

Continence

Current Awareness Bulletin

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1. Incontinence in people living with dementia

Authors: Aldridge, Zena and Dening, Karen Harrison

Publication Date: 2024

Journal: British Journal of Community Nursing 29, pp. S8-S14

Abstract: Dementia and incontinence are both prevalent in older age; yet, neither are an inevitable or normal part of ageing. It has been recognised that there is a skills and knowledge gap in professionals assessing and managing incontinence for people living with dementia. All too often, assumptions are made that incontinence is a symptom of dementia and that nothing can be done if a person living with dementia experiences episodes of incontinence. While dementia may impact on a person's ability to remain continent, it may not be the sole cause, and there may be treatments and strategies that can reduce the incidence in those affected. Therefore, a person-centred continence assessment should be undertaken to promote continence and reduce the impact of incontinence for people living with dementia and those who care for them. This paper will highlight some of the issues that are important for health and social care professionals to explore and identify, assess and manage incontinence to improve outcomes for families affected by dementia.

2. Predictors of Urinary and Fecal Incontinence in Prefrail and Frail Older Adults: A Cross-Sectional Study of the FRAGSALUD Project

Authors: Corral-Pérez, Juan;Ávila-Cabeza-de-Vaca, Laura;Valero-Cantero, Inmaculada;González-Mariscal, Andrea;Ponce-Gonzalez, Jesus;Vázquez-Sánchez, María Ángeles and Casals, Cristina

Publication Date: 2024

Journal: The Journals of Gerontology.Series A, Biological Sciences and Medical Sciences 79(6)

Abstract: Background: Frailty is associated with urinary and fecal incontinence, which are common geriatric syndromes. This study aims to identify health factors associated with incontinence in prefrail or frail older adults living in the community.; Methods: This multicenter cross-sectional study included 225 older adults (75.0 ± 6.4 years) with prefrailty or frailty based on the 5-component Fried phenotype. Physical function was assessed using the Short Physical Performance Battery (SPPB). Physical activity, inactivity, and sleep were estimated using a wrist-worn accelerometer. Urinary or fecal incontinence was registered using the Barthel scale (urine and bowel items). Multivariable logistic regression analyses, with age as a covariate, were conducted to identify associations of incontinence.; Results: In our participants, 27% presented urinary or fecal incontinence with no sex differences ($p = .266$). Our results showed that age, daily medication count, and number of falls in the previous year independently predicted incontinence in frail and prefrail older adults ($p < .05$). Some Fried's criteria, including self-reported exhaustion, gait speed, and handgrip strength, were associated with the presence of incontinence ($p < .05$), but not Fried's classification. The SPPB total score and its isolated variables were significantly associated with the urinary and fecal incontinence ($p < .05$). However, none of the accelerometer outcomes showed significant associations with incontinence status.; Conclusions: According to this study, age, number of medications, and falls (but not sex) are linked to urinary and fecal incontinence in frail or prefrail older adults living in the community, recommending the assessment of physical function using the SPPB rather than estimating daily physical activity, inactivity, or sleep. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For commercial re-use, please contact reprints@oup.com for reprints and translation rights for reprints. All other permissions can be obtained through our RightsLink service via the Permissions link on the article page on our site—for further information please contact journals.permissions@oup.com.)

3. Prevalence of stress urinary incontinence and urge urinary incontinence in multiplesclerosis patients: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Ghasemi, Vida;Kiani, Zahra;Alizadeh, Shiva;Roozbeh, Nasibeh;Mehrnoush, Vahid;MohammadSouri, Behzad;Saniee, Nadia;Shahrour, Walid and Banaei, Mojdeh

Publication Date: 2024

Journal: Neurological Sciences : Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology

Abstract: Urinary incontinence (UI), encompassing stress urinary incontinence (SUI) and urge urinary incontinence (UUI), is a prevalent and debilitating condition in patients with multiple sclerosis (MS), profoundly impacting their quality of life. This systematic review and meta-analysis aimed to elucidate the worldwide prevalence rates of SUI and UUI among MS patients. This study was conducted by examining observational studies published between 2000 and 2023. An exhaustive literature search was conducted across databases such as PubMed, MEDLINE, Web of Science, Scopus, ProQuest, and Google Scholar. The Meta-prop method facilitated pooled prevalence estimation of UUI and SUI, while Egger tests assessed publication bias. In total, 27 studies with 15,052 participants were included in the meta-analysis. The findings revealed a high random effect pooled prevalence of UUI at 41.02% (95% Confidence Interval CI]: 30.57-51.89; $I^2 = 99\%$, $p < 0.001$) and SUI at 25.67% (95% CI: 19.30-32.58%; $I^2 = 94.9\%$, $P < 0.001$). Additionally, the pooled prevalence of mixed urinary incontinence (MUI) was reported at 18.81% (95% CI: 7.55-33.48; $I^2 :95.44\%$, $p < 0.001$). The high heterogeneity observed suggests variable prevalence across populations and highlights the intricate nature of UI in MS. These findings underscore the critical need for dedicated supportive, therapeutic, and rehabilitative interventions to manage this common complaint in MS patients effectively. (© 2024. Fondazione Società Italiana di Neurologia.)

4. Guidance for the provision of absorbent products for adult incontinence

Authors: Kamath, Shruti

Publication Date: 2024

Journal: British Journal of Community Nursing 29, pp. S24-S28

Abstract: The Association for Continence Professionals first published their guidance for the provision of absorbent products for adult incontinence in 2017. This consensus document is targeted towards commissioning leads, NHS Trust Boards, Bladder and Bowel leads, among others, and has been updated over the years to ensure that all adults who suffer with continence issues undergo a comprehensive assessment and have access to an equitable service. This article provides an overview of the latest guidelines which were published in February 2023.

5. Incontinence and homelessness

Authors: Kelly, Anne Marie

Publication Date: 2024

Journal: British Journal of Community Nursing 29, pp. S52-S58

Abstract: The fundamental principles of why specific people become homeless, can be grounded in a simple rationale or founded within sophisticated reasoning. For instance, people who suffer from substance abuse, addiction, alcohol, gambling, have mental health concerns or financial difficulties may be susceptible to homelessness. It is also identified that persons who experienced violence in their childhood or abuse by a partner are at a higher risk of becoming homeless. Homelessness knows no ethnic, cultural, religious or gender boundaries, and can impact all individuals' health and well-being. A health problem and worldwide phenomenon that affects all cohorts of the population, including the

homeless, is urinary incontinence. The aim of this article is to increase the awareness of incontinence and highlight the impact it has on the lives of people that experience homelessness.

6. Urinary Incontinence in Active Female Young Adults: Healthcare Preferences, Priorities and Experiences

Authors: Newark, Rebecca L. and Thompson, Rachel

Publication Date: 2024

Journal: International Urogynecology Journal

Abstract: Introduction and Hypothesis: There is a paucity of evidence on the healthcare preferences of active female young adults with urinary incontinence (UI). This research is aimed at examining the population's healthcare preferences and priorities and their characteristics and experiences to improve access to and use of services.; Methods: This cross-sectional online survey study used a convenience community sample. Participants resided in Australia, were 18-30 years old, had self-reported engagement in physical activity of any frequency and self-reported urine leakage in the previous 4 weeks and met other eligibility criteria. Data were analysed using descriptive analyses.; Results: Thirty-nine participants took part in the study. The majority engaged in recreational exercise (74.2%) and experienced UI of slight to moderate severity (82.9%). Participants preferred to access information and support anonymously online (71.4%) from general practitioners (58.8%), medical specialists (50.0%) or physiotherapists (44.1%). All participants wanted to be involved in the UI management decision-making process. Participants prioritised knowing information over cost (38.2%), changes to daily habits (35.3%) and potential risks or side effects (23.5%) when making decisions about management of UI.; Conclusion: The results highlight the diversity among active female young adults with UI. They emphasise the need for shared decision making and highlight key information needs, providing the basis for the development of decision-making tools and protocols specific to this population. They demonstrate the need for anonymous online information and support, and draw attention to the presence of UI among young recreational exercisers, highlighting the importance of ensuring that information and support is available within this demographic. (© 2024. The Author(s).)

7. Examining the Role of Frailty on Treatment Patterns and Complications Among Older Women Undergoing Procedure-Based Treatment for Urinary Incontinence

Authors: Parker-Autry, Candace; Bauer, Scott; Ford, Cassie; Gregory, W. T.; Badlani, Gopal and Scales, Charles D.

Publication Date: 2024

Journal: The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences 79(6)

Abstract: Background: Aging beyond 65 years is associated with increased prevalence of urinary incontinence (UI), frailty, and increased complication rate with UI treatments. To investigate this relationship, we examined frailty as a predictor of procedure-based UI treatment patterns and urologic complications in Medicare-eligible women.; Methods: We identified women undergoing procedures for UI between 2011 and 2018 in the 5% limited Medicare data set. A claims-based frailty index (CFI) using data from the 12 months prior to the index procedure defined frailty (CFI ≥ 0.25). Urologic complications were assessed during the 12 months following the index procedure. We used unadjusted logistic regression models to calculate odds of having a specific type of UI procedure based on frailty status. Odds of postprocedure urologic complications were examined with logistic regression adjusted for age and race.; Results: We identified 21 783 women who underwent a procedure-based intervention for UI, of whom 3 826 (17.5%) were frail. Frail women with stress UI were 2.6 times more likely to receive periurethral bulking (95% confidence interval CI] 2.26-2.95), compared to nonfrail. Conversely, frailty was associated with lower odds of receiving a Sling or Burch colposuspension. Among women with urgency UI or overactive bladder, compared to nonfrail, frailty was associated with higher odds of both sacral neuromodulation (odds ratio OR] = 1.21, 95% CI: 1.11-1.33) and intravesical

Botox (OR = 1.16, 95% CI: 1.06-1.28), but lower odds of receiving posterior tibial nerve stimulation. Frailty was associated with higher odds of postprocedure urologic complications (OR = 1.64, 95% CI: 1.47-1.81).; Conclusions: Frailty status may influence treatment choice for treatment of stress or urgency UI symptoms and increase the odds of postprocedural complications in older women. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For commercial re-use, please contact reprints@oup.com for reprints and translation rights for reprints. All other permissions can be obtained through our RightsLink service via the Permissions link on the article page on our site—for further information please contact journals.permissions@oup.com.)

8. Sertraline-Associated Urinary Incontinence in an Adolescent With Obsessive-Compulsive Disorder: A Case Report and Literature Review

Authors: Phiphophatsanee, Nacharin and Therdyothin, Atiporn

Publication Date: 2024

Journal: Journal of Clinical Psychopharmacology

9. Is the varying management of incontinence-associated dermatitis due to a lack of understanding of etiology?

Authors: Porter, Michelle

Publication Date: 2024

Journal: British Journal of Community Nursing 29, pp. S34-S36

Abstract: Incontinence-associated dermatitis, previously and sometimes still referred to as moisture lesions or moisture damage, is a commonly seen contact dermatitis that is a reactive response of the skin to chronic contact to urine and faecal matter. Understanding the etiology is fundamental to creating a skin care plan and successfully prevention. Systemic reviews and studies have shown that the continued variability in management results from a combination of knowledge base, observation, diagnosis, and product selection. This article aims to improve clinicians' understanding of incontinence-associated dermatitis and its management.

10. Treatment of fecal incontinence-is there a light in the end of the tunnel?

Authors: Riss, Stefan and Dawoud, Christopher

Publication Date: 2024

Journal: Wiener Klinische Wochenschrift

Abstract: Fecal incontinence (FI) is a common disease with higher incidence rates in the elderly population. Treatment of affected patients remains challenging and ranges from conservative management to surgical techniques. Despite all efforts patients often undergo several therapeutic measurements to achieve reasonable functional improvements. Although sacral neuromodulation still remains a key therapy with success rates up to 80%, a significant number of patients do not respond sufficiently and require further treatment. Several artificial bowel sphincter devices exist, which can lead to better functional control in selected patients. Notably, complications after these surgeries do occur frequently and the need for implant replacement is still considerable high. A novel anal band, developed by Agency for Medical Innovations (A.M.I., Austria) is currently under evaluation. This device, composed of silicone and polyester, is placed around the anus outside the external sphincter muscle complex aiming to improve stool continence via mechanical pressure. Early results of this new operation are eagerly awaited. (© 2024. The Author(s).)

11. Pelvic floor muscle training for urinary incontinence in older adults: a best practice implementation project

Authors: Sic, Terese Kochuvilayil;Cherian, Sunu Alice;Vargese, Saritha Susan;McArthur, Alexa and Lizarondo, Lucylynn

Publication Date: 2024

Journal: JBI Evidence Implementation

Abstract: Objectives: This project aimed to implement best practices for pelvic floor muscle training to manage urinary incontinence among older women in long-term care in Kerala, India.; Introduction: Urinary incontinence is a prevalent and distressing condition that affects a significant proportion of older adults and is characterized by involuntary loss of urine, leading to social embarrassment, decreased quality of life, and increased health care costs. It is more prevalent in women and is associated with dementia, limited mobility, and other comorbidities in long-term care. Pelvic floor muscle training is a first-line treatment option for urinary incontinence in older adults, given its potential to improve quality of life and reduce health care costs.; Methods: This project was based on the JBI Evidence Implementation Framework. A baseline audit was conducted to evaluate current practice against best practices. After identifying barriers and implementing strategies, follow-up audits were conducted after 3 and 6 months.; Results: The baseline audit showed 0% compliance with all best practices. Barriers such as lack of knowledge and practice of pelvic floor exercises for urinary incontinence among participants and nurses; unknown cognitive status; and health emergencies were identified. Strategies including video-assisted training of pelvic floor muscle exercises, training calendars, and flip charts with instructions. The follow-up audits showed significant improvements in compliance.; Conclusions: This project reduced urinary incontinence in the participants. Although two of the audit criteria did not reach 100% compliance by the end of 6 months, the stakeholders of the long-term care facility understood the importance of pelvic floor muscle training, which will be beneficial for future residents with urinary incontinence.; Spanish
Abstract: <http://links.lww.com/JEBH/A211>.; Competing Interests: The authors declare no conflicts of interest. (Copyright © 2024 JBI. Unauthorized reproduction of this article is prohibited.)

12. Pharmacotherapy in Stress Urinary Incontinence; A Literature Review

Authors: Tabei, Seyed Sajjad;Baas, Wesley and Mahdy, Ayman

Publication Date: 2024

Journal: Current Urology Reports

Abstract: Purpose of Review: Stress urinary incontinence (SUI) is a commonly observed condition in females, as well as in males who have undergone prostatectomy. Despite the significant progress made in surgical techniques, pharmacotherapy has not yielded substantial outcomes within the clinical domain. This review aims to present a comprehensive overview of the existing pharmacotherapy options for stress urinary incontinence (SUI) and the emerging therapeutic targets in this field.; Recent Findings: One meta-analysis demonstrated that α -adrenergic medications are more efficacious in improving rather than curing SUI symptoms. One trial showed reduced pad weight gain with PSD-503, a locally administered α -adrenergic receptor agonist. New data show that duloxetine's risk outweighs its benefits. One small-scale trial was found to support the use of locally administered estriol in improving subjective outcomes. Emerging targets include serotonin 5HT_{2C} agonists, selective inhibitors of norepinephrine uptake, and myostatin inhibitors. Only one of the evaluated drugs, duloxetine, has been approved by some countries. Currently, trials are evaluating novel targets. Systemic adverse effects such as gastrointestinal upset with duloxetine and orthostatic hypotension with α -adrenoceptor agonists have hampered the efficacy of drugs used to treat SUI in women and men. (© 2024. The Author(s).)

13. The Concerns of Community-Dwelling Older Women Living with Urinary Incontinence: Qualitative Research

Authors: Talebi, Elnaz;Nobahar, Monir;Foroughan, Mahshid and Asgari, Mohammad Reza

Publication Date: 2024

Journal: International Urogynecology Journal

Abstract: Introduction and Hypothesis: The world including Iran is facing population aging. Urinary incontinence (UI) is one of the most common health concerns of older women that can be accompanied by an increased sense of loneliness, social restrictions, and disruption in activities of daily living in addition to the regular challenges of old age. This study was aimed at explaining the concerns of community-dwelling older women living with UI.; Methods: This study used the conventional, qualitative, content analysis approach with purposive sampling. Twenty interviews were conducted with 18 participants, including 15 community-dwelling older women with UI and three family members (a husband and two daughters), over the span of 14 months (from August 2021 to October 2022). The data were collected via semi-structured, face-to-face interviews until data saturation was achieved, and were analyzed using Graneheim and Lundman's method.; Results: The findings revealed that the concerns of older women with UI include the impasse of UI, being powerless in life, distorted social identity, and marital frustration, which fell under the main theme of sense of inadequacy.; Conclusions: Recognizing the concerns of older women with UI can make health care teams more sensitive to the importance of resolving these concerns and can offer some insight into how best to provide targeted training, support, and counseling services at individual, family, and society levels, to eventually resolve the older adult's sense of inadequacy. (© 2024. The International Urogynecological Association.)

14. Managing pelvic floor dysfunction and incontinence in the frail older woman

Authors: Wagg, Adrian

Publication Date: 2024

Journal: Obstetrics, Gynaecology & Reproductive Medicine 34(5), pp. 113-118

Abstract: The impact of frailty, a state of vulnerability to insult with reduced likelihood of full recovery, resulting in suboptimal clinical outcomes following medical intervention has been recognized for some years. Pelvic floor dysfunction is common in frail older women and, as greater proportions of women survive into late life, the number requiring treatment is likely to increase. This article discusses the assessment of frailty, its impact on management of women with PFD and presents what is known about the management of PFD in frail older women from conservative to surgical therapies.

15. Incontinence-associated dermatitis in older adults in residential care settings: a point prevalence study

Authors: Wall, Breda;Kelly, Anne Marie;White, Patricia and McCann, Margaret

Publication Date: 2024

Journal: British Journal of Nursing (Mark Allen Publishing) 33(9), pp. S16-S28

Abstract: Incontinence-associated dermatitis (IAD) is a skin inflammation caused by contact with urine or faeces or both. It has a negative effect on the patient's quality of life and is indicative of the care provided. However, globally there is a lack of empirical data on the prevalence of IAD.; Aim: To identify, for the first time, the proportion of older adults in extended care settings in Ireland affected by IAD.; Design: Cross-sectional, multisite, point prevalence survey, across three community extended care settings for older people in Ireland.; Methods: Two clinical nurse specialists, using the Scottish Excoriation and Moisture Related Skin Damage Tool, identified the presence of IAD through clinical observation and visual skin inspection. IAD prevalence was calculated for the total population and

incontinent population sets using percentages and confidence intervals (CI).; Results: The prevalence of incontinence was 86.4% (n =165), a significantly higher proportion were female (P =0.003). The point prevalence of IAD across the total population and incontinent population was 11.5% (22/191; 95% CI, 7.4-19.9%) and 13.3% (22/164; 95% CI, 8.5-19.5%), respectively. Being incontinent was associated with being female, more dependent (Barthel), having possible cognitive impairment, poorer mobility (Braden and Waterlow) and a high risk of pressure ulcers (Waterlow). A logistic regression analysis found no predictor variables for IAD among the variables that met the cut-off point for this analysis.; Conclusions: The study provides the first point prevalence empirical data on the occurrence of IAD in Ireland. It can inform decision-making on future planning and budgeting of new quality improvement projects and act as a benchmark for ongoing auditing of IAD.

16. Care Needs of Older Adults With Urinary Incontinence: A Cross-Sectional Study

Authors: Xiang, Su Ying;He, Hao Chong;Liu, Ye;Yu, Bi Jun;Mai, Shu Yuan;Li, Meng Yuan;Yan, Xiao Ying and Huang, Xiao Hong

Publication Date: 2024

Journal: Journal of Gerontological Nursing 50(5), pp. 43-49

Abstract: Purpose: To explore care requirements of older adults with urinary incontinence (UI) and contributing factors. Method: This cross-sectional study used the Older Adults Urinary Incontinence Care Needs Inventory to survey participants with UI in three large-scale tertiary hospitals located in Guangzhou City, China, from January 2023 to November 2023. Statistical analyses, including analysis of variance, t tests, correlation analyses, and linear regression models, were conducted to assess factors influencing participants' care needs. Results: A total of 530 older adults with UI participated in the survey and mean standardized score for overall care needs was 78.65 (SD = 5.01), with mean scores for each dimension ranging from 70.88 (SD = 10.55) for social participation needs to 82.45 (SD = 7.11) for health education needs. Factors that were found to influence incontinence care needs in older adults included age, literacy level, number of leaks, and type of disease (F = 37.07, adjusted R² = 0.290, p < 0.001). Conclusion: Comprehensive care for older adults with UI, encompassing physiological, psychological, and social aspects, is crucial. It is essential to tailor care to individual needs and characteristics, taking into account factors, such as age and education, to ensure effective care. Journal of Gerontological Nursing, 50(5), 43–49.]

17. Penile urinary sheaths: a continence management system for men

Authors: Yates, Ann

Publication Date: 2024

Journal: British Journal of Community Nursing 29, pp. S38-S40

Abstract: Urinary leakage is prevalent in men. To contain and manage this leakage, men are often advised about urinary devices. However, sometimes this advice does not include penile sheaths. Penile sheaths are a good way of managing urinary leakage if an individual is suitable for sheaths. This article will explore this suitability, advantages to using a sheath, reasons why sheaths may not be suitable, and will discuss optimum fitting to ensure the sheath is a secure drainage device.

Sources Used

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