

Continence

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Urological surgery / John Reynard [and seven others].. 2 edn.. 2020

1. Effectiveness of non-pharmacological interventions delivered at home for urinary and faecal incontinence with homebound older people: systematic review of randomised controlled trials

Authors: Buck, Jackie;Hill, Julia Fromings;Collins, Rachael;Booth, Joanne and Fleming, Jane

Publication Date: /06// ,2024

Journal: Age & Ageing 53(6), pp. 1-10

Abstract: Introduction Incontinence is a common, distressing condition, most prevalent in older people. There is an unmet need for effective interventions to support continence. This review focuses on non-pharmacological interventions to reduce incontinence among homebound older people. Aim: to identify interventions with potential to be delivered by care workers, nurses or family members in a person's home. Methods Multiple databases were searched until 15 September 2023 for randomised controlled trials reporting home-based interventions for incontinence for older people (≥65 years) living at home. Two reviewers independently screened titles, abstracts and papers against inclusion criteria, then assessed for the Risk of Bias (RoB2). A third reviewer resolved the discrepancies. Primary data were extracted and synthesised. Results A full-text review of 81 papers identified seven eligible papers (1996–2022, all USA), including n = 636 participants (561 women and 75 men). Two studies focusing on multicomponent behavioural interventions showed benefit, as did one study of transcutaneous tibial nerve stimulation self-administered through electrode-embedded socks. Three, which included cognitively impaired people, reported improvement with toileting assistance programmes, but the effects were not all significant. Results were inconclusive from a study examining the effects of fluid intake adjustments. Interventions were delivered by nurses, three in collaboration with family caregivers. No faecal incontinence interventions met the criteria. Conclusion There is scant evidence for continence supporting interventions delivered in older people's own homes. With an ageing population often reliant on family or social care workers well-placed to support continence promotion and policy drives for services to support older people remaining at home, this evidence gap needs addressing.

2. Incontinence: living with a stigmatised health condition

Authors: Chatterton, Chris

Publication Date: /07// ,2024

Journal: British Journal of Community Nursing 29(7), pp. 340-346

Abstract: This article shares the personal account of the author who is living with double incontinence, and the impact this condition can have on the individual and their carers.

3. Experiences and management of urinary incontinence following treatment for prostate cancer: Disrupted embodied practices and adapting to maintain masculinity

Authors: Green, Richard

Publication Date: /07// ,2024

Journal: Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine 28(4), pp. 489-506

Abstract: This article explores men's experiences of and management strategies for urinary

incontinence (UI) following treatment for prostate cancer. Qualitative interviews with 29 men, recruited from two prostate cancer support groups, explored their post-treatment experiences. Drawing on a conceptual toolkit connecting theories of masculinities, embodiment, and chronic illness, this paper identifies older men's experiences and strategies for managing UI and explores how these are shaped by their masculinities. This article identifies interdependence between managing stigma for UI and maintaining masculinity. Men's embodied practices for engaging in activities in public, crucial to masculine identity, were disrupted. In response, they adopted new reflexive body techniques to manage and resolve their UI, and thereby address the threat to their masculine identities, characterised in three strategies: monitoring, planning, and disciplining. The new embodied practices men described suggest three factors as important components for adopting new reflexive body techniques: routine, desire, and unruliness.

4. Self-efficacy with Pelvic floor muscle training mediates the effect of an App-based intervention on improving postpartum urinary incontinence severity among pregnant women: A causal mediation analysis from a randomised controlled trial

Authors: Hua, Jie;Li, Tiantian;Liu, Sha;Zhang, Danli;Chen, Xiaomin;Cai, Wenzhi and Chen, Ling

Publication Date: /08// ,2024

Journal: Midwifery 135, pp. N.PAG

Abstract: A pragmatic randomised controlled trial has confirmed the effectiveness of Urinary Incontinence for Women (UIW) app-based intervention in improving postpartum urinary incontinence (UI) severity among pregnant women. However, the causal mechanisms underlying this intervention effect remain unclear. To examine the mediating role of self-efficacy with pelvic floor muscle training (PFMT) on the effect of the UIW app-based intervention in improving postpartum UI severity. This was a secondary causal mediation analysis of a single-center, 2-arm, unblinded pragmatic randomised controlled trial. Singleton pregnant women without UI before pregnancy aged ≥ 18 years and between 24 and 28 weeks of gestation were recruited from a tertiary public hospital in China and randomised to receive the UIW app intervention plus oral PFMT instructions ($n = 63$) or oral PFMT instructions alone ($n = 63$). The primary outcome was postpartum changes in UI severity at 6 weeks. Changes in self-efficacy with PFMT 2 months after randomisation were a hypothesised mediator. Causal mediation analysis was used to estimate the average causal mediation effect (ACME), average direct effect (ADE), average total effect (ATE), and proportion mediated. A sensitivity analysis was conducted to examine the robustness of the ACME in relation to potential unmeasured confounding. Data from 103 participants were analyzed. The ATE of UIW app-based intervention on postpartum UI severity was 2.91 points (95 % confidence intervals CI] 1.69 to 4.12), with ADE of 1.97 points (95 % CI 0.63 to 3.41) and the ACME 0.94 points (95 % CI 0.27 to 1.72). The proportion of ATE mediated by self-efficacy with PFMT was 0.32 (95 % CI 0.08 to 0.67). Sensitivity analysis revealed the robust ACME with respect to the potential effects of unmeasured confounding. An increase in self-efficacy with PFMT partially mediated the effect of the UIW app intervention on improvements in postpartum UI severity. The original trial was prospectively registered in the Chinese Clinical Trial Registry under the reference number ChiCTR1800016171 on 16/05/2018. Further details can be accessed at: <http://www.chictr.org.cn/showproj.aspx?proj=27455>.

5. Factors affecting the development of incontinence dermatitis among patients in intensive care unit

Authors: Tülü, Burcu and Üzen Cura, Şengül

Publication Date: /08// ,2024

Journal: Journal of Tissue Viability 33(3), pp. 357-361

Abstract: This research was conducted to determine the factors affecting the development of incontinence-associated dermatitis in intensive care patients. The sample of the study consisted of 114

intensive care patients who developed incontinence-associated dermatitis. Patients were followed for a minimum of 8 days. The 'Patient Information Form' and the 'Incontinence-Associated Dermatitis and Severity Instrument (IADSI)' were used for data collection. The data were collected between February and May 2022. Ethics committee approval was obtained for the research. In the evaluation of the data, SPSS for Windows (Version 24.0, Statistical Package for Social Sciences) program was used. It was determined that there was a statistically significant difference in the mean IADSI score between day 1 (17.79 ± 6.06) and day 8 (27.35 ± 9.55). Statistically significant differences were found between mean IADSI score and gender, status of smoking and alcohol use, chronic disease status, regular medication use, type and level of nutrition, defecation characteristics and number, presence of infection, presence of urinary and fecal incontinence, mobility and sweating status, body and defecation hygiene, age and BMI ($p < 0.05$). The day 8 IADSI scores are considered to be evidence of the rapid progress of IAD after its development. It is important to know the risk factors associated with IAD in order to recognize the risk factors before IAD develops and to take possible precautions for these risk factors. • Nurses are of key importance in preventing of IAD in patients. • It is important to know the risk factors to prevent IAD. • IAD risk factors should be taken into account when providing care

6. The role of community pharmacy in the promotion of continence care: A systematic review

Authors: Uren, Alan; Dawson, Shoba; Cotterill, Nikki; Williams, Ade; McLeod, Hugh; Chandler, David and Watson, Margaret

Publication Date: /08// ,2024

Journal: Research in Social & Administrative Pharmacy : RSAP 20(8), pp. 689-696

Abstract: Objectives: Community pharmacies are convenient healthcare settings which provide a wide range of services in addition to medicine supply. Continence care is an area where there is an opportunity for the implementation of new innovations to improve clinical and service outcomes. The objective was to systematically evaluate evidence for the effectiveness, safety, acceptability and key determinants of interventions for the promotion and implementation of continence care in the community pharmacy setting.; Methods: The protocol was registered in the International Prospective Register of Systematic Reviews database (PROSPERO: CRD42022322558). The databases Medline, Embase, PsycINFO and CINAHL were searched and supplemented by grey literature searches, according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses checklist. In total, 338 titles and abstracts were screened, 20 studies underwent full-text screening and four studies met the inclusion criteria and underwent quality assessment. The results are reported narratively due to the heterogeneity of study designs.; Results: There was some evidence for the effectiveness of interventions, resulting in increased provision of consumer self-help advice and materials, referrals to other care providers, and an increase in staff knowledge and confidence in continence care. Evidence was inconclusive for clinical outcomes due to small sample sizes and poor follow-up rates. Acceptability of interventions to both pharmacy staff and consumers was generally positive with some frustrations with reimbursement procedures and time constraints. Facilitators of a successful pharmacy-based continence service are likely to include staff training, high-quality self-care resources, increased public awareness, and the establishment of effective referral pathways and appropriate reimbursement (of service providers).; Conclusions: There is a paucity of evidence regarding the contribution of the community pharmacy sector to continence care. The development of a new pharmacy bladder and bowel service should involve patients, healthcare professionals and policy stakeholders to address the potential barriers and build upon the facilitators identified by this review.; Patient Summary: We identified research that had explored how community pharmacy (chemist) personnel might support people with continence problems (e.g. bladder and bowel leakage). Only four studies were identified, however, they reported that training for pharmacy personnel and providing self-help advice about continence can be successful and was well-received by patients. (Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

7. An Economic Evaluation of a Web-Based Management Support System for Children With Urinary Incontinence: The eADVICE Trial

Authors: Von Huben, Amy;Howell, Martin;Richards, Deborah;Hamilton, Sana;Howard, Kirsten;Teixeira-Pinto, Armando;Craig, Jonathan C.;Seton, Chris;Waters, Karen;Deshpande, Aniruddh;Scott, Karen M. and Caldwell, Patrina H. Y.

Publication Date: /07// ,2024

Journal: The Journal of Urology 212(1), pp. 185-195

Abstract: Purpose: Children who require specialist outpatient care typically wait substantial periods during which their condition may progress, making treatment more difficult and costly. Timely and effective therapy during this period may reduce the need for lengthy specialist care. This study evaluated the cost-effectiveness of an individualized, evidence-informed, web-based program for children with urinary incontinence awaiting a specialist appointment (Electronic Advice and Diagnosis Via the Internet following Computerized Evaluation eADVICE]) compared to usual care. eADVICE was supervised by a primary physician and delivered by an embodied conversational agent.; Materials and Methods: A trial-based cost-effectiveness analysis was performed from the perspective of the health care funder as a substudy of eADVICE, a multicenter, waitlist-controlled, randomized trial. Outcomes measures were incremental cost per incremental change in continence status and quality of life on an intention-to-treat basis. Uncertainty was examined using cost-effectiveness planes, scenarios, and 1-way sensitivity analyses. Costs were valued in 2021 Australian dollars.; Results: The use of eADVICE was found to be cost saving and beneficial (dominant) over usual care, with a higher proportion of children dry over 14 days at 6 months (risk difference 0.13; 95%CI 0.02-0.23, P = .03) and mean health care costs reduced by \$188 (95%CI \$61-\$315) per participant.; Conclusions: An individualized, evidence-informed, web-based program delivered by an embodied conversational agent is likely cost saving for children with urinary incontinence awaiting a specialist appointment. The potential economic impact of such a program is favorable and substantial, and may be transferable to outpatient clinic settings for other chronic health conditions.

8. Comparison of acupuncture and moxibustion related non-surgical therapies for women with stress urinary incontinence: A systematic review and network meta-analysis of randomized controlled trials

Authors: Zhou, Zelin;Zhang, Yang;Deng, Haowei;Qin, Xiaowen and Sun, Yuping

Publication Date: /07// ,2024

Journal: Explore: The Journal of Science & Healing 20(4), pp. 493-500

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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