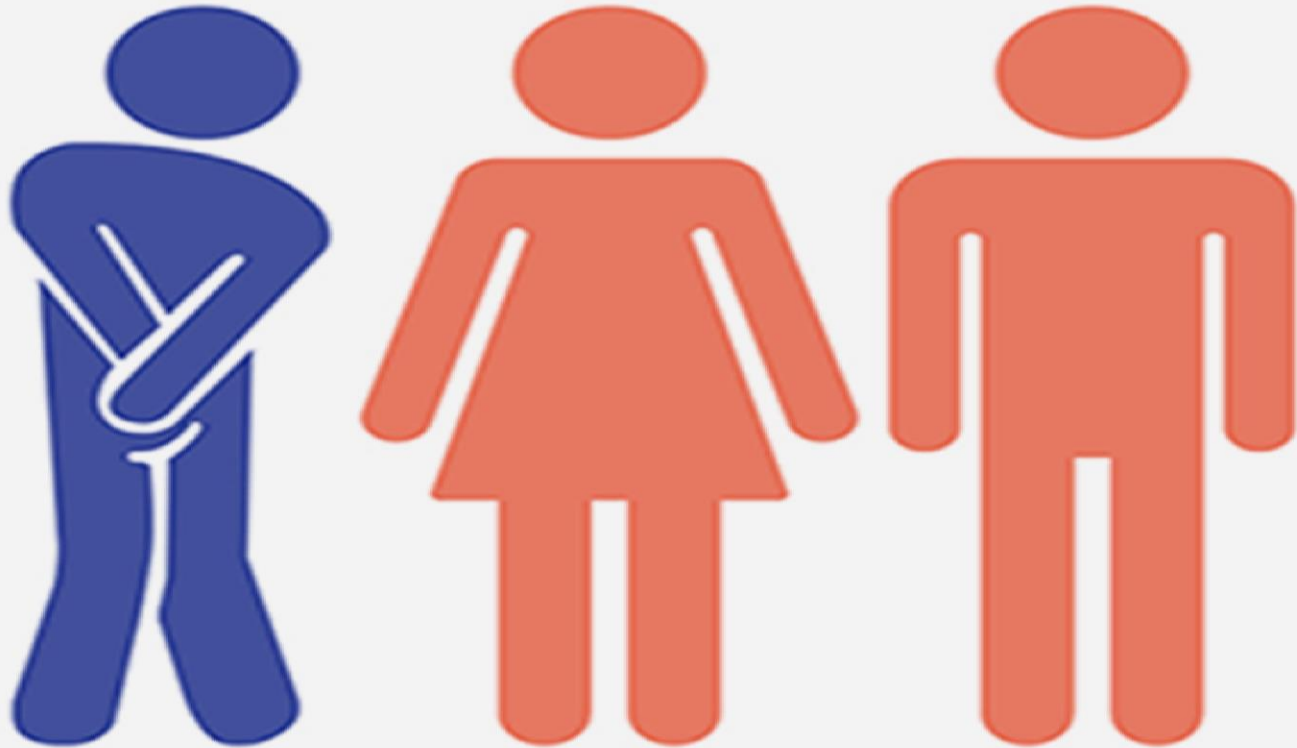


Overview of Presentation

- ▣ Identify the Impact of Urinary Incontinence
- ▣ Assessment Process
- ▣ Promotion of Continence
- ▣ Treatment Interventions



"Would you stop leaving incontinence leaflets lying about! I've told you, I don't have a problem!"



**One in three women suffer from Incontinence
Men also suffer from urinary incontinence with
one in four experiencing symptoms**

Australian Institute of Health and Welfare Report, 2006

The Continence Services CHO 7 Primary Care

Nurse led primary care continence service:
assessment, consultation, collaboration, , care
planning treatment interventions, evaluate, to
improve quality health outcomes.



Urinary Incontinence

- ▣ It is a taboo condition not discussed openly in Irish society.
- ▣ Many people do not even communicate to their General Practitioner, that they have incontinence.
- ▣ Urinary Incontinence can affect any person at any age.
- ▣ There is no differentiation in symptoms between nationalities, ethnical or culture groups.



“Incontinence doesn’t kill you, but it steals your quality of life” (Irwin et al, 2001).

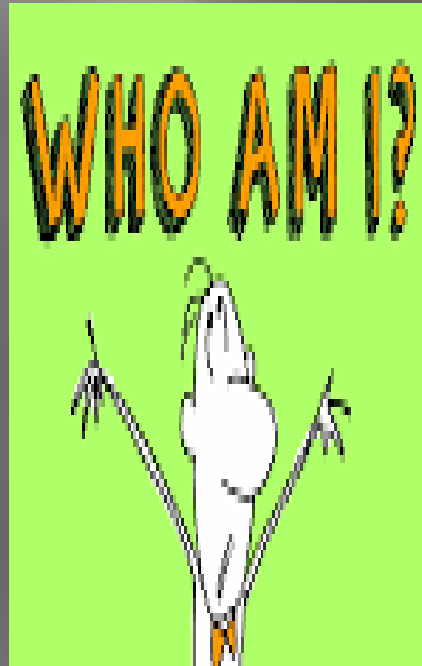
“My goal is to get to the bathroom on my own and to be able to wipe my own bottom”
(38-year-old stroke patient, 2016)

Bladder and Bowel Dysfunction

- ▣ Nurses have a significant role to play in the area of continence promotion we are the largest single group of health care professionals around the world.
- ▣ Research studies identified community nurses case load will comprise of 1/3 of patients with incontinence



What is Urinary Incontinence? Who Develops Incontinence? How to Promote Continence ?



Urinary Incontinence

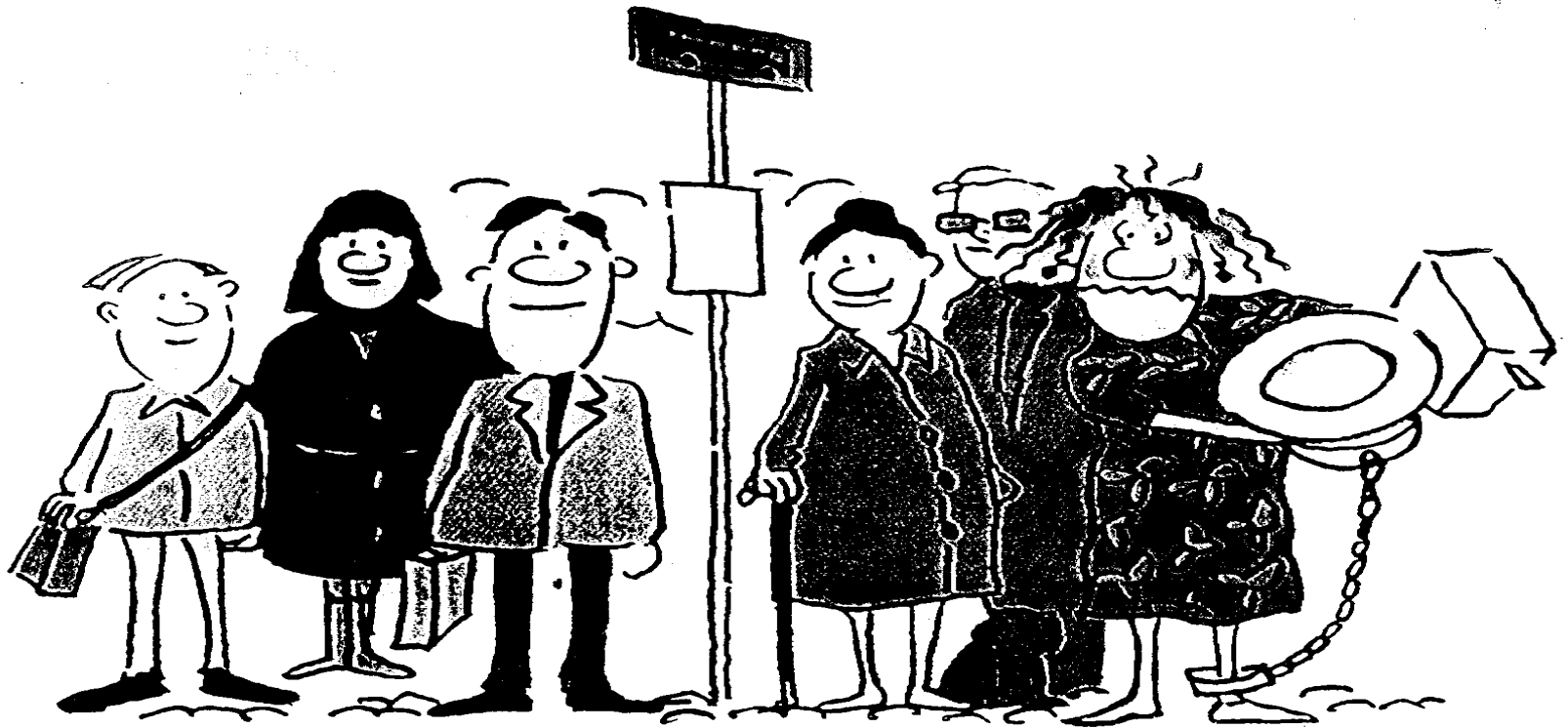
- ▣ Is defined as involuntary loss of urine of sufficient severity to be health and/or social problem (Goldman and Ausiello, 2004)

Positive Ageing



*Usually incontinence doesn't kill you,
but it steals your quality of life*

Bladder Control Problems



Consultation

- ▣ Only a quarter of women with urinary incontinence symptoms have consulted their GP due to shame.
- ▣ Men are less proactive than women in seeking help for incontinence.



How does incontinence impact on the older person

▣ Sleep Disturbance and Falls.

Sleep deprivation

Increased risk of falls



Nocturia, incontinence episodes can lead to premature admission to long term care from home.

How does incontinence impact on the older person

▣ Psychological Impact

Social isolation

Anxiety regarding odor or staining of clothes

Embarrassment

Feelings of Rejection

Denial, Anger, Depression





Urinary Incontinence results in individuals becoming socially isolated in society. Fearful of using public transport, visiting places such as restaurants and cinemas.

How does incontinence impact on the older person

▣ Emotional impact

Reduced positive self image due to stigma

Void frequently, toilet mapping.

Unpleasant smell of urine odour.



How does incontinence impact on the older person

Lack of Interest in a Sexual Relationship

Sexual Discomfort and Pain

Fear of incontinence during intercourse

Impotence



Impact of Incontinence on Society

- ▣ Prevalence rates of urinary incontinence are expected to increase as the elderly population increases.

Increased need for carer hours, home care package hours.

Admission into Long Term Care Setting

Continence Wear Products

Disposal of Used Products

Laundry, Water Usage and Environmental Impact

Impact of Incontinence on Society

The economic cost of urinary incontinence to society is similar to chronic conditions like CVA, Osteo-Arthritis, Obstructive Pulmonary Disease.



Classification of Urinary Incontinence



What can we as Health Professional do to Promote Continence?



Continence Promotion

Patient assessment and continence promotion
treatment interventions
regardless of age profile.

Rather than providing disposable continence
products.

Communication is Essential

- ▣ People may find it difficult to discuss bladder and bowel functioning.
- ▣ The act of helping a person to use the toilet should be approached sensitivity, with dignity, respect and patience.
- ▣ Establish a mutual understanding and empathy.



Continence Assessment

- ▣ Compassion, empathy, sensitivity motivation are some of the skills required to ensure effective continence assessment.

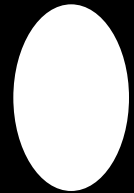


Classification of Urinary Incontinence

- ▣ Symptoms of stress
- ▣ Symptoms of overactive bladder (urge incontinence
detrusor instability)
- ▣ Symptoms of mixed
- ▣ Symptoms of outflow obstruction
- ▣ Symptoms of neurogenic bladder
- ▣ Symptoms of functional incontinence

Still Alice Lost

https://youtu.be/0_2Cuy3w7W4



Trigger Questions to Promote Continence

- ▣ Does your bladder ever cause you problems? Yes/No
- ▣ Do you ever have trouble with urine leaking? Yes/No



Assessment Tool Incontinence Checklist 2007



Continence Assessment

The causes of incontinence are multi-factorial.

- ▣ Comprehensive continence assessment of the each individual is mandatory.
- ▣ Bladder Record Chart must be completed as part of the continence assessment.



Continence Assessment

- ▣ Assessment is the cornerstone of high-quality care upon which all subsequent interventions are based.
- ▣ Discover the causes of incontinence.
- ▣ Identify symptoms.
- ▣ To help in planning treatment.
- ▣ Baseline to monitor progress.



Continence Assessment

- ▣ With accurate assessment and the use of specialised service a cure is possible (Mangnall et al 2010)





Assessment



History.

- ▣ Nature and scale of presenting symptoms.
- ▣ Duration, onset, present management plan.
- ▣ Associated urinary/neurological/general symptoms.
- ▣ Medical, Surgical, Gynaecological, Obstetric history/reports.
- ▣ Previous investigations and findings.
- ▣ Treatment and response to any interventions

Clinical Assessment

- Health professionals needs to clinically examine, explore symptoms and critically assessment incontinence.
- Review past history-medical, surgical, obstetric and psychological conditions.
- Up to 32% of incontinence in older person is transient and treatable.

When did Bladder Control Problems Start



Urinalysis



Urinary Symptoms

- ▣ When did it start?

- ▣ Is it getting worse ?

- ▣ When does it occur?

Day

Night

Occasional

- ▣ Frequency of
Micturition

Day

Night

No of Times:

Mobility/Manual Dexterity

- Fully Mobile?
- Mobility impaired?
- Walks with aid-walking stick, zimmer frame?
- Able to get on/off toilet?
- Chair Bound?
- Immobile?
- ▣ Manage clothing?
- ▣ Fine finger movement?

Dressing Ability

- ▣ Does not require help
- ▣ Partial Assistance
- ▣ Total Assistance

Communication Ability

- ▣ Alert/verbally communicates/understands
- ▣ Has a little understanding
- ▣ Uses gestures/signs
- ▣ Cannot communicate
- ▣ Anxiety/depression/confusion

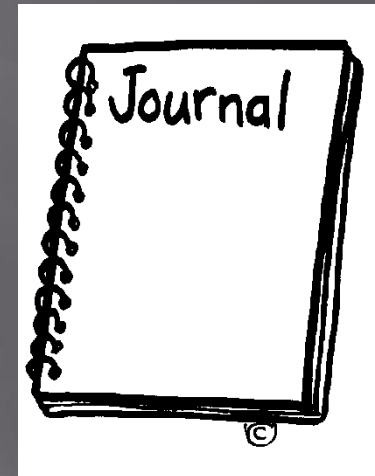
Baseline Continence Chart

Other Names for

- ▣ Frequency Volume Chart
- ▣ Bladder Diary
- ▣ Voiding Diary

Baseline Continence Chart

- ▣ Record for 3 days
- ▣ Fluid intake.
- ▣ Visit to the toilet.
- ▣ Used Toilet
- ▣ Change of continence wear products/Clothing due to Incontinence



What is the person drinking

- ▣ Fluid intake how many cups/mugs drank in 24 hours
- ▣ Types of fluid drank
- ▣ Offer advice on fluid intake

Toileting Pattern

- ▣ How often does the person visit the toilet ?
- ▣ Does the person always pass urine when they visit the toilet?
- ▣ Does the person wear incontinence products?
- ▣ Does the person's clothes gets wet?
- ▣ Does the person suffer from constipation?
- ▣ Has the person any fears of sitting on toilet?
- ▣ How often is the person up to use the toilet at night?



Treatment Interventions

- Conservative and non invasive approaches
- Lifestyle advise
- Weight reduction programmes
- Smoking cessation



Treatment Interventions

- ▣ Review of fluid intake
- ▣ Dietary advice
- ▣ Physical activity
- ▣ Prevention of constipation
- ▣ Environmental interventions



Treatment Interventions

- ▣ Pelvic Floor Muscle Training.
- ▣ Bladder Training Programmes.
- ▣ Involve multidisciplinary team of health professionals-Physiotherapist, Occupational Therapist, General Practitioners.
- ▣ Review medication.
- ▣ Evaluate underlying medical conditions-Diabetes, COPD, Stroke and Parkinson's Disease.

Interventions

- ▣ Urinals.
- ▣ Condom Drainage.
- ▣ Continence Wear products.
- ▣ Indwelling Catheterisation last resort.
- ▣ Surgical Procedures.
- ▣ Intermittent Catheterisation.

Bowel Pattern

- ▣ Does the patient suffer from constipation?
 - fluids/diet/medication.
- ▣ Does the patient suffer from faecal incontinence.
 - How often?
- ▣ Has there been recent changes in bowel patterns?

Bowel chart should be completed for person with bowel problems

The Bristol stool form scale

Type 1



Separate hard lumps,
like nuts (hard to pass)

Type 2



Sausage-shaped
but lumpy

Type 3



Like a sausage but with
cracks on its surface

Type 4



Like a sausage or snake,
smooth and soft

Type 5



Soft blobs with clear-cut
edges (passed easily)

Type 6



Fluffy pieces with ragged
edges, a mushy stool

Type 7



Watery, no solid pieces
ENTIRELY LIQUID



THANK YOU

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