#335 Successful preventive education of lower urinary tract dysfunction and promotion of independence in toileting skills for elderly citizens, a cooperative activity with urologists, physiotherapists, occupational therapists, nursing staffs, care staffs, non-profit organization staffs administered by local city government

Nishii H1, Yoshida Y2, Nakato K2, Kanzaki Y2, Hashimoto T2, Kubo K3, Fujimoto N4, Matsumoto T3, Nomiya M1, Yoshida M1 s and Gerontology, 2. Kyushu Nutrition Welfare University, 3. Kitakyushu City Council, 4. University of Occupational and Environmental Health, Japan

## Hypothesis / aims of study

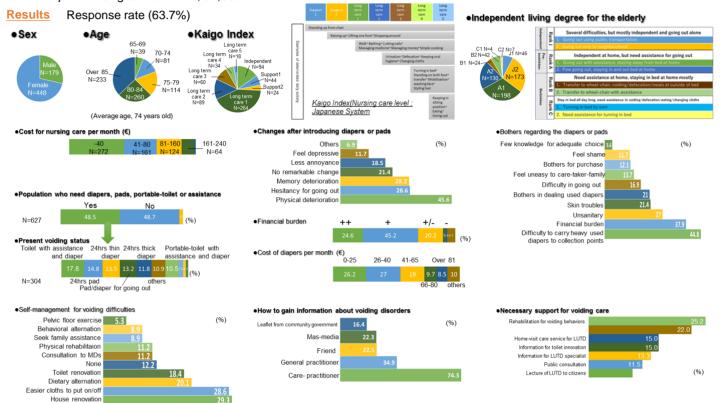
In aging society, it is important for citizens and communities to keep citizens' healthy life expectancy, not deteriorating into frail status. For healthy aged life, we hypothesized that independence in urinary tract function and toileting skills are important. Thus, we examined the need for prevention, intervention and treatment of urinary tract dysfunction (LUTD) and explore the comprehensive interventions to citizens, directed by local community government with the cooporation by multiple occupations.

## Study design, materials and methods

The questionnaires asking LUTD and need for prevention, intervention and treatment were filled out anonymously by 1,000 citizens living in Kitakyushu city, Japan.

This survey was conducted by Ministry of Welfare, Kitakyushu local city government.

- Citizens; daily independent, without dementia, over 65 years old, living at home
- Kitakyushu city, Japan; 961,335 inhabitants, over 65 years old population 29%, elderly households; 55.8%, elderly population who require nursing care at home; 34,800



## Interpretation of results

- Half of daily independent elderly over 65 years old without dementia living at home need diaper, pads, portable-toilet or assistance.
- There are variations in voiding status who need diapers, pads, portable-toile or assistance.
- There are several unfavorable aspects in using diapers or pads, which are considered to be related to the deterioration of physical and mental status (frail).
- Citizens favoured to manage these annoyances and problems by themselves, not consulting to urologist, general practitioner, nursing or care staffs, even not to their own family members.
- Major source of care information was care-practitioners.
- The need for LUTD care is high, favoured anonymous telephone consulting services by the LUTD consultants rather than medical practitioners



- - ①consulting specialist
  - 2) free anonymous telephone consulting line
  - ③free face-to-face consulting counter



More than 30 consultations per a month

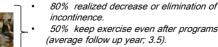
-to make strong bond to local urologist association

① offer the urologist clinic list to citizens ② offer the urologists to local LUTD education occasions

- to produce preventive education programs toured around local citizen-centers, cooperated with urologist, physiotherapist, consulting specialist

95% of citizens (male, female, 5; 95, average age 79 years old) attended for their own future prevention.

-to produce 3-months preventive exercise programs for continence and independence for toileting skills, cooperated with physiotherapist, supported by local urological association



(average follow up vear: 3.5). The participants did not deteriorate in

their Kaigo Index in 3.5 years

-to produce LUTD promotion leaflet, cooperated with non-profit organization staffs





Cooporative network among multiple professions related LUTD was established.

## Concluding message

Interventions for preventive education of LUTD and promotion of independence in ADL for elderly citizens, a cooperative activity with multiple medical, nursing, care, and rehabilitative staffs, administered by local city government, has been successfully established.

