

## CONTINENCE CARE IN OLDER HOSPITAL PATIENTS – WHAT IS DONE?

### Background:

Maintaining continence in old age may increase well-being and may reduce morbidity and healthcare costs [1]. However incontinence is still considered a taboo subject [2] and there still exist a societal misconception that incontinence is a normal consequence of aging [3]. It is known from the international literature that studies about preventive interventions for older continent hospital patients are missing.

### Hypothesis / aims of study:

The aim of this study is to investigate preventive interventions for older continent hospital patients.

### Study design, materials and methods:

The Austrian version of the “International Prevalence Measurement of Care Problems” is an annual multicentre, cross-sectional study including a tested and standardised questionnaire for data collection, including nursing problems like incontinence, malnutrition etc.. In 2016, data from 26 health institutions were obtained and included data from 1560 hospital patients. Beside questions focusing on (in)continence demographic variables like age and gender were measured. In this study older patients are considered to be those aged 60 years or older (UN 2013). Continent patients are defined in this study as “not losing urine and/or faecal material”.

### Results:

In this study a response rate from 78.7% (1560 patients) was achieved. When excluding patients younger than 60 (N=541) and patients with a catheter (N=130) data from 889 patients could be included in this analysis. The majority of the patients was continent (80.9%). Continent patients were statistically younger and less often female than incontinent patients. Beside that continent patients were statistically significant more often completely or to a great extent care independent (90.6%) than incontinent patients (85%) (See table 1).

Table 1: Sample characteristics

	Older continent patients (N=719)	Older incontinent patients (N=170)
Mean age in years (SD)*	72.8 (8.1)	77.2 (8.6)
Female %*	48.3	60.6
Mean length of stay in days (SD)	10.6 (83.0)	8.7 (9.8)
Care dependency scale-categories %*		
Completely independent	72.5	65.7
To a great extent independent	18.1	19.3
Partially dependent	7.9	10.2
To a great extent dependent	1.3	3.8
Completely dependent	0.3	0.9
Mean amount of medical diagnosis (SD)*	2.4 (1.5)	3.0 (1.7)
Three most prevalent medical diagnosis %	Cardio-vascular diseases 50.5	Cardio-vascular diseases 56.5
	Motor disorders 23.1	Digestive diseases 32.9
	Digestive diseases 21.4	Respiratory diseases 28.2

\*p≤0.05

A statistical significant decrease was found in the prevalence of continence with increasing age. More than three quarter of the continent patients receive no intervention (74.4%) in order to promote continence and prevent incontinence. If continent patients receive interventions, these were most likely the adoption of the environment and clothes (28.5% vs. 20.4%). Evaluation of medication (0.1%) or medication itself (0.3%) were seldom used as preventive interventions in older continent hospital patients. Beside that conservative interventions like bladder training (0.3%) or pelvic floor muscle training (0.6%) were also rarely used for promotion of continence (See figure 1).

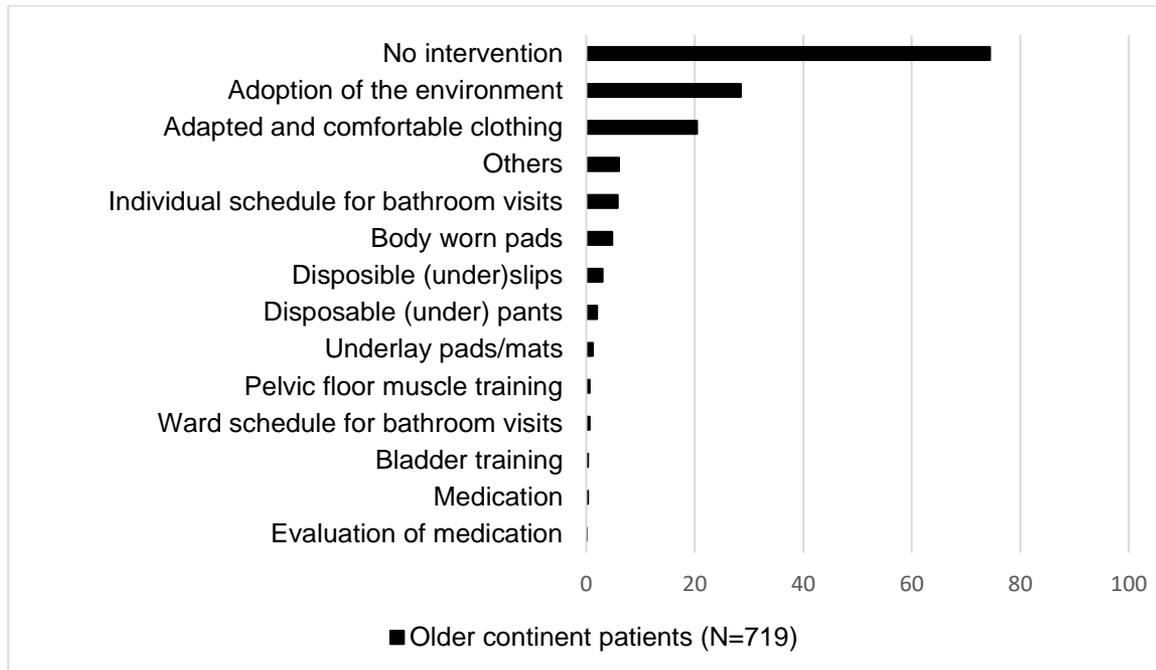


Figure 1: Preventive interventions in older continent hospital patients

Interpretation of results:

The findings reveal that promotion of continence in the hospital setting for older patients is not common. However our findings are in line with results from the nursing home setting, where only 12% of the continent residents receive interventions at admission for promoting continence and preventing incontinence [1].

Concluding message:

More than three quarter of older hospital patients are continent and stay a mean of 10 days in hospital. This leads to the recommendation, to screen every older patient for incontinence and start conservative preventive interventions as early as possible. For future research studies that investigate the effectiveness of interventions to promote continence are warranted.

References

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Disclosures

**Funding:** The authors declare that they have no conflict of interests and no source of funding. **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethical Committee of the Medical University of Graz **Helsinki:** Yes **Informed Consent:** Yes