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Continence

Current Awareness Bulletin

October 2025

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Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

People living with dementia often experience episodes of incontinence of urine, faeces or both, which can have a profound impact on their lives and on their carers'. There is a misconception that nothing can be done to address incontinence; however, continence can be promoted through a balanced diet, exercise and a clear routine.

Continence is not always managed well in people with dementia in hospital, living at home or in care homes. Identifying, assessing and managing these problems can help people with dementia maintain their dignity and improve their health.

In a previous Collection, we explored how to improve continence care for people with dementia. You can also listen to our accompanying podcast, where we talk to experts about their views on this topic

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1. **The Impact of Urinary Incontinence, Sexual Dysfunction, and Depressive Symptoms on Health-Related Quality of Life Over the 12-Month Postpartum Period.**

Authors: Chiang M.K.;Lin W.A.;Lee C.N. and Chang, S. R.

Publication Date: 2025

Journal: The Journal of Nursing Research : JNR (pagination), pp. Date of Publication: 02 Oct 2025

Abstract: BACKGROUND: The physical and psychological challenges faced by postpartum women adversely affect their health-related quality of life (HRQoL). However, the influence of urinary incontinence (UI), sexual dysfunction, and depressive symptoms on HRQoL across the first postpartum year remains unclear. PURPOSES: This study was designed to investigate the association of UI, sexual dysfunction, and depressive symptoms with HRQoL and to examine changes in HRQoL across the initial 12-month postpartum period.
METHOD(S): The participants (n=613) completed the study questionnaire at four time points: 4-6 weeks and 3, 6, and 12-months postpartum. The questionnaire was mailed from a medical center maternity unit and included the International Consultation on Incontinence Questionnaire Urinary Incontinence Short Form, Female Sexual Function Index, the Center for Epidemiologic Studies

Depression Scale, and the 36-item Short-Form Health Survey.
RESULT(S): Moderate to severe UI (beta =-2.99), sexual satisfaction (beta =-0.43), and lubrication (beta =0.44; all p <.05) were associated with physical HRQoL over the 12-month postpartum period. Mental HRQoL was influenced by moderate to severe UI (beta =-1.3), sexual satisfaction (beta =0.61; both p <.05), and depressive symptoms (beta =-11.07; p <.001). The lowest physical and mental HRQoL scores were identified in the first month postpartum (all p <.001). Physical HRQoL increased more significantly at 6 and 12 months than at 3-months postpartum (both p <=.001).
CONCLUSIONS/IMPLICATIONS FOR PRACTICE: The first month postpartum represents a critical period for assessing HRQoL, when it is lowest. UI severity, sexual satisfaction, lubrication, and depressive symptoms were all shown to impact HRQoL significantly, indicating the need for proactive evaluations and tailored interventions by healthcare providers. Future research should identify interventions that effectively improve HRQoL during the postpartum period.

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2. **Results of the international audit for faecal incontinence on behalf of the European Society of Coloproctology (ESCP) collaborating group.**

Authors: Dulskas A.;Cerkauskaite D.;ElHussuna A.;Gallo G.;Dardanov D.;Svagzdys S.;Singh B.;Pinkney T.;Pellino G.;Glasbey J.;van Ramshorst G.;Chaudhri S.;Frasson M.;Pata F.;Morton D. and Knowles, C. H.

Publication Date: 2025

Journal: Colorectal Disease : The Official Journal of the Association of Coloproctology of Great Britain and Ireland 27(10), pp. e70245

Abstract: AIM: The aim of this study was to evaluate the prevalence of faecal incontinence (FI) among patients attending colorectal clinics in a global setting, treatment choices and accessibility to diagnostic and treatment tools.
METHOD(S): An international, prospective, multi-centre snapshot audit and survey of patients undergoing consultation regarding FI was undertaken from January 9 to February 28, 2023. Participating units included patients in the audit who presented until March 28, 2023. Main outcomes measured included the prevalence of FI in clinical practice, diagnostic approaches, treatment patterns and availability of interventions.
RESULT(S): A total of 1853 outpatients with FI and 363 surgical patients were included, representing a prevalence of 6.3% of total clinic attendance over the same period. The majority of patients were female (75.3%), parous (85% of females). Patients presented with passive and urge incontinence, or both, in fairly even proportions (34.8 vs. 29.4 vs. 33.7%, respectively). Aetiology was most commonly anal injury (surgical or obstetric: 15.4% vs. 19.8%, respectively), but with significant proportions of other surgical conditions, such as low anterior resection syndrome (11.1%) and rectal prolapse (12.7%). In the surgical audit (n = 363), the majority of patients had received previous treatment (61.1%), including pelvic floor physiotherapy (67.1%), bowel retraining with biofeedback (51.4%), and nurse-led continence support (40.5%). Of 395 procedures performed, sacral neuromodulation was the most common (28.9%), followed by sphincteroplasty (22.0%). In the global practice survey (n = 250 respondents), endoanal ultrasound (EAUS) (82.4%) and anorectal manometry (74.4%) were the most available diagnostic tools.
CONCLUSION(S): Globally, FI forms a significant part of colorectal surgeons' clinical workload, with a skew toward structural causes of FI. Practice varies according to the availability of diagnostics and procedures.

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3. **Prognostic factors for urinary incontinence after robot-assisted radical prostatectomy: a systematic review and meta-analysis.**

Authors: Huang H. and Cai, K.

Publication Date: 2025

Journal: Journal of Robotic Surgery 19(1) (pagination), pp. Article Number: 628. Date of Publication: 01 Dec 2025

Abstract: The risk factors for urinary incontinence (UI) in individuals diagnosed with prostate cancer receiving robot-assisted radical prostatectomy (RARP) remain uncertain. This study aimed to systematically review urinary incontinence-related prognostic factors after RARP. Systematic searches were performed in the PubMed, Embase, and Web of Science databases through May 6, 2025. English-language studies investigating potential predictors of postoperative UI in RARP cases were considered. The Quality In Prognosis Studies (QUIPS) tool was utilized to evaluate the quality of the studies included. A random-effects meta-analysis was conducted to pool the odds ratios (ORs) extracted from the available studies on UI and its prognostic factors. Forty-eight studies comprising 12,620 participants were incorporated. The QUIPS assessment indicated a high risk of bias in study participation and confounding. Within the first 3 months following RARP, several variables were linked to postoperative UI, including age (OR per year: 1.04, 95% CI: 1.03-1.05), membranous urethral length (MUL; OR per mm: 0.83, 95% CI: 0.76-0.91), International Prostate Symptom Score (IPSS; OR per point: 1.03, 95% CI: 1.01-1.05), body mass index (BMI; OR per point: 1.019, 95% CI: 1.000-1.039), and prostate volume (PV; OR per ml: 1.009, 95% CI: 1.004-1.013). Between 3 and 12 months after surgery, age (OR per year: 1.05, 95% CI: 1.03-1.06), MUL (OR per mm: 0.81, 95% CI: 0.71-0.94), and IPSS (OR per point: 1.023, 95% CI: 1.001-1.046) remained independent predictors of UI. Increasing age, larger PV, higher BMI, shorter MUL, and higher IPSS were linked to worse UI within 3 months after surgery, with age, IPSS, and MUL remaining predictive at 3-12 months.

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4. **Prevalence of Incontinence-Associated Dermatitis and Evaluation of Nurses' Knowledge, Attitudes, and Practices in Intensive Care Units**

Authors: Karpuz, Huriye and Güneş, Ülkü

Publication Date: 2025

Journal: Nursing in Critical Care 30(6), pp. e70199

Abstract: Background: Incontinence-associated dermatitis (IAD) is a common yet preventable condition, but its management is often hindered by inadequate training and the lack of standardised protocols.; Aim: This study aimed to investigate the prevalence of IAD in intensive care units (ICUs) and assess nurses' knowledge, attitudes, and practices regarding its prevention and management.; Study Design: This study employed a cross-sectional design and was conducted over a 1-month period across all ICUs. The study was conducted from 1 February to 1 June 2024, in the adult internal medicine and surgical ICUs of a training hospital in Izmir, Turkey. Of 280 nurses, 200 met inclusion criteria, including at least 1 year of ICU experience and voluntary participation. Data were collected via a demographic form and the 'Assessment Scale for Nurses' Knowledge, Attitudes, and Practices in IAD Management'. Prevalence data were obtained through daily patient skin assessments over 1 month using the 'Incontinence-Associated Dermatitis and Severity Instrument', evaluating 13 body areas and calculated based on diagnosed cases.; Results: The mean scores for nurses on the IAD aetiology and diagnosis knowledge, risk factors knowledge, attitudes and practices scales were 16.13 (SD 2.65), 21.74 (SD 2.63), 9.21 (SD 2.41) and 19.41 (SD 2.50), respectively. These results indicate that nurses had moderate knowledge but relatively low attitudes towards IAD prevention and suboptimal practice levels. The prevalence of IAD in the ICUs was found to be 11.2%. Although no significant relationships were observed between IAD prevalence and nurses' knowledge or attitudes, a significant negative relationship was identified between IAD prevalence and nurses' practice scores.; Conclusion: To reduce IAD prevalence, healthcare settings must implement evidence-based nursing practices alongside continuous education, appropriate care conditions and standardised protocols. Future studies should focus on evaluating the effectiveness of these interventions in improving patient outcomes.; Relevance to Clinical Practice: This study highlights the high prevalence of IAD in ICUs and

underscores the need for improved nursing practices in its prevention and management. Although nurses' knowledge and attitudes did not significantly impact IAD prevalence, their practices were closely linked to its occurrence. These findings suggest that enhancing practical skills through targeted education and standardised protocols could reduce IAD prevalence. (© 2025 British Association of Critical Care Nurses.)

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5. **Evaluation of a video-based decision-aid for women considering stress urinary incontinence surgery.**

Authors: Kassab O.;Ong H.L.;Stewart F.;Sokolova I. and Agur, W.

Publication Date: 2025

Journal: BJOG: An International Journal of Obstetrics and Gynaecology Conference, pp. RCOG

Abstract: Objective: Stress urinary incontinence (SUI) is a common and disruptive condition in women. This study aims to use patient feedback from validated questionnaires to evaluate the usefulness of a 3.5-minute medical video demonstrating SUI surgeries.
Design(s): T his s ervice e valuation s tudy e xamines a v ideo-clip comparing the advantages and disadvantages of four SUI procedures. Created by the urogynaecology multidisciplinary team at NHS Ayrshire and Arran, the video was based on the validated SUI-patient decision aid (SUI-PDA, 2019). It was developed using the co-creation principle, with language reviewed for patient understanding, and published on YouTube on 17 December 2021 (https:// youtu. be/ rKRrS V0QVMk).
Method(s): Patients and healthcare professionals assessed the video-clip's utility using DISCERN, a validated tool with two domains: 'Reliability' and 'Quality'. Patients also completed 183 the Decisional Conflict Scale (DCS) before and after watching the video, recording their values and treatment preferences. The total DCS score and the scores for each DCS subscale were analysed and presented in relation to patient choice.
Result(s): Over 2 4 months (2022-2024), 2 4 respondents (14 patients, 10 healthcare professionals) completed the DISCERN questionnaire. The average age of patient respondents was 52.5 years old. The average DISCERN score was 87.0% for patients and 84.5% for professionals, with the 'Reliability' domain scoring higher (89.1%) than the 'Quality' domain (82.9%) for both groups. In 'Reliability', the video scored highest (96.7%) for having "clear aims" and lowest (80%) when providing 'details of additional sources of support and information'. In 'Quality', it scored highest (94.2%) for 'describing how each treatment worked' but lowest (66.7%) on describing 'what would happen if no treatment were used'. Patient and professional responses to this question varied the most (patients: 75.7%, professionals: 54.0%). DCS data was available for 12 patients. The average total DCS score dropped from 14.6/100 before watching the video to 5.9/100 after the video, indicating increased confidence in decision-making. The 'uncertainty' DCS subscale exhibited the largest reduction between pre-and post-video (19.4 to 7.6). Four patients chose colposuspension, four chose urethral bulking agent injection, and four chose the autologous fascial sling. Three patients (25%) changed their initial decision of 'unsure' to a preferred procedure after viewing the video.
Conclusion(s): Patients and healthcare professionals found the SUI-PDA video useful in communicating medical information and reducing uncertainty for women contemplating SUI surgery. The visual demonstrations of procedures were particularly valuable. A larger multi-centre evaluation study is underway to validate the SUI-PDA video-clip in different populations and settings.

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6. **Efficacy of Double-Pocket Fecal Catheter System Combined With Camellia Oil Application in the Prevention and Treatment of Irritant Contact Dermatitis Due to Incontinence Among Patients in the Intensive Care Unit**

Authors: Li, Qiulin;Wang, Chunli;Wang, Fen;Xu, Qinglin;Duan, Zhisheng;Shi, Chao and Xing, Liping

Publication Date: 2025

Journal: Advances in Skin & Wound Care

Abstract: Objective: To explore the efficacy of a double-pocket fecal catheter system combined with camellia oil application in the prevention and treatment of irritant contact dermatitis (ICD) due to incontinence among patients in the intensive care unit (ICU).; Methods: A total of 248 patients admitted to the integrated ICU of the authors' hospital between January 1, 2022, and December 31, 2023, were selected. Among them, 204 high-risk patients with ICD due to incontinence were identified using the perineal assessment tool. The high-risk patients were divided into research group 1 (camellia oil application), research group 2 (double-pocket fecal catheter system combined with zinc oxide ointment application), research group 3 (double-pocket fecal catheter system combined with camellia oil application), and the control group (zinc oxide ointment application). The incidence, time of onset, severity, daily treatment cost, nursing efficiency, and healing time of ICD due to incontinence were compared among different groups.; Results: Different treatment methods had varying effects on the incidence ($\chi 2=14.211$, P<.001), time of onset (F=5.521, P=.013), severity (P=.023), daily treatment cost (F=9.607, P<.001), nursing efficiency (P=.037), and healing time of ICD due to incontinence (F=3.907, P=.028). The performance of research group 3 in terms of ICD due to incontinence onset and healing times was superior to that of the other groups, with statistically significant differences (P<.001).; Conclusions: Camellia oil combined with a double-pocket fecal catheter system exhibits high efficacy in the prevention and treatment of ICD due to incontinence among patients in the ICU.

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7. **Low-carbohydrate diet, overweight/obesity and female urinary incontinence: results from the National Health and Nutrition Examination Survey.**

Authors: Lv W.;Zhao X. and Liu, L.

Publication Date: 2025

Journal: BMC Women's Health 25(1) (pagination), pp. Article Number: 462. Date of Publication: 01 Dec 2025

Abstract: Background: The purpose of this study was to evaluate the impact of low-carbohydrate diet (LCD) on the relationship between overweight/obese and urinary incontinence (UI) in women.
Method(s): A total of 13,733 female patients were included in this cross-sectional study, utilizing data from the National Health and Nutrition Examination Survey 2007-2018. Various subtypes of UI were the primary endpoint. Overweight was defined as 25 kg/m^2 ^{2}; obese was defined as BMI >= 30 kg/m^2. LCD was categorized into two groups based on median value: low-LCD group, high-LCD group. We employed weighted univariate and multivariate regression analysis to examine the association between overweight, obese, and UI [including stress UI (SUI), urge UI (UUI), mixed UI (MUI), or any UI)] within each group (low-LCD and high-LCD groups).
Result(s): 47.53% presented with low-LCD score, and 52.47% had high-LCD score. The association between overweight or obese and an increased risk of SUI in both the low-LCD and high-LCD groups. Compared to the low-LCD group, the correlation between BMI and SUI was reduced in high-LCD group. Obese was related to a higher risk of UUI in female with low/high-LCD score. Women with high-LCD score exhibited a diminished correlation between obese and UUI risk, in contrast to their counterparts with low-LCD score. Similarly, higher risk of MUI can be found in overweight and obese female with low LCD score. In the high LCD group, obese was significantly associated with an increased risk of MUI. When the LCD score increased, there was a corresponding decrease in the impact of obese on MUI risk. Any subtype of UI risk was higher among women who were overweight or obese, regardless of their low or high LCD score. As the LCD score increased, the impact of overweight/obese on the any subtypes of UI risk decreased.
Conclusion(s): High-LCD score may attenuate the impact of overweight or obese on the SUI, UUI, MUI and any UI. Adopting LCD pattern may have the potential to mitigate the risk of overweight and obese-related UI.

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8. **Prevalence and Pathophysiology of Loose Stools and Their Impact on Clinical Severity and Quality of Life in Women With Fecal Incontinence**

Authors: Raventós, Alba;Carrión, Silvia;Español, Daniel;Bascompte, Cristina;Karunaratne, Tennekoon Buddhika;Clavé, Pere and Mundet, Lluís

Publication Date: 2025

Journal: Journal of Clinical Gastroenterology 59(10), pp. 964–975

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9. **Smart Continence Care for People With Profound Intellectual and Multiple Disabilities Within Dutch Residential Care Facilities: Economic Evaluation Alongside a Cluster Randomized Trial**

Authors: van Cooten, Vivette Jc;van Mastrigt, Ghislaine Apg;Gabrio, Andrea;Evers, Silvia Maa;Gielissen, Marieke Fm and Boon, Brigitte

Publication Date: 2025

Journal: Journal of Medical Internet Research 27, pp. e72017

Abstract: Background: Persons with profound intellectual and multiple disabilities in residential care facilities may benefit from smart continence care (SCC), which is incontinence material (IM) with integrated sensors that notify caregivers when the IM is saturated and requires changing. SCC aims to reduce weekly leakages and improve the quality of life.; Objective: Given the growing demand for health care services and the decreasing workforce, it is essential to assess the cost-effectiveness and cost-utility of such technologies.; Methods: This economic evaluation was conducted alongside a cluster randomized trial across 6 care organizations in the Netherlands. The incremental cost-effectiveness ratio (ICER) was expressed as the additional societal costs of SCC in relation to a reduction in weekly leakages. The incremental cost-utility ratio used Quality Adjusted Life Years measured via the EQ-5D-5L proxy 1 version. Robustness was assessed using bootstrapping, sensitivity, and subgroup analyses for variations in pricing and alternative outcomes (weekly IM changes IMCs] and time savings). The study period was 12 weeks.; Results: The analyses included 74 participants in the regular continence care (RCC) group and 82 participants in the SCC group. Analyses were corrected for baseline differences in the time spent on continence care and utility. SCC is found to be less effective (-1.058, 95% CI -1.878 to -0.262) and more costly (US $371, 95% CI US$ -0.09 to $771) than RCC for the number of leakages as the outcome, placing the ICER in the northwest (NW; inferior) quadrant of the cost-effectiveness plane. Cost-utility analyses showed a high uncertainty, with results in both the NW and northeast quadrants. Scenario analysis suggested that the negative effect on leakages was due to implementation challenges. Sensitivity analyses showed that the supplier's new pricing model had a slight positive effect, reducing the estimated total societal costs, although uncertainty remains. SCC was estimated to effectively reduce weekly IMCs (ICER in the northeast quadrant) but did not save time (ICER in the NW quadrant).; Conclusions: The results of this economic evaluation are not conclusive because of the mixed outcomes and a limited timeframe. SCC is ineffective in reducing the number of weekly leakages, but it does reduce the number of weekly IMCs. However, SCC was not effective in reducing time spent on continence care. Findings suggest that SCC is expected to be more expensive than RCC, although the supplier's new pricing model may decrease costs. The use of technologies such as SCC should not solely be based on cost-effectiveness and cost-utility outcomes. This technology offers value by generating data that can support personalized care. However, the realization of this added value is not guaranteed and may differ between individuals. Implementation challenges and individual variability underline the need for tailored approaches.; Trial Registration: ClinicalTrials.gov NCT05481840; https://clinicaltrials.gov/ct2/show/NCT05481840.

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10. **A multidimensional analysis-based risk prediction model for stress urinary incontinence in middle-aged and elderly women.**

Authors: Wang Z.;Shi Y.;Xu Z.;Xi J. and Zhang, Y.

Publication Date: 2025

Journal: BMC Women's Health 25(1), pp. 469

Abstract: BACKGROUND: Urinary incontinence (UI) is a common condition in middle-aged and elderly women, characterized by involuntary urine leakage. It significantly affects quality of life, causing embarrassment, depression, social isolation, and economic burdens. Although the prevalence of UI among adult Chinese women has declined to approximately 16.0% from 30.9% fifteen years ago, the rate of medical consultation remains low, around 10%.
OBJECTIVE(S): This study aimed to develop a multidimensional predictive model for stress urinary incontinence (SUI) to assist in the elderly women identification of high-risk individuals.
METHOD(S): We conducted a retrospective review of clinical data from female patients undergoing urodynamic evaluations at the [BLINDED FOR REVIEW] from September 2020 to March 2025. After excluding incomplete records, 202 participants were included and randomly allocated into a training set (n = 151) and a validation set (n = 51) at a ratio of 7:3. Clinical variables including demographic characteristics, lifestyle factors, obstetric history, and relevant comorbidities (hypertension, diabetes, urethral prolapse, etc.) were analyzed. Predictive variables were selected using Least Absolute Shrinkage and Selection Operator (LASSO) regression in the training set. Subsequently, multivariable logistic regression analysis was conducted to construct the prediction model and nomogram. The nomogram provides an intuitive tool for individualized risk assessment, enabling early identification and targeted interventions. The discrimination ability was evaluated by the area under the receiver operating characteristic (ROC) curve (AUC), calibration was assessed via the Hosmer-Lemeshow test and calibration curves, and clinical utility was measured through decision curve analysis (DCA).
RESULT(S): Baseline characteristics revealed significant differences between SUI and non-SUI groups regarding BMI (P = 0.003), smoking (P = 0.001), alcohol consumption (P = 0.001), urinary tract symptoms (P = 28 kg/m2 (OR = 15.18, P = 0.007), urethral prolapse (OR = 12.57, P = 0.009), parity >= 3 (OR = 21.92, P = 0.033), diabetes mellitus (OR = 16.37, P = 0.011), history of urinary tract diseases (OR = 9.01, P = 0.004), and heavy physical labor (OR = 6.90, P = 0.05). These variables were confirmed as independent predictors by multivariate logistic regression (all P <= 0.05). The area under the ROC curve (AUC) was 0.94 (95% CI: 0.89-0.99) in the training set and 0.77 (95% CI: 0.63-0.92) in the validation set, indicating robust discrimination ability. Calibration curves showed high consistency between predicted and observed outcomes (Hosmer-Lemeshow test, P = 0.618). DCA demonstrated substantial net clinical benefits within the threshold probability range of 10-60%. The nomogram provided intuitive individualized risk assessment.
CONCLUSION(S): This study successfully developed a multidimensional predictive model for SUI with favorable discrimination, calibration, and clinical applicability. The model serves as a valuable tool for early identification and targeted interventions in women at high risk of SUI. Further prospective studies and external validations are warranted to assess its applicability across diverse populations. A nomogram-based multidimensional model accurately predicts the risk of stress urinary incontinence, aiding early identification and targeted intervention in middle-aged and elderly women.

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11. **Urinary incontinence developmental trajectories and risk predictors: a prospective study from pregnancy to 4 years after childbirth**

Authors: Wang, Xiaojuan;Mao, Minna;Xie, Fang;Zhao, Rujia;Guo, Pingping;Zhang, Wei and Feng, Suwen

Publication Date: 2025

Journal: BMC Public Health 25(1), pp. 1–11

Sources Used

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

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