

MANAGEMENT OF URINARY INCONTINENCE IN OLDER PEOPLE WITH A STROKE: WHAT'S THE STATE OF PLAY?

Hypothesis / aims of study

Stroke is the sixth commonest cause of death and the single commonest cause of chronic disability in the elderly. Urinary incontinence (UI) following a stroke is common, affecting up to 40-60% of people admitted to hospital because of their stroke and , 25% still having problems on hospital discharge and 15% remaining incontinent at one year [1].

Stroke-related incontinence is a marker of poor overall outcome and older people (over 75) have a poorer recovery from post stroke urinary incontinence. Urinary incontinence *at admission* is a significant predictor of stroke death at 3 month and UI at discharge from hospital care predicts a higher likelihood of an adverse outcome [2]. Incontinence management and symptom control should be a major goal of stroke professionals because it is associated with lower institutionalization rates and less disability [2]. The costs to both health and social care services of providing care are considerable so there is great opportunity for improving care and reducing costs by better assessment and management of urinary incontinence after stroke. Although there are insufficient data available from trials to guide continence care for this group of people, evidence suggests that professional input through structured assessment and management of care and specialist continence nursing may reduce urinary incontinence and related symptoms after stroke [1].

The 2006 national audit of continence care for older people identified shortfalls in the care and assessment of patient and data have suggested a shortfall in the receipt of basic recommended care in older adults with common health conditions. The aim of this study was to examine the care and assessment received by incontinent older people with a stroke, identified from the national Audit.

Study design, materials and methods

Data were obtained from the national audit of continence care for older people. This was conducted across primary care trusts, hospitals, mental health hospitals and care homes in England, Wales and Northern Ireland. The dataset comprised clinically identified patients with UI aged 65 and over. The information was collected from written and computerised records and submitted via the internet to a secure web site. The quality standards measured in the audit were developed using standard methodology; a multidisciplinary working group developed clinical indicators that measured structure, process and outcome of care as well as case-mix variables. The indicators derived covered all aspects of continence care in older people and were derived from evidence based research where this was available and partly from clinical consensus. The resulting audit tool was validated and subjected to a successful pilot and audit [3]. Data on a consecutive sample of 20 people with urinary incontinence were returned via the internet and missing data were regarded as negative.

Analyses were made using SPSS v11.5. Chi squared test for proportions has been used where comparison between the stroke and non-stroke sample has been made.

Results

Data on 2439 patients were analysed. Mean age (SD) was 80 (8) years. 26% (623) were male. Assessment and management of UI in stroke patients is shown in the table.

	Stroke n=269			
	No		Yes	
	%	n	%	n
history	77.3	1678	75.8	204
Bladder diary	36	781	39	105
urinalysis	75.7	1642	71	191
rectal exam	13.1	284	11.5	31
medication review	31	672	26	70
PVR	26.5	576	22.7	61
diagnosis made	66.5	1444	63.6	171
treatment plan	73.6	1598	71.7	193
bladder training	15.6	338	13.4	36
containment	51.2	1110	71*	191
PFMT	19.7	428	11.2	30
medication	20.5	444	16	43
toileting schedules	11.2	242	20.4	55
indwelling catheter	4.2	91	5.9	16

*p<0.001, df=2

Interpretation of results

People with UI and stroke are less actively managed and assessed for their UI than those with no stroke. They are statistically significantly more likely to receive containment as management for their incontinence. There are limitations associated with a cross sectional survey like this; in particular; we were unable to identify the temporal relationship between the index stroke and data collection. It is possible that our sample had all undergone extensive evaluation of their continence prior to this time. However, data from this national audit and from the associated National Sentinel Audit of Stroke suggest that this is unlikely.

Concluding message

Older patients who are incontinent following a stroke are less actively managed and assessed than people who have not.

References

1. Cochrane database Syst rev 2008 Jan ;(1):CD004462
2. J Am Geriatr Soc. 2001 Sep;49(9):1229-33
3. Age Ageing. 2008 Jan;37(1):39-42

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This study required no patient contact, advice from ethical committee taken
<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	No patient contact was required, and thus there was no consent
<i>Was informed consent obtained from the patients?</i>	No