Conclusions

This is the first study to demonstrate that UI is significantly associated with QoL in NH residents. The impact of UI on QoL appears greatest for residents with moderate ADL impairment. Moreover, residents with a decline in continence over 6 months are 46% more likely to have a decline in QoL than residents who do not experience worsening UI, even after controlling for decline in functional and cognitive status and other covariates. These results indicate that even in this functionally and cognitively impaired and medically-ill population, UI has a major role in determining QoL. Most importantly, these results provide a powerful justification for interventions to improve or maintain continence among NH residents, and a rationale for targeting interventions at those residents most likely to have a QoL benefit.

References

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## DO THE VERY FRAIL, OLDEST OLD BENEFIT FROM ACTIVE MANAGEMENT OF URINARY INCONTINENCE?

**Aims of study** An audit of management of urinary incontinence in the geriatric wards of a large teaching hospital had shown that 33% of very frail elderly patients had been treated with a permanent indwelling catheter of whom only 10% had been given a full assessment of their urinary incontinence prior to catheterisation (1). The aim of this study was to determine if these elderly patients would benefit from active assessment and investigation of their incontinence.

**Methods** The study population consisted of all patients aged 90 or over, at first attendance, who were assessed at the continence clinic over a 1 year period between October 1997 and October 1998. The following information was obtained for all the patients : sex; MSQ (2); modified Barthel score(3); source of referral; diagnoses; cystometric measurements; number of coexisting pathologies; number of medications; management and outcome. All had been assessed with the standard protocol used by the clinic. All were given a full physical examination and all but one had urodynamic studies.

**Results** 19 patients had been referred for assessment of intractable urinary incontinence of whom 16 attended the clinic. 15 had urodynamic studies performed.

14 were female, 2 male. Mean age was 90.7 years (range 90 - 94). Mean MSQ was 7.3 (range 4 - 10). Mean modified Barthel score was 13.3 (range 4 - 20). Mean number of coexisting pathologies was 8.1 (range 2 - 17). Mean number of medications was 3.8 (range 0 - 7). Mean cystometric capacity was 236.3ml (range 68 - 576). Detrusor pressure range was 11 - 104cmH20. Residual volume range was 0 - 1300ml. Flow rate range was 0 - 36ml/sec.

26 causes were identified for urinary incontinence in these 16 patients.These were : urinary tract infection 7; urinary obstruction 4; genuine stress incontinence 3; detrusor instability 5; voiding dysfunction 7. All these patients were subsequently actively managed for their urinary incontinence.

Outcomes were : 3 became completely dry; 4 became mostly dry with occasional incontinence; 2 improved somewhat; but 4 showed no improvement; and 1 was worse (who subsequently died of brain neoplasm). 2 had not been followed up.

**Conclusions** An overall improvement was seen in 9 out of 14 patients. This is despite severe frailty and multiple concurrent pathologies giving a considerable degree of physical and cognitive limitation. Although the numbers of these very elderly patients was relatively small, these results show that detailed clinical assessment including urodynamic studies can benefit a substanstial proportion of these patients with continence problems.

**References** (1) A report on the audit of urinary continence among patients in the department of medicine for the elderly, Woodend Hospital, Aberdeen. CRAG publication (7), Scottish Office 1993.

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