

TREATMENT 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. UI causes much individual distress, particularly to the sufferer and also to carers and is an area of high cost to the health service. The UK Department of Health report, *Good Practice in Continence Services (2000)* highlighted the need for proper assessment and management of the problem, given its high prevalence, identified a wide geographical variation in access to services and called for regular audit of services. Recent evidence suggests there has been only limited action toward this. A pilot audit of continence care for older people (1) highlighted areas of concern in its assessment and management. This national audit set out to confirm these 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 as highlighted in the *Good Practice in Continence Services*.
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.

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. 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 there was no patient related intervention no ethical committee approval was required. Each site returned data on the characteristics of patients, and the process of care experienced by 20 consecutive patients / residents over 65 years of age with urinary incontinence.

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

Data were returned by 141 general practices, 198 hospitals and 27 care homes. Table 1 shows the demographics and distribution of recorded symptoms amongst the sample in each care setting.

	Primary Care (2717)		Secondary care (3682)		Care Homes (488)	
Age mean (SD)	80 (8)		82 (8)		86 (8)	
Sex (% male)	23		37		22	
English speaking (exc not known, %)	98		98		99	
	%	N	%	N	%	N
Urinary frequency (>7voids/24h)	36	982	22	806	32	156
Nocturnal frequency (>2voids/night)	31	850	22	799	33	162
Nocturnal enuresis	20	536	21	774	43	211
Urinary urgency	43	1158	16	591	25	120
Urgency incontinence	42	1143	12	460	26	127
Stress urinary incontinence	40	1094	9	319	23	113
Significant post void residual volume	5	133	7	245	4	18
Voiding difficulty	12	337	10	385	7	32
Permanent catheter	3	87	17	618	13	62

Table 1.

Impaired mobility was the most prevalent other relevant condition in all 3 sectors affecting 66% of care home residents, 48% hospital patients and 26% primary care patients.

Dementia was present in 41% care home residents, 31% of secondary care patients and 14% primary care patients.

Table 2 shows the relative proportions of treatment modalities received by patients /residents in each care setting.

	Primary Care (n=2717)		Secondary Care (n=3682)		Care Homes (n=488)	
Age (years, mean)	80		82		86	
	%	N	%	N	%	N
Documented specific treatment plan	68	1835	45	1670	82	400
Conservative methods:						
Advice on general health	33	907	9	338	25	122
Advice on lifestyle	18	477	4	133	16	79
Behaviour modification	5	146	4	147	6	29
Bladder training regimens	16	429	8	279	16	80
Electrical stimulation	0.6	16	0.3	11	0	0

Management of faecal impaction	2	61	6	229	16	79
Oestrogen treatment	3	76	0.8	28	0.4	2
Pelvic floor training	22	596	3	120	3	15
Pharmacological interventions	23	634	12	446	14	68
Surgery	5	149	3	101	1	5
Maintenance products	48	1294	56	2070	63	307

Table 2.

Interpretation of results

Documented evidence of a treatment plan was more commonly found in care homes than either primary or hospital care. Where one was present, pads were the most commonly used means of managing the problem, especially in care home residents; perhaps reflecting their higher dependency, although there was an equal distribution of physical impairment between hospital and care home patients. Pharmacological therapy and physiotherapy for urinary incontinence were seldom used outside primary care. Urinary incontinence appears to be neglected within hospital care, perhaps being considered less important than the disease with which the patient presents. Rates of surgery in the primary care group were lower than in a similar age unselected population of women seeking treatment in secondary care, this may be accounted for by the greater co-morbidity of the sample. Rates in primary care however, were equivalent to those in the UK /RoI (3).

Concluding message

Management of UI in older people in England and Wales may over rely on containment rather than treatment

References

1. J Eval Clin Pract 2005 11(6):525-32
2. J Eval Clin Pract 2005; 11(6):533-43
3. Maturitas. 2005;52 Suppl 2:35-47.

FUNDING: NONE

DISCLOSURES: NONE

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.