

## HISTORY AND ASSESSMENT FOR OLDER PEOPLE WITH URINARY INCONTINENCE: DATA FROM THE NATIONAL AUDIT OF CONTINENCE CARE FOR OLDER PEOPLE

### Hypothesis / aims of study

Urinary incontinence afflicts some 10% of older people and 30 – 60 % of people in long-term care settings and is the cause much individual distress, both to the sufferer and also to carers. The UK Department of Health report, *Good Practice in Continence Services (2000)* highlighted the need for proper assessment and management of the problem, identified a wide geographical variation in access to and quality of services and called for regular audit of services. In addition, the *National Service Framework for Older People (2001)* set the requirement that service providers should establish integrated continence services for older people by April 2004. However recent evidence suggests there has been only limited action toward this and that management remains extremely variable. A pilot audit of continence care for older people (1) highlighted areas of concern regarding assessment and management. A national audit was performed across the NHS for England and Wales.

### Study design, materials and methods

The aims of the study were to:

1. Improve care for older people with continence problems
2. Demonstrate variation in standards of care relating to the management of continence problems in older people across different healthcare settings.
3. Enable healthcare settings (in primary care, secondary care and care homes) to compare the quality of their continence care compared to evidence based criteria.
4. Monitor the NSF for Older People milestone for establishing integrated continence services.

The audit aimed to collect data from primary (community) care, secondary (hospital) care and from care homes. All data submitted to the audit was anonymous and as no patient related intervention was required; no ethical committee approval was required.

Each site returned data on the assessment of 20 consecutive patients / residents over the age of 65 years. A previously reported study (2) described the development of quality and audit standards, which were redesigned into an internet based tool for the collection of data. Data were uploaded directly into a database and analysed using SPSS v12.0 and are expressed in percentage and absolute terms and where data were "not applicable" the denominator was adjusted accordingly

### Results

The demographics and distribution of functional impairment in the sample are shown in below. Table 1 also shows the presence or absence of areas of assessment for patients / residents with UI.

|  | Primary Care<br>(n=2717) |                 | Secondary Care<br>(n=3682) |                  | Care Homes<br>(n=488) |                |
|--|--------------------------|-----------------|----------------------------|------------------|-----------------------|----------------|
| Age (years, mean (SD))   | <b>80 (8)</b>            |                 | <b>82 (8)</b>              |                  | <b>86 (8)</b>         |                |
|  | %                        | N               | %                          | N                | %                     | N              |
| Male   | 23                       | 625             | 37                         | 1377             | 22                    | 106            |
| English speaking (excl. NK)  | 98                       | 1419/1442       | 98                         | 3131/3188        | 99                    | 411/416        |
| <b>Cognitive impairment (any)</b>  | <b>18</b>                | <b>479/2614</b> | <b>53</b>                  | <b>1550/2938</b> | <b>68</b>             | <b>313/459</b> |
| Functional impairment: Mild  | 40                       | 272             | 24                         | 512              | 24                    | 67             |
| Functional impairment: Moderate  | 44                       | 294             | 47                         | 1002             | 51                    | 144            |
| Functional impairment: Severe  | 16                       | 106             | 30                         | 638              | 25                    | 70             |
| <b>Documented evidence of continence history</b>   | <b>73</b>                | <b>1984</b>     | <b>45</b>                  | <b>1651</b>      | <b>70</b>             | <b>344</b>     |
| Patient bowel habit documented   | 49                       | 1340            | 62                         | 2289             | 75                    | 364            |
| Documented use of a bladder diary*   | 32                       | 779/2466        | 16                         | 441/2725         | 34                    | 115/341        |
| Medication review done*  | 33                       | 739/2222        | 23                         | 623/2703         | 29                    | 100/339        |
| <b>impact of symptoms on QOL assessed*</b>   | <b>42</b>                | <b>1129</b>     | <b>17</b>                  | <b>642</b>       | <b>34</b>             | <b>166</b>     |
| Urinalysis   | 72                       | 1969            | 73                         | 2672             | 65                    | 317            |
| <b>Rectal examination</b>  | <b>10</b>                | <b>272</b>      | <b>24</b>                  | <b>902</b>       | <b>9</b>              | <b>43</b>      |
| Specialist examination performed   | 37                       | 997             | 52                         | 1897             | 20                    | 100            |
| If yes, then:  |                          |                 |                            |                  |                       |                |
| Examination of abdomen for palpable mass or bladder retention  | <b>60</b>                | 600             | <b>92</b>                  | 1748             | <b>77</b>             | 77             |
| Examination of perineum and pelvis to identify prolapse and excoriation, and to assess pelvic floor contraction and urogenital atrophy | <b>52</b>                | 520             | <b>22</b>                  | 412              | <b>44</b>             | 44             |
| <b>Rectal examination to exclude faecal loading/prostate size</b>  | <b>25</b>                | 246             | <b>36</b>                  | 680              | <b>25</b>             | 25             |
| Clear identification of the type/cause of urinary incontinence   | 63                       | 1670/2633       | 25                         | 919/3609         | 40                    | 166/418        |

\*Denominator excludes when the patient was incompetent to participate and when the patient was on no medication which would exacerbate UI condition.

#### Interpretation of results

A history was documented in less than half of hospital patients, highlighting the low priority of the condition when others are pressing. Use of assessment methods in primary care was low and a rectal examination was seldom part of the process. Where a specialist examination was done and it was relevant, documentation of examination of the pelvis and perineum was only performed in a maximum of half of cases. Few people had a documented diagnosis of the problem by which treatment might be guided.

#### Concluding message

From the existing documentary evidence it is likely that assessment of elderly people with UI is deficient across the NHS.

#### References

1. J Eval Clin Pract 2005 11(6):525-32
2. J Eval Clin Pract 2005; 11(6):533-43

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**HUMAN SUBJECTS: This study did not need ethical approval because it is a national audit and did not follow the Declaration of Helsinki - with approval by the ethics committee - in the sense that not relevant Informed consent was not obtained from the patients.**