

Continence Current Awareness Bulletin

March 2020

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Title: Registered nurse's experiences of continence care for older people: A qualitative descriptive study.

Citation: International Journal of Older People Nursing; Mar 2020; vol. 15 (no. 1)

Author(s): Borglin, Gunilla; Hew Thach, Emelie; Jeppsson, Maria; Sjögren Forss, Katarina

Objective: This study aimed to illuminate nurses' experience of continence care for older people receiving home care, either in their own home or in an assisted living facility.

Background: Registered Nurses (RNs) have a major role to play in identifying and establishing appropriate actions regarding continence care for older people. However, the crucial nursing care pathway for continence care is commonly described as poor.

Methods: Interviews were conducted with 11 RNs providing home care, and the transcribed texts were analysed using inductive content analysis.

Results: The impressions of RNs were categorised according to four themes: perceptions of continence care, an open approach to continence care, the need for personalised aid fittings and the importance of teamwork in continence care. Key findings were the importance of teamwork; the need for nurses to embrace leadership at the point of care and be more visible in terms of the provision of direct care; substantiation that evidence-based interventions, such as scheduled toileting and prompted voiding, should constitute the norm in continence care within the context of home care; and the need for nurses to support the right of older persons to receive an assessment of their continence problems, deemed to be the minimum standard of quality care.

Conclusion: The provision of continence care that is based on key nursing standards, such as evidence-based and person-centred care, as well as individualised continence care that is based on evidenced-based guidelines, would ensure an improvement in the continence care that is presently on offer to older people.

Implications for practice: Nurses need to embrace leadership at the point of care and to be more visible with the provision of direct care in order to improve continence care for older people receiving home care.

Title: Improving identification and assessment of urinary incontinence in older people : British Geriatrics Society Autumn Meeting, November 6-8, 2019, Leicester, England

Citation: Age & Ageing; Feb 2020; vol. 49

Author(s): Sanai Memon, G. M.; Imam, A.; Datta-Chaudhuri, M.; Robertson, E.; Frain, C.

Introduction: Urinary incontinence is very common in the older people and wrongly considered a normal part of aging. The prevalence of UI is 39.1% in people with frailty and 19.4% in those without (Veronese et al. European Geriatric Medicine, 2018, 9(5), 571–578). Despite the high prevalence of urinary incontinence, its detection and management remain suboptimal. A comprehensive multidisciplinary continence assessment is recommended to assess and manage urinary incontinence in older patients (NICE CG171).

Methods: Plan, Do, Study, Act (PDSA) cycle audit was conducted to identify the practices for identification and assessment of urinary incontinence on a care of elderly ward. Data was collected on a structured proforma containing six standards prospectively. Following the results of first cycle, a strategy was developed and implemented.

Results: Standards Cycle 1 Cycle 2 Improvement Identification by nursing staff 100% 100% Maintained Identification by medical staff 00% 57% 00-57% Specific Interventions 00% 84% 00%-84% Continence assessment care plan 00% 100% 00%-100% Alert on Handover 55% 100% 55%-100% MDT Discussion 00% 53% 00%-53% Strategy Cycle 1 (35 patients) results were disseminated to the Divisional Safety and Quality Committee, ward teams, educational sessions held for multidisciplinary teams, involved Trust's continence advisor, displayed multidisciplinary teams prompt sheets, trialled new nursing documentation booklet, discussed continence status at daily board round and conducted audit cycle 2 (28 patients) after 4 months.

Conclusions: PDSA cycle audit with involvement of multidisciplinary teams, presentation to the Divisional Quality and Safety Committee combined with regular educational sessions and prompt about continence status at the daily board round led to better detection and improved management of urinary incontinence. We recommend other clinical teams to follow our strategy to improve the urinary incontinence care in older people without any additional resource.

Title: PDSA audit improves identification and management of urinary incontinence in post stroke patients : British Geriatrics Society Autumn Meeting, November 6-8, 2019, Leicester, England.

Citation: Age & Ageing; Feb 2020; vol. 49

Author(s): Bryant, J.; McErlean, D.; Datta-Chaudhuri, M.; Prakash, K. G.; Morell, J.

Introduction: Urinary incontinence is a prognostic indicator of mortality and functional recovery in stroke. There is a small evidence base that early intervention within the first three months may improve continence status and subsequent physical and psychological consequences.

Methods: Utilising a proforma and PDSA, data was collected on the identification and assessment of urinary continence status for patients admitted to a stroke unit. Five agreed standards from NICE (2012) and RCP (2016) guidelines formed the basis of audit. Three cycles of prospective data for a total of 66 patients was collected over four months, implementing quality improvement measures after each cycle.

Results: 22 participants per cycle. Cycle one demonstrated continence status was identified by the nursing team (100%), and the medical team (41%). However, standards regarding further care planning and assessment (22%), MDT input (11%) and subsequent behavioural and practical interventions (11%) was low. Change strategy, i) awareness training, ii) development of MDT prompt sheet. Cycle two, medical identification (82%), MDT discussion (100%), and continence specific interventions (66%), care planning decreased from 22% to 0%. Change strategy, incontinent patients receive an individualised assessment within 7 days by the advanced nurse practitioner, this assessment should consider all available evidence-based interventions, with the aim of reducing urinary incontinence within the early phases of stroke. Cycle three showed an overwhelming improvement to all five standards, nursing and medical identification (100%, 91.

Conclusions: PDSA style audit led to quality improvement. The identification of urinary continence status post stroke was high, but due to multifactorial elements often did not progress to assessment or intervention from the MDT. Utilising the existing role of the trainee advanced practitioner patients received evidence-based continence reviews in a timely manner, with no additional cost impact to the service.

Title: Development of a Toileting and Containment Decision Support Tool.

Citation: Journal of Wound, Ostomy & Continence Nursing; Jan 2020; vol. 47 (no. 1); p. 54-64

Author(s): van Houten, Paul; Newman, Diane; Wijk, Helle; Koehler, Barbara; Costa, Andrew; Hutt, Edward

Abstract: A multidisciplinary international expert panel was convened to provide input for a proposed decision support tool. This tool will assist health care professionals who are not specialized in incontinence care to assess individuals with urinary and/or fecal incontinence and recommend appropriate person-centered management options for the home care and ambulatory community settings. A targeted literature review was complemented by a series of interviews with experts in continence management, followed by a practitioner survey and rounds of expert opinion. A set of factors for assessment were defined, along with questions created to identify and quantify the factors. In addition, a range of lifestyle intervention, toileting and containment strategies were identified that were appropriate for the decision support tool. Future steps required to progress this work to a functioning tool are described.

Title: Development and randomised controlled trial of a Continence Product Patient Decision Aid for men post-radical prostatectomy.

Citation: Journal of clinical nursing; Feb 2020

Author(s): Murphy, Catherine; de Laine, Christine; Macaulay, Margaret; Fader, Mandy

Objectives: To develop and evaluate an evidence-based Continence Product Patient Decision Aid (CP- PDA) to reduce decisional conflict and support continence product choice for men post-radical prostatectomy.

Background: In 2018, 1.3 million men globally were diagnosed with prostate cancer. A common treatment is radical prostatectomy, usually leading to sudden-onset of urinary incontinence. For people experiencing incontinence, products to contain leakage are fundamental to health-related quality-of-life, but many product users and healthcare professionals are unaware of available options. No evidence-based guidance on choosing products exists despite known physical and psychological burdens of poorly managed leakage (e.g. isolation, anxiety, depression, skin-damage).

Design and methods: 4 phases, underpinned by international decision-aid guidance. Evidence/expert opinion: Literature review; consultation with specialist continence clinicians (n=7) to establish evidence-base. Prototype: CP-PDA developed with continence specialist (n=7) feedback. Alpha testing (stakeholders): CP-PDA materials were provided to expert patients (n=10) and clinicians (n=11) to assess content/presentation. Beta testing (field) following CONSORT guidelines, registered NIHR CPMS 31077: men (n=50) post-radical prostatectomy randomised to evaluate usability and decision-making using the Decisional Conflict Scale compared with usual care.

Results: An algorithm differentiating patients by mobility, dependency, cognitive impairment and type/level of leakage, leading to 12 user groups was developed. For each group, an option table and associated product information sheets guide product choice. Total Decisional Conflict Score for men using the CP-PDA was significantly better than for men without. CP-PDA users reported greater confidence in product knowledge and choice.

Conclusion: This is the first evidence-based CP-PDA, developed using an internationally recognised method. Compared to usual care, it significantly reduced decisional conflict for men choosing continence products post-prostatectomy.

Relevance to clinical practice: The CP-PDA provides nurses with the first comprehensive, evidence-based intervention to help post-prostatectomy men in complex continence product choices. An online version is available: www.continenceproductadvisor.org.

Title: Impact of urine and mixed incontinence on long-term care preference: a vignette-survey study of community-dwelling older adults.

Citation: BMC geriatrics; Feb 2020; vol. 20 (no. 1); p. 69

Author(s): Carvalho, Nicolas; Fustinoni, Sarah; Abolhassani, Nazanin; Blanco, Juan Manuel; Meylan, Lionel; Santos-Eggimann, Brigitte

Objective: In view of population aging, a better knowledge of factors influencing the type of long-term care (LTC) among older adults is necessary. Previous studies reported a close relationship between incontinence and institutionalization, but little is known on opinions of older citizens regarding the most appropriate place of care. This study aimed at evaluating the impact of urine and/or fecal incontinence on preferences of community-dwelling older citizens.

Methods: We derived data from the Lausanne cohort 65+, a population-based study of individuals aged from 68 to 82 years. A total of 2974 community-dwelling persons were interviewed in 2017 on the most appropriate place of LTC delivery for three vignettes displaying a fixed level of disability with varying degrees of incontinence (none, urinary, urinary and fecal). Multinomial logistic regression analyses explored the effect of respondents' characteristics on their opinion according to Andersen's model.

Results: The level of incontinence described in vignettes strongly determined the likelihood of considering institutional care as most appropriate. Respondents' characteristics such as age, gender, educational level, being a caregiver, knowledge of shelter housing or feeling supported by family influenced LTC choices. Self-reported incontinence and other indicators of respondents' need, however, had no significant independent effect.

Conclusion: Among older community-dwelling citizens, urinary and fecal incontinence play a decisive role in the perception of a need for institutionalization. Prevention and early initiation of support for sufferers may be a key to prevent this need and ensure familiar surrounding as long as possible.

Title: What Is the Most Effective Treatment for Nocturia or Nocturnal Incontinence in Adult Women?

Citation: European urology focus; Feb 2020

Author(s): Bedretdinova, Dina; Ambühl, David; Omar, Muhammad Imran; Sakalis, Vasileios; Thiruchelvam, Nikesh; Schneider, Marc; Nambiar, Arjun; Bosch, Ruud

Objective: Nocturia is a prevalent symptom with varied aetiology and no consensus on treatment options. We systematically reviewed evidence comparing the benefits and harms of various treatment options for nocturia or nocturnal incontinence in women.

Evidence acquisition: Literature search was performed using Embase, Medline, and Cochrane databases (from 1 January 1946 to 26 September 2017), following the methods detailed in the Cochrane Handbook. The protocol was registered with PROSPERO. Certainty of evidence was assessed with the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Evidence synthesis: The literature search identified 3573 citations, of which 11 full-text articles were included. Three studies on desmopressin and four on antimuscarinics provided evidence of improving nocturia symptoms. Four studies on behavioural treatment provided limited evidence and controversial results. One study on oestrogen did not prove the benefit of any mode of administration, and one small study on functional magnetic stimulation provided some evidence of effectiveness in nocturia. One randomised controlled trial (RCT; 141 participants) reported a statistically significant difference between the desmopressin and placebo groups (desmopressin patients experienced 0.75 [95% confidence interval {CI} 0.47-1.03] nocturia episodes less than those experience by the placebo group; certainty of evidence = low). The only RCT on antimuscarinics in women with nocturia reported that oxybutynin reduced the number of nocturia episodes by 0.3 (95% CI -0.02 to 0.62) versus placebo. In one RCT comparing tolterodine with the combination of tolterodine with behavioural therapy, there was significant change from baseline nocturnal incontinence episodes in both groups.

Conclusions: There is some evidence that desmopressin and antimuscarinics are effective treatment options for nocturia; however, there is very limited evidence for other treatment options. The findings should be interpreted with caution as there were some methodological flaws in the included studies, particularly outcome heterogeneity.

Patient summary: This review identified several medical treatments for nocturia in women, such as desmopressin and antimuscarinics, which appear to improve the severity of the condition.

Title: Bladder training for urinary tract symptoms in PD: A randomized controlled trial.

Citation: Neurology; Feb 2020

Author(s): McDonald, Claire; Rees, Jackie; Winge, Kristian; Newton, Julia L; Burn, David J

Objective: To assess the feasibility and efficacy of bladder training for troublesome lower urinary tract symptoms (LUTS) in Parkinson disease (PD).

Methods: In this single-center, single-blinded, randomized controlled trial, participants with a history of PD and LUTS were randomized to a 12-week bladder training program (BT) or conservative advice (CA). Outcome measures included a 3-day volume frequency diary, International Consultation on Incontinence Questionnaire (ICIQ)-Overactive Bladder Module, and ICIQ-Quality of Life Module. Co-primary endpoints were (1) patient perception of change and (2) change in number of urgency episodes at 12 weeks. Secondary endpoints included change in ICIQ scores, number of micturitions, and volume voided.

Results: Thirty-eight participants were randomized (18 to CA, 20 to BT). Both CA and BT were associated with significant improvements in volume voided, number of micturitions, symptom severity scores, and measures of quality of life (all $p < 0.05$). At 12 weeks, compared to CA, BT was associated with significant superiority on patient perception of improvement ($p = 0.001$), significantly greater reductions in number of voids in 24 hours (mean decrease 2.3 ± 0.8 voids vs 0.3 ± 0.5 [$p < 0.05$]), and greater reductions in interference with daily life (2.1 ± 0.8 point improvement vs 0.3 ± 0.7 point deterioration [$p < 0.05$]). BT was not associated with change in urgency episodes (mean change 2.4 ± 1.5 urgency episodes vs 3.5 ± 1.5 [p NS]). At 20 weeks, BT

remained associated with greater improvement in interference in daily life. Loss of significance in other measures may reflect loss of power from loss to follow-up.

Conclusion: This controlled trial demonstrated the potential benefits of BT for LUTS in PD.

Classification of evidence: This study provides Class III evidence that for patients with PD and LUTS, BT significantly increased patient perception of improvement but did not significantly reduce urgency episodes.

Title: Urinary Incontinence in Women.

Citation: Annals of internal medicine; Feb 2020; vol. 172 (no. 3); p. ITC17

Author(s): Vaughan, Camille P; Markland, Alayne D

Abstract: Urinary incontinence (UI) is common among women and contributes to decreased quality of life. Several effective treatment options are available for the most common types of UI (stress, urge, and mixed), including lifestyle and behavioral therapy, drug therapy, and minimally invasive procedures. Most women improve with treatment, and UI is not an inevitable part of aging. To maximize the opportunity for successful treatment, it is critical to align the treatment approach with patient goals and expectations for care, including an assessment of patient-driven priorities regarding potential adverse effects, costs, and expected benefit of different treatment approaches.

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline, King's Fund & Health Foundation

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