

215

Authors: T. L. Griebing, J. E. Cuezze, L. J. Redford, E. F. Brown
Institution: The University of Kansas
Title: EVALUATION OF THE USE OF ANTI-CHOLINERGIC MEDICATIONS IN THE TREATMENT OF URINARY INCONTINENCE IN NURSING HOME RESIDENTS USING THE MINIMUM DATA SET

Aims of Study:

Urinary incontinence is a leading cause of nursing home admission and affects an estimated 50% of long-term care residents. Anticholinergic medications are often used for treatment. However, these medications can be expensive and can have significant potential side effects in elderly patients. This study was designed to examine incident prescribing of anticholinergics, response to therapy, and decisions to continue or discontinue treatment in a nursing home population.

Methods:

Minimum Data Set information for all nursing homes residents (~ 18,000 people) in one state between mid-1997 and mid-1998 was examined. The Minimum Data Set (MDS) is a federally mandated assessment instrument used to evaluate all nursing home residents in the United States. It measures a wide variety of physical functions and activities of daily living including urinary continence status. MDS assessment is performed at the time of admission, quarterly, and after any significant change in clinical condition. Inclusion criteria included: age \geq 65 years, clinical diagnosis of urinary incontinence at the index assessment, new anticholinergic medication (oxybutynin or tolterodine) prescription initiated after the index assessment, and minimum 90 day followup. Continence status and continuance of medication were evaluated at each subsequent MDS entry.

Results:

A total of 157 nursing home residents screened met the inclusion criteria. Of these, 30 (19%) demonstrated an improvement in overall continence status on anticholinergic medication. Urinary incontinence was unchanged or worsened in 127 subjects (81%). However, only 35 (28%) of these non-responders were taken off the medication during the study period.

Conclusions:

These data demonstrate that many incontinent nursing home residents do not respond to anticholinergic therapy. These medications are often continued despite lack of clinical improvement. This type of prescribing pattern could have significant side effect and cost implications for long-term care residents.

Funding:

John A. Hartford Foundation