

## CHANGE IN CONTINENCE STATUS IN NURSING HOME PATIENTS

### Hypothesis / aims of study

To establish change in continence in post-acute and long-term nursing home patients.

### Study design, materials and methods

Descriptive cohort study with assessment at baseline and at 3 month follow-up.

All patients, in post acute care (PAC) and long term care (LTC), aged 65 or over in nursing homes in Ohio in the USA, were included in the months October, November and December 2002. The Minimum Data Set (MDS) was used at baseline and three months later. Continence status was categorized as continent, urinary incontinence only (UI only), fecal incontinence only (FI only) or dual incontinence (DI). From a total of 101189 patients, data on 76084 patients (74.3% female) were included.

### Results

The overall prevalence of UI was 65.5% and for FI 38.4% (99.4% DI). 33.9% of the nursing home patients were continent. The overall 3-month incidence of FI (22.2%) was higher than the incidence of UI (14.8%).

Deterioration of continence status occurred in 17.5% of the PAC patients and 15% of the LTC patients and was predominantly from continence to UI only (PAC 10.0%, LTC 8.7%) and from UI only to DI (PAC 29.0%, LTC 34.3%).

Improvement in continence status occurred in 9.4% of the PAC patients (mainly UI only to continence 4.6%), compared with 2.4% of the LTC patients.

### Interpretation of results

Our longitudinal study showed that the most important changes in nursing home patients are: UI only to DI, continence to UI only and UI only to continence. Continence status does not only decline in these patients, but can also improve. Improvement is predominantly seen during the rehabilitation process, and deterioration is mainly the development of FI. Most patients change from UI only to DI, whereas only a small percentage of patients change from continence to DI. This means that DI does not usually occur instantly. When they deteriorate, most patients first develop UI followed by FI after a certain period of time. In addition to the prevention of UI in nursing home patients, the prevention of FI needs more attention.

### Concluding message

Deterioration of continence status was predominantly from continence to UI only and from UI only to DI. In addition to the prevention of urine incontinence, prevention of the transition from UI only to DI (acquiring FI) deserves more attention.

<b><i>Specify source of funding or grant</i></b>	<b>None</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require eithics committee approval because</i></b>	<b>We used data from a data source</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>No</b>