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Title (type in CAPITAL LETTERS, leave one blank line before the text) Prevalence of medically recognized continence problems in a German geriatric rehabilitation centre <u>Aim of the study:</u> To determine the prevalence of continence problems in a geriatric rehabilitation setting in Germany. <u>Methods:</u> A nurse continence adviser performed weekly continence meetings (CM) with the nurses and the physician of a geriatric rehabilitation ward. Patients with known continence problems (Urinary incontinence at least once a week, urinary catheter, faecal incontinence and burdensome urge-symptoms without incontinence) were discussed and documented in a continence chart. In order to compare this subgroup of patients with all the other patients on the ward the continence charts of the patients with continence problems and the medical/nursing records of all patients on the ward were reviewed and abstracted according to a protocol by trained research personal using a structured abstraction form. Collected variables were: sex, age, main admission-diagnosis, Barthel-Index on admission (ADLA) and discharge (ADLD), Minimental State Examination (MMSE), continence problem according to the CM and/or the medical record of a patient. <u>Results:</u> Within the study period of one year 268 patients were admitted on the geriatric rehabilitation ward (Table 1). 139 (51,9 %) of the 268 patients had medically recognized continence problems. In table 2 the prevalence of the different types of continence problems are listed. The mean stay was 32,4 days of patients with continence problems and 26,1 days of patients without continence problems.

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Table 1 Characteristics of geriatric rehabilitation patients

	Women	Men	All
Admission-diagnosis			
neurological	53 (29,6%)	50 (56,2%)	103 (38,4%)
musculo-skeletal	91 (50,9%)	26 (29,2%)	117 (43,7%)
Other	35 (19,6%)	13 (14,6%)	48 (17,9%)
Age (! SD)	80,7 (! 7,1)	76,2 (! 8,6)	79,2 (! 7,9)
MMSE (! SD)	25,5 (! 9,8)	25,1 (! 10,3)	25,4 (! 9,9)
ADLA (! SD)	57,4 (! 23,5)	55,2 (! 25,1)	56,7 (! 24,0)
ADLD (! SD)	73,6 (! 22,2)	70,7 (! 25,5)	72,7 (! 23,3)

Table 2 %Prevalence of continence problems

	Women (n=179)		Men (n=89)		All (n=268)
	CM	Extra	CM	Extra	Σ
Urinary I	30,2 (54)	5,6 (10)	35,9 (32)	9,0 (8)	38,8 (104)
+ catheter	2,8 (5)	1,1 (2)	16,9 (15)	2,3 (2)	9,0 (24)
- catheter	27,4 (49)	4,5 (8)	19,1 (17)	6,7 (6)	29,8 (80)
UI and FI	7,3 (13)	1,1 (2)	5,6 (5)	2,3 (2)	8,2 (22)
+ catheter	3,9 (7)	0,6 (1)	2,3 (2)	-	3,7 (10)
- catheter	3,4 (6)	0,6 (1)	3,4 (3)	2,3 (2)	4,5 (12)
Faecal I	0,6 (1)	0,6 (1)	1,1 (1)	-	1,1 (3)
Continent	3,4 (6) *	51,4 (92)	3,4 (3) *	41,6 (37)	51,5 (138)
Ø Data	-	-	-	1,1 (1)	0,4 (1)

CM: weekly continence meeting, Extra: patients not discussed during the CM but with a documented continence problem in their medical record.

*Patients with burdensome urge symptoms and no incontinence.

Conclusion: A significant number of patients with a documented continence problem was not reported/discussed during the weekly continence meetings. This could be related to the fear of further workload, different sensibility to this topic within the team or communication problems. Nevertheless the results show continence problems to be very common in geriatric rehabilitation patients. This should influence the training of medical staff and implements that there is a need for continence advisers and continence training in rehabilitation of geriatric patients.