**22**

Offermans M[1], Halfens R[1], Hamers J[1], Dassen T[2]
1. LPZ - Maastricht University - Department of Health Care and Nursing Sciences, 2. Humboldt University, Department of Nursing Science, Berlin

# URINARY INCONTINENCE IN DUTCH HEALTH CARE ORGANIZATIONS

Hypothesis / aims of study

Urinary incontinence affects many clients of Dutch Health Care Organizations, but is often under-reported and under-treated. However, no precise data are available at the national level on the prevalence of urinary incontinence and interventions used in Health Care Organizations. The aim of this study is to examine the prevalence of urine incontinence and interventions used in hospitals, nursing homes, homes for the elderly and home care in the Netherlands.

Study design, materials and methods

This point prevalence survey on urinary incontinence is part of a National Prevalence Study of Care Problems performed annually. The National Prevalence Study of Care Problems uses a standardized questionnaire consisting of three parts: (1) profile of the health care institution (type of institution, quality indicators, (2) department profile (type of department, quality indicators), and (3) patient profile (demographic characteristics, reason for admission, prevalence, prevention and treatment of pressure ulcers, incontinence, and malnutrition). Urinary incontinence was defined according to the 'ICS definition'. The questionnaires were completed by two nurses; one trained nurse working on the ward and one trained nurse of an independent ward. The response rate within the participating organizations was more than 90%.

Results

Table 1 presents the results of the prevalence measurement of urine incontinence for 2004, 2005 and 2006. Prevalence rates of urinary incontinence in hospitals, nursing homes, homes for the elderly and home care appear to be stable during these years, ranging from 17.5% for hospitals to 76.2% for nursing homes in 2006 depending on the type of organization.

No diagnosis was made for the majority of incontinent residents (see table 2). Most of the symptoms diagnosed were functional and continuous incontinence. In home care, stress incontinence was diagnosed more often. Disposable pads were most often used. In hospitals a catheter was often used, while in chronic and home care a bathroom visit was made at fixed times (see table 3).

*Table 1: Prevalence of urinary incontinence in 2004, 2005 and 2006 (%)*

| | **2004** | **2005** | **2006** |
|---|---|---|---|
| Respondents | N =29,341 | N = 36,325 | N = 35,980 |
| **Hospitals** | 18.7 | 18.0 | 17.5 |
| **Chronic care organizations** | | | |
| Nursing homes | 77.9 | 74.9 | 76.2 |
| Homes for the elderly | 55.8 | 59.1 | 60.5 |
| **Home Care** | 48.4 | 46.5 | 46.2 |

*Table 2: Symptoms of residents with urinary incontinence in 2006 (%)*

| **Symptoms** | **Hospitals** | **Nursing homes** | **Homes for the elderly** | **Home care** |
|---|---|---|---|---|
| Stress urinary incontinence | 7.0 | 0.9 | 4.0 | 6.4 |
| Urge urinary incontinence | 5.0 | 2.8 | 5.9 | 10.7 |
| Mixed urinary incontinence (mainly stress) | 1.3 | 0.5 | 1.6 | 4.1 |
| Mixed urinary incontinence (mainly urge) | 2.6 | 1.7 | 2.8 | 4.3 |
| Functional incontinence | 10.8 | 11.9 | 6.6 | 9.0 |
| Overflow urinary incontinence | 1.7 | 1.7 | 2.0 | 3.2 |
| Continuous urinary incontinence | 5.3 | 10.5 | 7.7 | 8.3 |
| No symptoms available | 66.2 | 70.7 | 69.5 | 54.2 |

*Table 3 Interventions for urinary incontinence in 2006 (%)*

| | **Hospitals** | **Nursing homes** | **Homes for the elderly** | **Home care** |
|---|---|---|---|---|
| **Number of interventions (N)** | 1,205 | 6,957 | 2,670 | 1,421 |
| Disposable pads | 52.6 | 81.9 | 71.0 | 58.7 |
| Disposable pants | 13.4 | 11.0 | 31.6 | 29.9 |
| Disposable mats | 4.1 | 13.4 | 10.3 | 13.4 |
| Washable mats | 1.7 | 6.0 | 9.4 | 2.3 |
| Bathroom visiting on fixed time individual-based | 9.1 | 27.2 | 19.1 | 18.4 |
| Bathroom visiting on fixed time ward/group-based | 2.5 | 17.1 | 10.7 | 2.9 |
| Adjustments in environment | 0.8 | 1.1 | 0.3 | 2.5 |
| Adapted or 'easy' clothing | 3.0 | 1.9 | 0.9 | 5.8 |
| Catheters | 28.5 | 10.6 | 5.5 | 15.5 |

| | | | | |
|---|---|---|---|---|
| Medication | 2.1 | 2.2 | 2.3 | 7.0 |
| Bladder training, pelvic muscle exercises, relaxation exercises | 1.4 | 0.3 | 0.5 | 2.6 |
| Other | 3.4 | 1.8 | 3.2 | 4.1 |

Interpretation of results

The results show that too many clients are not diagnosed for urinary incontinence, although this is an essential factor for treatment. Disposable pads are the most frequent intervention for urinary incontinence, while more adequate treatments, such as bladder training, pelvic muscle exercises and relaxation exercises, are among the least-used interventions.

Concluding message

The prevalence of urinary incontinence in Dutch Health Care Organizations is high and continues to be a large problem. While urinary incontinence is often undiagnosed, adequate treatment is not possible. Therefore, more attention has to be paid to the diagnosis and adequate treatment of urinary incontinence.

**FUNDING: Maastricht University**

**HUMAN SUBJECTS: This study was approved by the Medical Ethics Committee Academic Hospital Maastricht / University Maastricht and followed the Declaration of Helsinki Informed consent was obtained from the patients.**