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NURSING HOME RESIDENTS' PREFERENCES FOR URINARY INCONTINENCE TREATMENT: WHAT ARE THEY AND ARE THEY CONSISTENT?

Aims of Study

Concerns about the adequacy of care among the 50+% of nursing home residents with urinary incontinence have prompted incorporation of incontinence management into guidelines and standards, such as the Minimum Data Set (MDS) and Resident Assessment Protocol in the USA. These guidelines, now adapted by more than a dozen other countries, stipulate 2-hourly toileting because it can reduce incontinence by up to 50% in research settings. However, such toileting is intrusive, labour-intensive, costly, and difficult for indigenous staff to sustain. Treatment is mandated without asking residents', assuming that they desire it but cannot reliably express an opinion. We decided to test both assumptions.

Methods

We designed a questionnaire consisting of a basic cognitive screen (able to give name and consistent answers to room temperature questions) and 6 treatment preference questions with built-in consistency checks. Incontinence treatments suggested were daytime toileting q 2h, day-&-night toileting, or a pill; suggested possible outcomes were 50% or 100% improvement. The tool was administered to each resident twice, 2 weeks apart. We excluded only those unable to communicate, unwilling to participate, catheterized, or on hospice (i.e. receiving palliative terminal care).

Results

Out of 114 residents 34 were excluded by these criteria, leaving 80, 9 of whom failed the basic cognitive screen. Thus 71 were questioned initially (Time 1) and 61 questioned again (Time 2).

52/80 (65%) gave consistent answers. Their median age was 87.5 y; median Minimental state exam score was 21/30 (range 3-29); 42 were women; 39 of the 52 were incontinent according to the MDS. In this group the test-retest reliability of the 6 questions was moderate to good (kappa = 0.44 - 0.76; for 3 questions kappa was greater than 0.5). At time 1, to get 50% reduction in incontinence: 60% would want daytime toileting; 42% would want day-&-night toileting; 70% would take a pill. To become 100% dry: 65% would want daytime toileting; 39% day-&-night toileting; 74% a pill. For day & night toileting with only 50% benefit, continent residents favored treatment more than incontinent residents (70%:30%, $P<0.05$), while in preference for a simple pill with 100% benefit there was no difference (70%:74%). Results for Time 2 were similar.

Conclusions

Two-thirds of residents – whether or not cognitively impaired – can express a consistent preference about their treatment. Of these, the majority would not want intrusive treatment such as day-&-night toileting, and more than 1/3 would not desire what is currently recommended (daytime toileting), even when the suggested benefit is greater than is achievable in daily practice. Not all would be prepared even to take a simple pill to improve their condition. Significantly, residents who are actually incontinent are *less* ready to accept intrusive treatment than continent residents for whom the question is hypothetical. Therefore we cannot prejudge incontinent residents' preferences but should ask them whether they desire the treatment we offer. Current guidelines should be rethought rather than forced indiscriminately on residents and staff.