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Authors: Doohan Kim, Junmo Kim, Kwangwoo Lee, Kihyuk Moon, Yunseob Song, Youngho Park
Institution: From the department of Urology, School of Medicine, Soonchunhyang University
Title: CHARACTERISTICS OF INCONTINENCE IN THE HOSPITALIZED ELDERLY PATIENTS

Aims of Study:

Incontinence is transient in up to half of acutely hospitalized elderly patients.¹ If incontinence persists after transient causes have been addressed, the lower urinary tract causes should be considered.² Detrusor overactivity is the most common type of lower urinary tract dysfunction in incontinent elderly people of either sex, and stress incontinence and outlet obstruction are the second most common causes of incontinence in older women and men respectively.² To evaluate the relationship between hospitalization and geriatric incontinence, we retrospectively investigated the characteristics of incontinence in hospitalized elderly patients.

Methods:

Between November 1998 and December 2000, 95 incontinent elderly patients were underwent urodynamic test including cystometry, uroflowmetry and postvoid residual volume measurement after transient incontinence had been excluded. Group 1 and 2 consisted with 47 hospitalized patients (18 men and 29 women), and 51 non-hospitalized patients (18 men and 33 women) respectively. The mean age of group 1 and 2 were 71.7 years and 72.7 years respectively. The types of incontinence were classified into detrusor overactivity, detrusor underactivity, stress incontinence and outlet obstruction.

Results:

Urodynamic study showed detrusor overactivity in 12 patients (25.5%) in group 1 and 19 (37.3%) in group 2, and detrusor underactivity in 20 (42.6%) and 12 (23.5%) respectively. Whereas detrusor overactivity was the the most common cause of incontinence in the group 2, detrusor underactivity was the most common cause of incontinence in the hospitalized elderly patients. Outlet obstruction was the most common cause of incontinence in men in both groups. Detrusor underactivity and detrusor overactivity were the most common causes of incontinence in women in group 1 and 2 respectively.

Conclusions:

Whereas detrusor overactivity is known as the most common cause of geriatric incontinence, incidence of detrusor underactivity is higher in elderly patients with hospitalization than detrusor overactivity. Our results suggest that the incidence of accompanying chronic disease or serious illness in elderly patients with detrusor underactivity may be higher than in those with detrusor overactivity and outlet obstruction.

Reference:

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2. Resnick NM and Yalla SV: Geriatric incontinence and voiding dysfunction. In Walsh PC, Retik AB, Vaughan ED Jr, Wein AJ, editors. Campbell's urology. 7th ed. Philadelphia: Saunders, 1998; 1047-8