

URINARY INCONTINENCE TREATMENT PREFERENCES OF GERIATRIC PATIENTS: A STUDY IN HOSPITALIZED COGNITIVELY COMPETENT OLDER ADULTS 80 YEARS AND OLDER

Hypothesis / aims of study

The aims of this study were: 1) To elicit preferences for different urinary incontinence treatments among geriatric patients; 2) to contrast these answers with answers from likely health proxies and health providers; and 3) to understand which demographic factors might explain differences in patients' preferences.

Study design, materials and methods

This was a cross-sectional descriptive study. It was performed in the setting of a geriatric hospital. Participants were cognitively intact medical inpatients aged 80 years or older, their physicians and nurses, and their family members. Six forced choice paired comparisons of four different UI treatments were measured on an 11-point visual analog scale, with verbal anchors. A previously used tool specifically designed to test hypothetical choices among various interventions for treatment of UI in older adults [1] was adapted for use in eliciting preferences of hospitalized geriatric patients, their next of kin and hospital staff. Participants also received an information leaflet consisting of balanced descriptions of the four used UI treatments: scheduled toileting, adult diapers, medications, and indwelling catheters.

Results

117 geriatric patients (84.6 ± 3.9 years; 68% female; 92% community-dwelling, 91% caregiver-dependent), 72 staff members, and 71 of family members participated. While even "unpopular" management strategies were preferred by some, most respondents preferred diapers (79%), medications (78%), and scheduled toileting (79%) when compared to indwelling catheters. 64% preferred scheduled toileting to diapers. When choosing between diapers and medication equal proportions preferred one of the two options (see figure 1). Gender, ADL-score and experience with treatment were significant factors in regression models for patients' preference values. Potential proxies preferred scheduled toileting to diapers more than did patients ($P < .001$). Additionally nurses and physicians, compared with patients, showed a stronger preference for suprapubic over urethral catheters ($P < .001$). Intraclass correlation coefficients (ICC, see table 1) indicated at best slight to fair agreement between patients and other groups, only spouses showed moderate to almost perfect agreement according to ICC.

		Patient vs Next of Kin (other than Spouse) n=61		Patient vs Spouse n=10		Patient vs Nurse n=114		Patient vs Physician n=117	
Preference Pair		ICC (95% CI)	Agreement (%)	ICC (95% CI)	Agreement (%)	ICC (95% CI)	Agreement (%)	ICC (95% CI)	Agreement (%)
Diapers	vs. medications	0.16 (-0.09 / 0.40)	17 (28)	.69 (0.19 / 0.91)	4 (40)	0.02 (-0.20 / 0.17)	20 (18)	0.20 (0.01 / 0.36)	30 (26)
Diapers	vs. scheduled toileting	0.02 (-0.23 / 0.27)	13 (21)	.51 (-0.09 / 0.85)	1 (10)	.06 (-0.12 / 0.24)	48 (42)	-0.11 (-0.29 / 0.07)	/ 47 (40)
Diapers	vs. catheters	0.38 (0.14 / 0.57)	27 (44)	.82 (0.45 / 0.95)	4 (40)	.17 (-0.01 / 0.35)	47 (41)	0.12 (-0.06 / 0.29)	/ 38 (32)
Catheter	vs. scheduled toileting	0.08 (-0.17 / 0.33)	18 (30)	.81 (0.40 / 0.95)	2 (20)	.10 (-0.09 / 0.28)	61 (54)	-0.18 (-0.35 / 0.00)	/ 50 (43)
Catheter	vs. medications	0.01 (-0.25 / 0.26)	17 (28)	.63 (0.04 / 0.90)	4 (40)	0.02 (-0.21 / 0.16)	30 (26)	0.23 (0.05 / 0.40)	36 (31)
Suprapubic	vs. urethral catheter	-0.10 (-0.34 / 0.16)	16 (26)	.67 (0.14 / 0.90)	4 (40)	0.16 (-0.34 / 0.02)	17 (15)	-0.39 (-0.54 / 0.23)	/ - 16 (14)

Table 1. Level of Agreement Between Proxies and Cognitively Competent Geriatric Patients by UI Treatment Preference Pair

Notes Table 1: ICC: intraclass correlation coefficient (one-way random effects model); CI: confidence interval; Agreement Absolute: % of group with same score like patient.

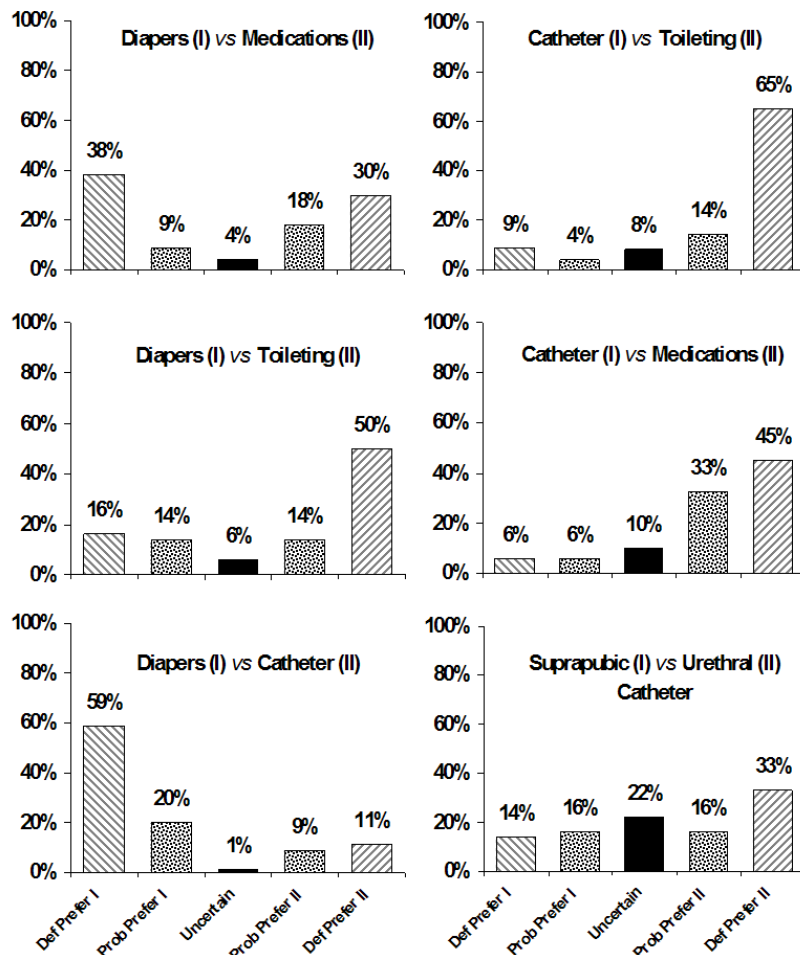


Figure 1 Geriatric Patients' UI Treatment Preferences

Notes Figure 1: Geriatric patients' treatment preferences comparing different pairs of treatment options. Visual analogue scales were used to obtain the ratings. I = option marked with "(I)" in title of diagram; II = option marked with "(II)" in title of diagram; Def = definitely; Prob = probably.

Interpretation of results

To the authors' knowledge, this is the first published report of a comprehensive evaluation of cognitively competent octogenarian geriatric hospital patients' UI treatment preferences. In this study, geriatric patients predominantly preferred non-invasive treatment options like scheduled toileting, diapers and medication over invasive devices such as indwelling urinary catheters. In comparing proxy respondents and health care providers to patients, there was only slight to fair agreement about UI treatment preferences. This degree of agreement was best for spouses and worst for physicians. The diversity of opinion has to be kept in mind when healthcare professionals try to develop of a management plan for the individual incontinent geriatric patient. Additionally, factors like: gender, knowledge, previous experiences, and functional abilities, should be taken into account.

Concluding message

This study suggests that neither family members nor staff can confidently be expected to report the UI treatment preferences of geriatric patients the same way as the older patients do themselves. Thus the study has demonstrated that there is a need for focused communication to adjust the different preferences or appreciation of preferences.

References

[1] J Am Geriatr Soc (2001) 49:710-718.

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CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study was approved by the Ethics Committee of the University of Heidelberg, Germany and followed the Declaration of Helsinki Informed consent was obtained from the patients.