

MANAGEMENT OF THE ELDERLY'S URINARY INCONTINENCE PRELIMINARY STUDY OF THE ASSESSMENT OF NEEDS IN ACUTE GERIATRICS SERVICE

Hypothesis / aims of study

In Switzerland, urinary incontinence (UI) affects 55% of women aged 60 or older, and over 40% of men. Although it contributes to mood disorders, the risk of falls and fractures, decreasing social activity and deterioration of the quality of life, only half of the patients consult for this issue. In addition the temptation is great for practitioners to minimize, sometimes, the UI in polymorbid and/or polymedicated elderly patients. (1,2)

The aim of this study is to evaluate in geriatrics acute Service (SAS unit), the quantitative and qualitative needs of interdisciplinary care of the UI.

Study design, materials and methods

A descriptive prospective study has been led including all patients showing spontaneous urination and admitted to the SAS unit between February 1st and March 20th 2016. The SAS unit accommodates patients aged 75 years or over, with at least a geriatric syndrome (gait and balance, fall risk, acute confusion and/or cognitive disorders, protein-calorie malnutrition) polypharmacy and/or multiple comorbidities. The assessment of possible UI and its impact on daily life was done systematically with the International Consultation on Incontinence Questionnaire in its short version (ICIQ-SF) (3).

Were also collected the standardized geriatric assessment data usually performed (cognitive functions, mood, functional independence in six basic Activities of Daily Living (ADL) of Katz, of which continence; 8 main instrumental activities (IADL) of Lawton; nutritional and skin conditions; walking and balance, pain) as well as all medical diagnoses and medications.

Results

87 patients were surveyed (mean age 87 ± 5.1 years); the majority (78%) was women. Of the 47% who reported having urine loss, half reported low losses. 30% reported having a stress incontinence (18% when coughing and sneezing; 12% during exertion or physical exercise) and 36% of participants reported losses before reaching the toilet. It was impossible at this stage to distinguish an overactive bladder from a functional incontinence. The average score of the ICIQ-SF was 6.2 ± 3.2 and 64% of patients expressed to be bothered by their UI (score > 5). Among these patients, half (150 patients / year) is willing to be supported for its UI and / or its implications. Interestingly, according to the evaluation grid Katz ADL, only 37% of patients were identified as incontinent by the healthcare team. This was primarily, patients with low urine losses.

Interpretation of results

These results confirm that a significant proportion of our patients has urinary incontinence and is requesting a specific treatment. The objectives and modalities of this support should, of course, be confronted with the medical realities related to comorbidities, to geriatric syndromes and to the polypharmacy of these patients, which may be obstacles to a support *lege artis*.

Concluding message

This preliminary study highlights the need for support of joint and coordinated UI in frail, multimorbid and polymedicated elderly patients. This work has also helped to initiate a close collaboration between the geriatrics team and the rehabilitation in neuro-urology team in clinical and paraclinical explorations, and it has allowed, as well, the review of the benefits and/or of the risks of the most suitable treatments for UI including TENS.

References

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Disclosures

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