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Title: A NEW TRAINING MODEL FOR TREATMENT OF INCONTINENCE IN AN INSTITUTION FOR THE MENTALLY RETARDED.

Aim:

Treatment of mentally retarded institutional residents requires special consideration. A unique “continence program” for teaching and training staff members of such an institution was established and implemented. The aim of this study was to evaluate and to determine the effectiveness of an interventional program on treatment of incontinence, and the program’s influence on staff attitudes towards urinary incontinence.

Patients and Method:

Between April 2000 - February 2001, we implemented a training program in a mentally retarded institution with 181 residents . Of these, 137 were incontinent, all using diapers as their only ‘treatment’. After excluding all severely retarded and highly dependent residents, 76 were found suitable for a treatment trial. The training was performed on the spot by a qualified urologist and nurse. Prior to treatment, every individual underwent a thorough history with the help of family or aides, re-evaluation of their medication, a physical exam, urine sampling and urine residual (using ambulatory ultrasound). Patients were then treated by unique behavioral techniques, mainly timed voiding and prompted voiding, using particular measures and prizes for success. After the staff became independent in diagnosing and treating the patients, professional support and consultation was provided.

To date, the therapy protocol was implemented individually on 22 residents. The mean biological age was 21 years, ranging from 6-40. The average mental age was analogous to that of a 3.5 year-old child. The average period of documented incontinence was 15 years -- most have never stopped using diapers nor had any toilet training. 3/22 became incontinent after relocation to the institute. 5/22 had urinary and fecal incontinence. 16/22 were taking psychiatric medication

Results:

Control of urine occurred 2 -11 weeks after initiation of treatment in 16 of 22 patients. The magoriyty 14/16 are continent only during the day. 3/5 fecal incontinent patients were cured. For those who failed, a different behavioral approach was implemented; these patients are still undergoing behavioral training.

For the staff, the training program resulted in increased knowledge, increased level of awareness of the problem and a change in attitude towards the incontinent dwellers. Consolidation of teamwork, an increase in motivation and satisfaction were all noted.

For the management, the program improved the reputation of the institution, and reduced costs due to reduced diaper usage and laundry.

Conclusion:

A training program for treatment of incontinence in institutions for mentally retarded is feasible and can be fairly easily applied. Staff and management gain secondary benefit. With proper training of all professional as well as non-professional staff, urinary and fecal incontinence can be treated even in severely mentally retarded patients using behavioural techniques. This study shows we must not neglect this particular, treatable patient population and should provide them with therapeutic tools for alleviating or curing this condition.