

INFORMATION NEEDS OF OLDER PEOPLE WITH URINARY INCONTINENCE AGED 60 AND OLDER

Hypothesis / aims of study

Most of the older people suffering from urinary incontinence (UI) feel often uncertain about the symptoms, the consequences and access to professional help. Providing the right information is only one possibility to reduce uncertainty. The aim of the study was to provide an overview about the information needs according to urinary incontinence in relation to age, gender and identified specific type of urinary incontinence.

The objectives of the study were to:

- describe the information needs of people with UI from 60 years and older and examination of the differences according to age group, gender and type of urinary incontinence
- provide an overview about the resources of information and identify the level of satisfaction with it.

Study design, materials and methods

A cross-sectional survey was conducted involving 131 people (58 men and 73 women) with experienced continence care accessed through different health care professionals. The respondents were inquired after stress urinary incontinence, urge urinary incontinence and mixed urinary incontinence aged 60 years and older.

The applied information needs questionnaire (1) contains 30 items scoring from 1 (not important) to 5 (very important). It focuses on the importance on information about causes, symptoms, diagnostically and therapeutically issues as well as management of urinary incontinence during social activities and daily living. Questions about effective professional help and continence advices are also included.

Results

131 women and men with a mean age of 70,1years (SD 6,9, range 60-94 years) with stress- (n=4), urge- (n=30) and mixed urinary incontinence (n=97) fulfill the inclusion criteria. The importance of information according urinary incontinence were high ranged (mean 3,75) for the whole sample. Overall the information needs focused on four main domains: everyday knowledge (10 items), therapy and side effects (8 items), general knowledge about urinary incontinence (9 items) and family and emotions (3 items), which was supported by the factor analyses. The factor analysis of the measurement of information needs suggested a 4 factor solution without deleting one of the 30 Items.

The most important information referred to exercises to improve urine control (mean 4,49), causes of UI (mean 4,34), efficacy of therapy (mean 4,31), professional help (mean 4,27), management of UI (mean 4,15), prevention of urine odour (mean 4,1) and incontinence devices (mean 4,06).

Differences in age group, gender and type of urinary incontinence were only relevant for few items. It was much more important for women to know something about the relation between age and UI, risk factors, efficacy of therapy, getting bladder control and prevention of bladder infection than for men ($p < .05$).

People aged 70 and older were more interested in information about incontinence devices and prevention of bladder infection than people aged 60 to 69 years. In the comparison of the analyses of the specific types of incontinence were only included urge- and mixed urinary incontinence. People with mixed UI needed statistically significant more information about the management of accidental loss of urine than people with single urge UI.

Information according UI were often provided by health professionals such as urologists (n=87), gynaecologists (n=60) and general practitioners (n=101). Additionally information are often given by nurses (n=62) and physiotherapists (n=42). Overall the study population was satisfied with provided information from different health care professions.

Interpretation of results

Only few significant differences in information needs comparing different groups are shown by the study. The people aged 60 years and older had special information needs, which will be satisfied by health care professionals. Especially general practitioner, gynaecologist and urologist played an important role providing relevant information.

Concluding message

The assessment of information needs of patient in continence care settings is very important for the preparation, implementation and performance of helpful information and counselling system in German speaking countries. The assessment instrument can be used by different health care professionals working in health care setting e.g. patient information, patient counselling or patient education for people with bladder problems.

References

Developing and testing an instrument to assess the information needs of persons with urinary incontinence. Perspectives 1993, 17(1): 2-6.

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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes