

INCONDITION: DEVELOPMENT AND PROCESS EVALUATION OF A TRAINING PROGRAMME TO PREVENT OR REDUCE URINARY INCONTINENCE IN OLDER WOMEN IN HOMES FOR THE ELDERLY.

Aims of study

The main objective is to develop and to evaluate the feasibility of a programme to prevent or to reduce urinary incontinence in female residents in homes for the elderly. An effect evaluation (RCT) is reported separately.

Study design, materials and methods

Development of a training programme: after a literature search and consultation of experts (in incontinence, geriatrics, education), conditions were assessed and a draft programme was developed and carried out by qualified physiotherapists in 10 homes for the elderly. Participants (n= 102) were female residents (mean age 85) with or without urinary incontinence.

Evaluation of feasibility of the training programme: a process evaluation was carried out through questionnaires and interviews with participants, physiotherapists and nurses, regarding:

1. recruitment
2. selection
3. compliance, drop out
4. opinion on the programme
5. enhancing/impeding factors for future implementation.

Results

Assessment of conditions

The programme:

- deals with cause and risk factors of urinary incontinence: use of pelvic floor, bladder control, mobility
- is accessible, enjoyable, not too demanding
- intended for women with or without urinary incontinence

The programme (set up with best available evidence and basic principals of training) consists of 22 weekly group training sessions of 1 hour. The sessions consist of lifestyle education and bladder control, bladder training, pelvic floor muscle training, exercises to improve mobility necessary for controlled use of the toilet and exercises to do at home.

Process evaluation

1. Recruitment: 102 women were recruited (personal and by letter) and 10 dropped out before start due to misinformation. Programme information must be improved.
2. Selection: nurses selected potential participants, based on inclusion criteria: all women capable of independent toileting, cognitively not impaired and not using an indwelling catheter. Because some participants did show cognitive impairment it might be better if a cognitive screening test is used. Nurses and physiotherapists considered the programme more suitable for younger participants (age 65-75).
3. Drop out: 25 women dropped out during the programme mostly due to illness/death. Compliance: participants missed on average 2 sessions mostly because of other appointments and illness. Enthusiasm of the physiotherapist and enjoyability of the programme enhanced compliance.
4. Opinion on the programme:
 - participants: 80% considered the programme (very) good and feasible (90%) and enjoyed training in a group.
 - physiotherapists: were in general positive but the programme could be shorter and divided in modules and the exercises for mobility less demanding. Cooperation with nurses is important.

- nurses: in general positive with main point of criticism the duration of the programme. Cooperation with physiotherapists is important but difficult because of high workload.
5. Enhancing/ impeding factors for future implementation: enough room/materials to carry out the programme, enough time for involvement of nurses and a plan to finance the programme.

Concluding message

All parties involved are in general positive about the programme. After improvement on the contents and organisation the programme is feasible in homes for the elderly. The programme could be useful for younger participants, but further research will be necessary to assess this.

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