Understanding and Managing Urinary Incontinence

Jennifer Skelly RN, PhD

Presented by: ***Ontario's Geriatric Steering Committee***

Session Components

- Key Learnings
- Assessment
- Common Contributing Factors
- Management
- Implications for Practice

Key Learnings

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Objectives of this presentation

- To understand the multiple facets of incontinence
- To learn the factors that can contribute to incontinence
- To review the components of assessment and management of incontinence
- To apply this new learning to a case study

Assessment

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Who is Affected

- **5 to 10 %** clients in the community
- **10 to 20 %** clients in acute Care
- **50 to 70 %** clients in long-term care

Only 25% of people with incontinence seek help

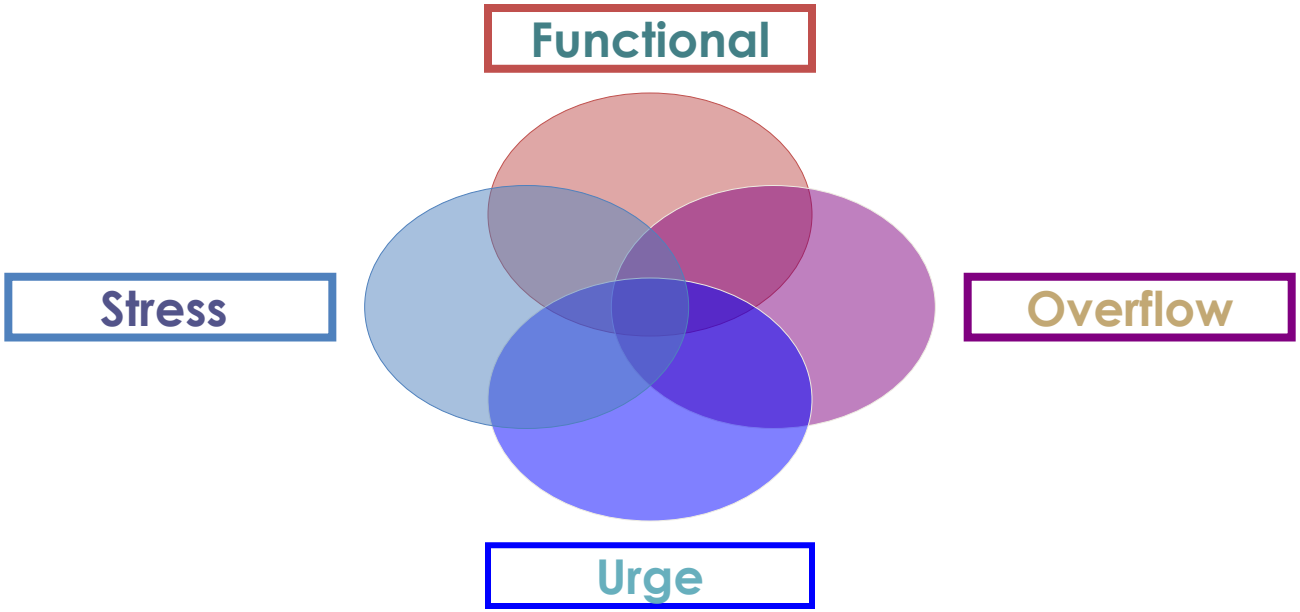
What is urinary incontinence?

- Incontinence is a term that describes any accidental or involuntary loss of urine from the bladder.
- Incontinence is a widespread condition that ranges in severity from 'just a small leak' to complete loss of bladder control. Incontinence can be treated and managed. In many cases it can also be cured.

Requirements of Continence

- Aware of urge to void
- Able to get to the bathroom
- Able to suppress the urge until you reach the bathroom
- Able to void when you get there

Types of Incontinence



Assessment of Incontinence

- Incontinence history
- Fluid Intake
- Bowels
- Medical History
- Medications
- Functional Ability

Contributing Medical Conditions

- Stroke
- Parkinson's Disease
- Multiple Scleroses
- Diabetes
- Acquired Brain Injury
- Dementia
- Prostate disease

Common Contributing Factors

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Establish Contributing Factors

- Urinary Tract Infections
- Fluid Intake
- Caffeine / Alcohol Intake
- Constipation
- Medications
- Weight
- Mobility
- Environmental Factors
- Cognitive Impairment

Urinary Tract Infection

- Burning feeling or pain when voiding
- Having to void frequently and urgently
- Sudden onset of incontinence
- Infecting bacteria irritates the bladder and makes it contract more often

Fluid Intake and Caffeine/Alcohol

- Many people believe if you drink less, you will void less
- But concentrating urine more irritating to the bladder
- Caffeine and alcohol are bladder irritants

Constipation

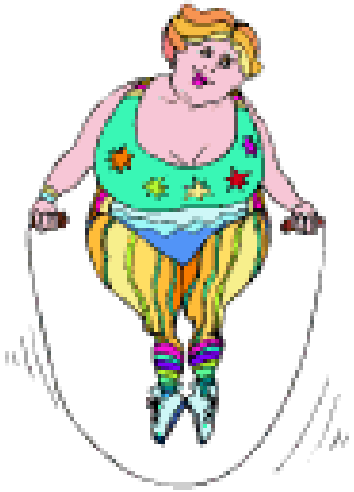
- Chronic straining when having a bowel movement can weaken pelvic floor muscles

- Stool impaction contributes to urinary incontinence and increases chance of UTI (in women)

Medications

- Diuretics
- Anti cholinergic
- Cholinergic
- Sedatives/hypnotics
- Antidepressants

Weight



- too much weight on the abdomen constantly pushes down on the bladder causing stress on the bladder and pelvic floor muscles
- poor abdominal muscle strength from excess weight adds excess weight on the pelvic floor muscles

Mobility / Environmental Factors

- Access to bathroom
- Impaired mobility or slow mobility
- Use of mobility aid
- Weight
- Restraints
- Clothing

Cognitive Impairment

- ability to follow and understand prompts or cues
- ability to interact with others
- ability to complete self care tasks
- social awareness

Management

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Management of Urinary Incontinence

Treatment plan is as individual as the person themselves!

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Increase water intake

- 6 to 8 glasses per day
- Brainstorm with client how to build into day
- Suggest flavour with lemon, mint

Reduce Caffeine Intake

- Slowly decrease caffeine intake to 1 to 2 cups per day

- Decaffeinated products

Manage Constipation

- Fluid, fibre and fitness!
- For some clients, osmotic laxatives are needed
- Discuss routine and comfort/position on toilet

Prevent urinary tract infections (UTI)

- Adequate fluid intake
- Consider addition of cranberry (juice or tablets)
- Personal care advice for women
- Treat vaginal atrophy in women

Optimize Abilities

- Offer toileting support
- Address barriers to independent toileting
- Provide prompted voiding for persons with cognitive impairment (individualized toileting assistance)

Address Polypharmacy

- Link with other members of the client's health care team
- Pharmacist
- "Med Check"

Implications for Practice

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Case Study

- Lets see how well you remember what you have learned by applying it to the following case.

Case Study: Urinary Incontinence

- Georgina age 83, experienced a sudden onset of incontinence following her stroke.

- She voids every hour during the day and usually experiences a loss of urine on her way to the bathroom.

Case Study: Urinary Incontinence

- At night, she gets up to void at least twice and is incontinent on her way to the bathroom. She loses urine when she coughs and sneezing.

- She is aware of the urge to void and is unable to postpone the urge for any length of time.

Case Study: Urinary Incontinence

- Georgina drinks tea with all her meals and restricts her intake between meals.
- She has experienced several urinary tract infections in the past few months and also has problems with osteoarthritis
- She takes a diuretic each day.

Case Study: Urinary Incontinence

- Georgina shares a room with 3 other women.
- There is only one bathroom
- Her stroke has reduced her ability to walk without the assistance of a wheeled walker.
- She is able to get to the toilet but does not get much warning and her walker will not fit easily into the bathroom.

Case Study: Urinary Incontinence

- As part of the assessment, Georgina voided 125 mls and a post-voiding residual of 5 cc was determined by ultrasound.

- A mid stream urine test was positive for WBC's (white blood cells) using the urinalysis strip test, so a sample was sent to the lab for culture and sensitivity.

Case Study: Urinary Incontinence

- What factors may be contributing to Georgina's incontinence?

Factors contributing to Georgina's incontinence:

- Caffeine
- Arthritis
- CVA
- Diuretic
- Mobility
- Environmental barriers

Case Study: Urinary Incontinence

- How would you classify Georgina's incontinence?

Case Study: Urinary Incontinence

- Urge
- Stress
- Functional

Case Study: Urinary Incontinence

- What treatment options might you consider?

Case Study: Urinary Incontinence

- Reduce caffeine
- Increase fluid intake
- Treat UTI
- Have diuretic reassessed
- Physio/OT assessment

Case Study: Urinary Incontinence

- Incontinence is an important problem that is often treatable or at least manageable
- There can be numerous factors contributing to the problem
- Identifying these factors will help in developing a treatment plan

Resources

- Canadian Continence Foundation
  http://www.canadiancontinence.ca/
- Canadian Nurse Continence Advisors
  www.cnca.ca
- International Continence Society
- http://www.icsoffice.org/Publications/ICI_4/book.pdf

Resources

- RNAO Best Practice Guidelines
- http://rnao.ca/bpg/guidelines/promoting-continence-using-prompted-voiding

- http://rnao.ca/bpg/guidelines/prevention-constipation-older-adult-population

Thank you!