

IMPROVING CONTINENCE IDENTIFICATION AND REFERRAL IN OLDER ADULTS AT RISK OF FALLING

Hypothesis / aims of study

Falls in older adults are a major cause of injury often resulting in loss of independence, nursing home admission and even death. As Australia's population ages, the number of people affected by falls injury will increase along with the associated cost burden on health services. Incontinence has been identified as a significant falls risk in differing environments (1). Screening for incontinence in this population is therefore potentially very important (2). Identification is the gateway to effective treatment of incontinence (3) and forms part of a multi-factorial falls risk reduction. The aim of this project was to investigate how successful a community based, falls prevention program was at identifying older adults with incontinence and referring them on for further continence assessment and appropriate treatment.

Study design, materials and methods

As part of an ongoing quality improvement project, a retrospective audit was conducted on the records of all new patients who attended a multi-disciplinary falls program and completed a six month review between January 2004 and January 2007. Records were interrogated to find out; the number of clients identified with continence problems, the type of problem, the number referred on to other services, and the outcome of the referral process.

Results

The audit process reviewed 358 completed records. Of those who attended the program during the audit period, 67% (240) were female and average age was 79 years (range 59-99). There was documented evidence that 97% (352) of the clients were asked if they had a continence problem. Thirty-four percent (123) responded positively to this question with a further 11% (41) being identified as having a continence issue by the assessing staff even though the client considered themselves as not having a problem. In total 164 subjects (45%) were identified with a continence problem. The majority of the 164 clients (56%) of those with an identified continence problem reported more than one incontinence symptom. Urine incontinence, urgency and nocturia were the most commonly reported symptoms. Of those with an identified continence problem, 79 (48%) had documented referral onto further continence treatment and follow up. Clients' reported outcome of these referrals was documented for 129 patients with 39 citing a positive outcome at their 6 months falls program telephone review, and 41 still seeing a continence advisor at time of their review.

Interpretation of results

The results of this study indicated that the falls program staff are asking screening questions about continence and successfully identifying clients with incontinence. The provision of referral onto further continence management however appeared inconsistent with more than 50% of incontinent clients appearing not to have received further continence assessment or information. Of those who were referred on, only a small minority had a continence outcome documented.

Concluding message

Continence screening at a falls and balance clinic can be easily undertaken as part of the assessment process. The follow up from identification of continence issues is more complicated. How to reduce the barriers to referral and improve uptake of the referral offer needs to be further investigated. The implementation of the 2004 NICE guidelines into the falls prevention program may improve the transition from identification to the effective treatment of incontinence and falls risk reduction.

References

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3. Health & Social Care in the Community. (2004) 12(1); 53-62.

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