

## A COMPARATIVE EVALUATION OF CONSERVATIVE METHODS OF CONTINENCE MANAGEMENT AMONG HOME- BOUND WOMEN OVER THE AGE OF 65 YEARS: A REVIEW OF THE LITERATURE.

### Hypothesis / aims of study

The literature illustrates a need to improve access and outcomes for older women to address their symptoms of urinary incontinence. The purpose of the literature review is to evaluate the most common forms of conservative management for management of urge, stress and mixed incontinence in homebound women over the age of 65 years.

Given the evidence that most motivated patients receive some benefit from behavioural treatment and that it involves minimal risk or discomfort, there is no reason to discourage any older women with stress, urge or mixed incontinence who is motivated to exert the effort necessary to participate in behavioural or physical therapy.

### Study design, materials and methods

A systematic search and review of bibliographic and review databases from the last 15 years. There will be a methodical outline and review of the evidence related to the principles of the most common forms of conservative management of urge, stress and mixed incontinence in women over the age of 65 years. Outcomes of major interest were a reduction of the reported incidents of urinary incontinence. Other outcomes included increased satisfaction, decreased nocturia, and reduction in the use of pads and reduced frequency of urination.

### Results

Conservative management generally starts with low risk intervention that includes life style intervention, weight loss, reduced caffeine and alcohol, treating constipation and cough and smoking cessation.

Toileting programmes include habit training, timed voiding, prompted voiding and scheduled voiding. A toileting programme is a powerful therapeutic activity that positively affects mobility, behaviour, skin integrity, potential for urinary tract infection, bowel dysfunction, fluid intake as well as continence status.

A combination of pelvic floor muscle training and bladder training is better than bladder training alone in the treatment of urge and mixed continence. Overall, evidence shows that pelvic floor muscle training is better than placebo or no treatment. There is limited evidence on the efficacy of bio feedback assisted pelvic floor muscle training and does not appear to be superior to pelvic floor muscle training alone.

The use of pelvic floor muscle training to control urge incontinence as part of bladder training has a less substantial biological rationale. There is limited evidence on the efficacy of biofeedback-assisted pelvic floor muscle training. It does not appear to be superior to pelvic floor muscle training alone. Though biofeedback assisted pelvic floor muscle training including deferment techniques in the cognitively intact older person is recommended since it can improve continence.

### Interpretation of results

Predictors to response to conservative therapy for urinary incontinence are small. Clinical biases exist as to whether the woman's response to training depends on her ability to contract her pelvic floor muscles or the severity of the incontinence. Woman who are more symptomatic are more likely to achieve a significant response to exercise therapy compared to women who have been selected in a group and who are less symptomatic and have a less effective pelvic floor squeeze.

### Concluding message

All conservative management options used in the younger adult might be used in the older adult and even selected frail older motivated people. Older woman with the symptoms of mixed incontinence are likely to benefit from a mix of two approaches, pelvic floor muscle training and bladder training with some added biofeedback. Based on this information women and in particular older woman experiencing urinary incontinence should not be excluded from a trial of behavioural and physical therapy in conjunction with other conservative measures.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It is a literature review **Helsinki:** Yes **Informed Consent:** No