ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Urinary incontinence

Photo by Kelly Newton on Unsplash

Contents

Introduction to the Guide

This Facilitator Guide is part of the material developed to support training programmes on the WHO Integrated Care for Older People (ICOPE) approach. This guide serves as a roadmap for trainers and facilitators, helping them navigate through the session on urinary incontinence in older people, while ensuring that key topics are covered and participants are actively engaged. It includes practical tips, potential challenges, and suggested ways to handle different situations that may arise during the session.

Session structure

This Facilitator Guide is organized around four core facilitation actions that you will use throughout the session. These actions are represented by icons and indicate how you should guide participants through the content.

You will see these actions repeated across all slides and modules, providing a consistent structure for facilitation.

Show: The slides

This indicates the slide you should present from the slide deck. When you see the Show, display the corresponding slide to participants.

Say: What you explain

This provides a suggested narrative outline for you to explain the slide content. The text is intended as guidance rather than a fixed script. You may adapt the wording to suit your facilitation style, experience and the needs of your participants, while keeping the key messages intact.

Ask: Questions to prompt dialogue

This prompts you to ask questions and encourage dialogue with and among participants.

The discussion associated with these questions should generally take 2 to 5 minutes. However, you should use your best judgment to decide how much time to dedicate to such interactions, considering factors such as participant engagement, availability of time, and/or relevance of the topic.

Do: Actions to facilitate learning

This prompts you to conduct an action, such as guiding an activity, managing group interaction or providing instructions to participants.

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. As explained, the ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt them to suit your natural training style. Add your personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your good judgement to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Urinary incontinence

Do:

- *Formal welcome*
- *Introduction of the facilitator*

Show: Slide 1

Say:

Welcome to the module on urinary incontinence.

Urinary incontinence is the involuntary loss of urine, a condition that affects people of all ages, especially women and older people. Unfortunately, it is often under-reported and under-recognized despite its high impact on the individual.

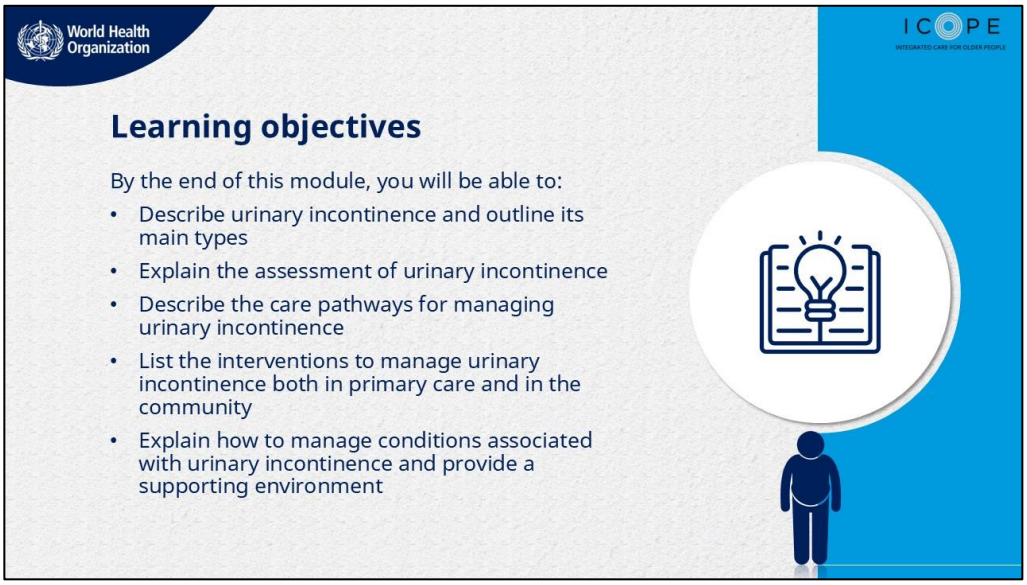
This session will take about 15 minutes.

You will find more details on this topic in Chapter 13 of the ICOPE handbook.

Let us dive into understanding and managing urinary incontinence effectively.

Learning objectives

Show: Slide 2



Say:

In this module, we will focus on the following objectives:

- Describe urinary incontinence and outline its main types
- Explain the assessment of urinary incontinence
- Describe the care pathways for managing urinary incontinence
- List the interventions to manage urinary incontinence both in primary care and in the community
- Explain how to manage conditions associated with urinary incontinence and provide a supporting environment

Understanding urinary incontinence

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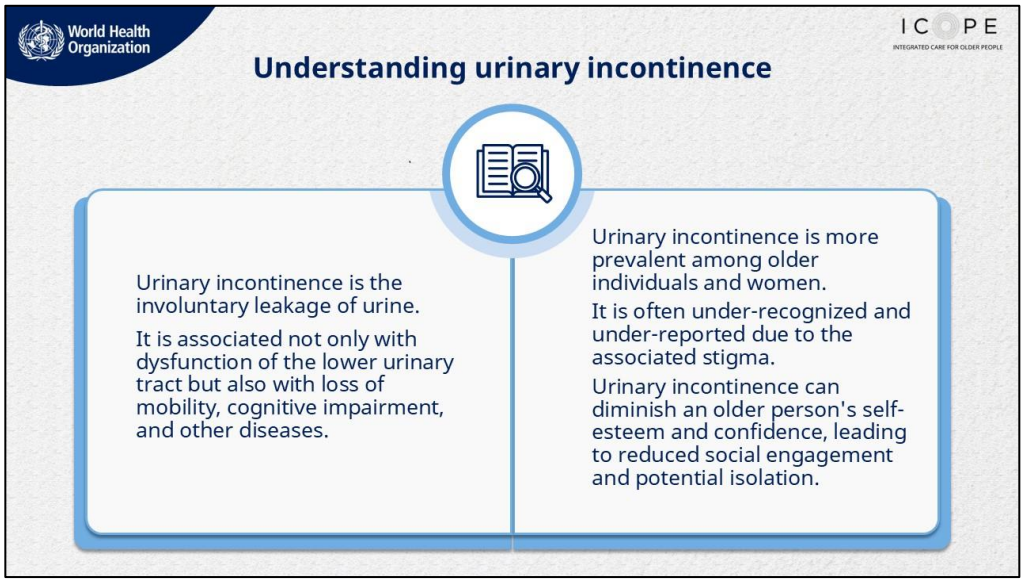

Say:

Let us begin by defining the condition of 'urinary incontinence.'

Urinary incontinence refers to any condition of the urinary system that results in the loss of voluntary control or support of the urethra. Urinary incontinence is often associated with dysfunction of the lower urinary tract. However, loss of mobility, cognitive impairment and other diseases can cause and/or contribute to it.

It is important to note that urinary incontinence is more common in older individuals and women. Unfortunately, it is often under-recognized and under-reported, largely due to the stigma attached to it. Urinary incontinence can diminish an older person's self-esteem and confidence, leading to reduced social engagement and potential isolation. Understanding this definition is the first step in addressing and managing this condition effectively.

Care pathway to manage urinary incontinence

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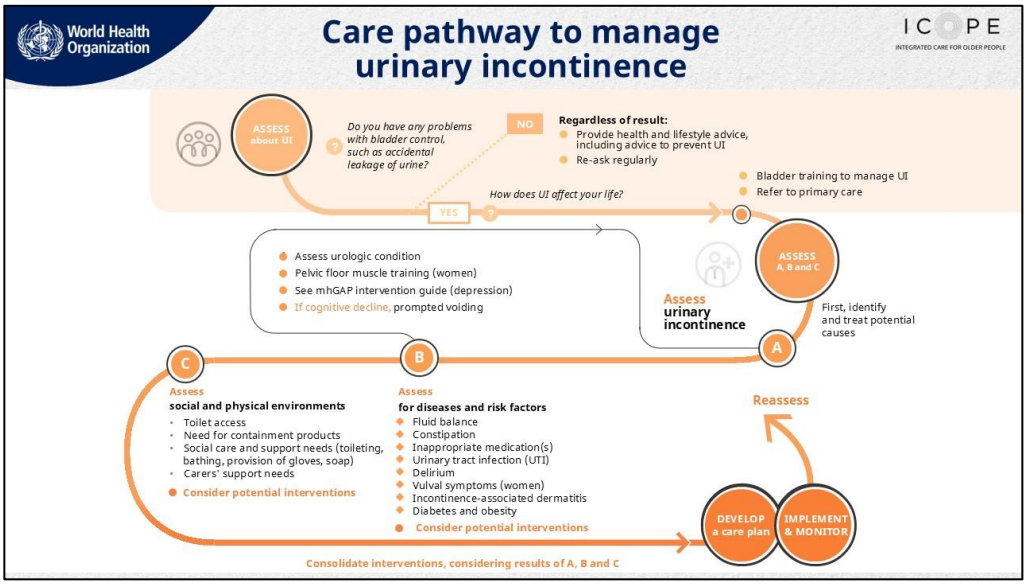

Say:

This slide presents the ICOPE care pathway to manage urinary incontinence.

If the question asked during the ICOPE basic assessment suggests the presence of urinary incontinence, it is important to explore the impact the condition has on the person's life. These preliminary questions help open a sensitive conversation, leading to initial interventions (e.g., bladder training, referral to primary care).

In case urinary incontinence is present, an in-depth assessment is required. It is based on the evaluation of:

A. Type of urinary incontinence, also including pattern, frequency and severity.
B. Underlying diseases and risk factors. In particular, we should look at falls and balance problems, constipation or impaction, polypharmacy or inappropriate medication use, urinary tract infections, and physical or cognitive impairments.
C. Social and physical environmental barriers potentially worsen it (e.g., toilet accessibility, need for assistive toileting products).

After completing the in-depth assessment, findings from A, B and C can be consolidated to develop a personalized care plan with implementation and monitoring strategies, as well as plans for regular reassessment.

Assessment and types of urinary incontinence

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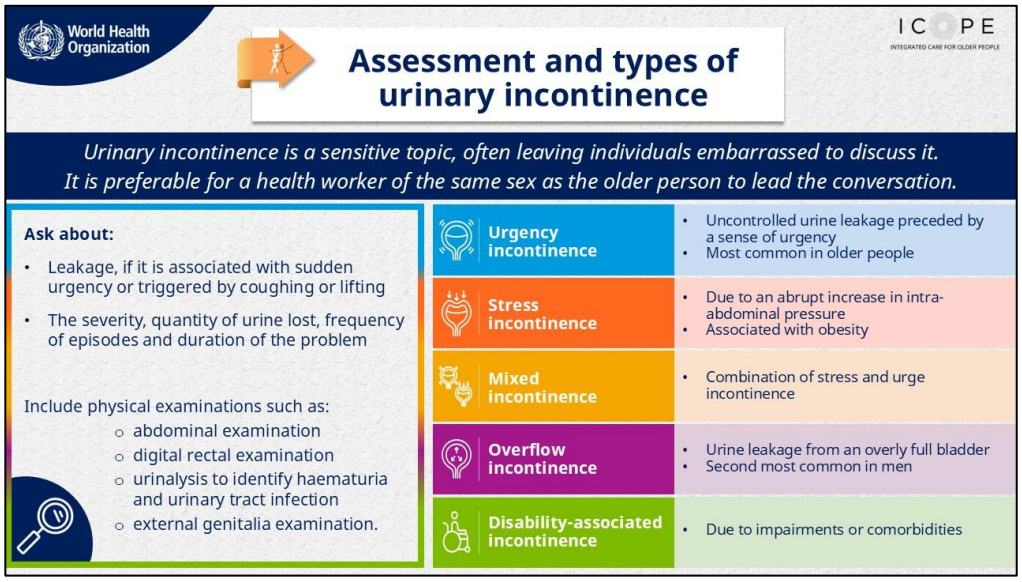

Say:

Let us dive into how to assess and differentiate types of urinary incontinence.

First of all, we need to consider the stigma and embarrassment that often surround urinary incontinence. It is recommended that, when possible, a health worker of the same sex as the older person should lead the conversation to foster comfort and openness.

Key questions to guide the assessment include:

- Is the leakage associated with sudden urgency, or triggered by coughing or lifting?
- What is the severity, quantity, frequency and duration of urine loss?

A thorough physical examination is also essential and may include:

- Abdominal examination
- Digital rectal examination
- Urinalysis to detect blood or infection
- External genitalia examination

There are five main types of urinary incontinence described in the literature:

- **Urgency incontinence:** This is when a person experiences uncontrolled urine leakage, and it is most common in older people.
- **Stress incontinence:** This type is caused by a sudden increase in intra-abdominal pressure, such as when coughing or lifting, and it is often linked to obesity.
- **Mixed incontinence:** As the name suggests, this type involves a combination of stress and urge incontinence.

- **Overflow incontinence:** Here, urine leaks from an overly full bladder, and it is the second most common type in men.
- **Disability-associated (Functional, multifactorial) incontinence:** This type is due to cognitive or physical impairments, as well as comorbidities.

Health and lifestyle advice to prevent urinary incontinence

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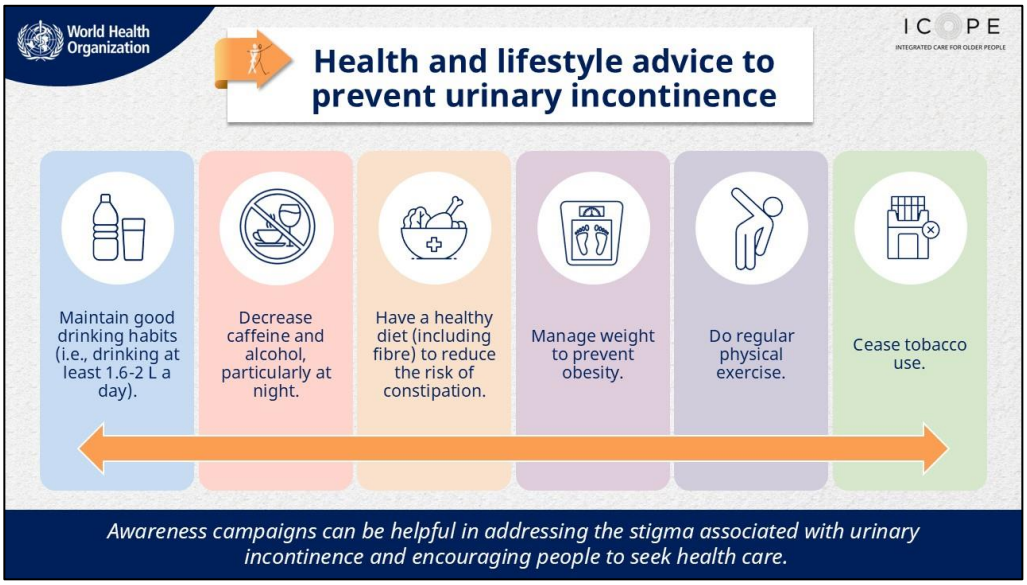

Say:

Health and lifestyle advice should be provided to prevent urinary incontinence in older people.

These are simple yet powerful actions: staying well-hydrated with 1.6 to 2 litres of water daily; limiting caffeine and alcohol, especially in the evening; eating a fibre-rich diet to prevent constipation; managing weight to avoid obesity; engaging in regular physical activity; and stopping tobacco use.

Awareness campaigns can be helpful in addressing the stigma associated with urinary incontinence and encouraging people to seek health care.

Community-based health care to address urinary incontinence

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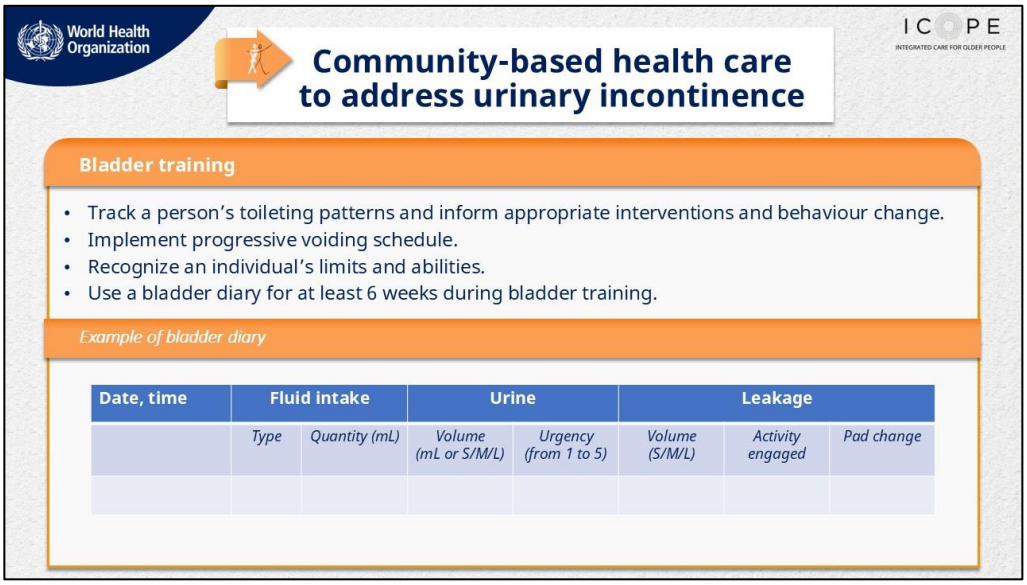

Say:

This slide presents some community-based health care interventions that can be considered to address urinary incontinence in older people.

One is bladder training, a structured approach to managing urinary incontinence. In this context, the use of a bladder diary may help track fluid intake, voiding patterns, urgency and leakage episodes. This data supports a personalized, progressive voiding schedule that respects the individual's capabilities and promotes behavioural change over at least six weeks.

Interventions to manage urinary incontinence

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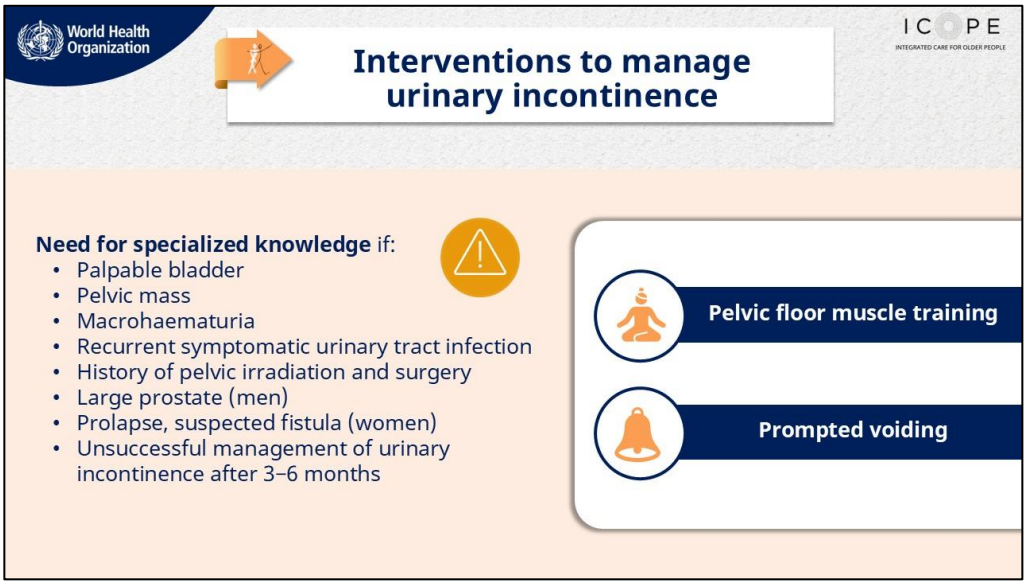

Say:

Let us discuss specific interventions for the management of urinary incontinence.

Pelvic floor muscle training is a first-line, non-invasive approach that aims to strengthen the pelvic floor muscles, which are crucial for bladder control. This method is particularly effective for stress and mixed urinary incontinence. It can be taught by trained community health workers or physical therapists to help individuals regain voluntary control over their bladder function through consistent, guided exercises.

Another intervention, prompted voiding, is a behavioural strategy typically used for individuals who may not initiate toileting independently, such as those with cognitive impairments. This approach involves carers or health workers prompting the individual at regular intervals to use the toilet. This helps establish a routine and can reduce episodes of incontinence.

The slide also highlights clinical red flags, situations that require a specialist referral. These include signs such as:

- Palpable bladder
- Pelvic mass
- Visible blood in the urine (macrohematuria)
- Recurrent symptomatic urinary tract infections
- History of pelvic surgery or radiation
- For men, concerns may involve an enlarged prostate
- For women, issues such as prolapse or suspected fistula may necessitate further investigation

- Additionally, if urinary incontinence persists despite 3 to 6 months of management, it is advisable to seek specialist input.

Pelvic floor muscle training

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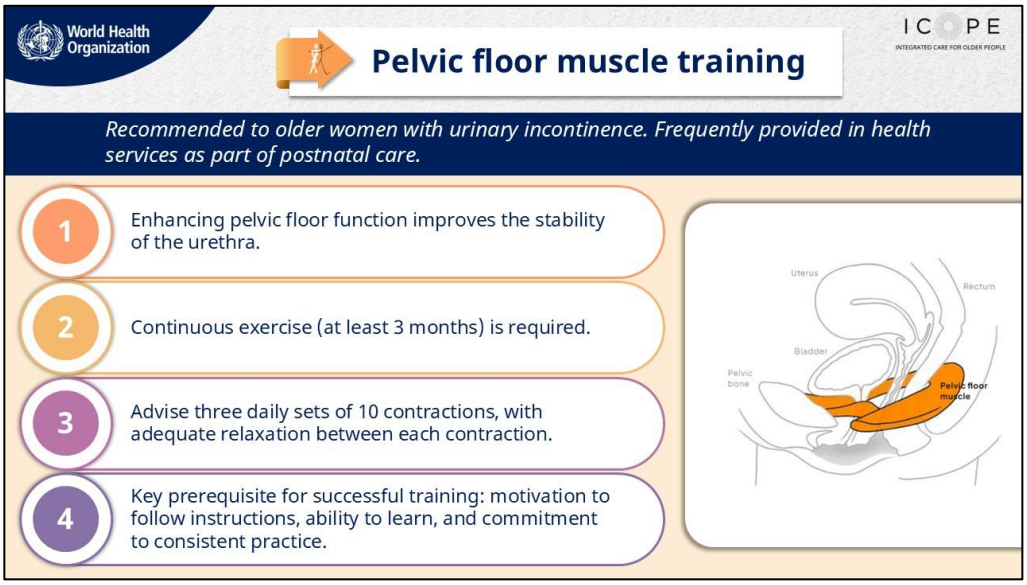

Say:

Another intervention to potentially consider, especially in women, is the pelvic floor muscle training.

Pelvic floor muscle training focuses on strengthening the pelvic floor muscles, which support the bladder and urethra. This strengthening improves urethral stability and reduces instances of incontinence. An anatomical illustration on the right shows the location and function of these muscles in relation to the bladder, rectum and pubic bone.

The training regimen is simple but requires consistency. Aim for three sets of 10 contractions each day, with adequate relaxation between contractions. It is important to note that a minimum of three months of continuous practice is necessary to achieve significant results.

However, the success of pelvic floor muscle training depends on several key factors. The individual must be motivated, able to understand and follow instructions, and committed to regular practice. Assessing these factors before starting the program is essential to ensure feasibility and potential effectiveness.

Prompted voiding for persons with cognitive impairment

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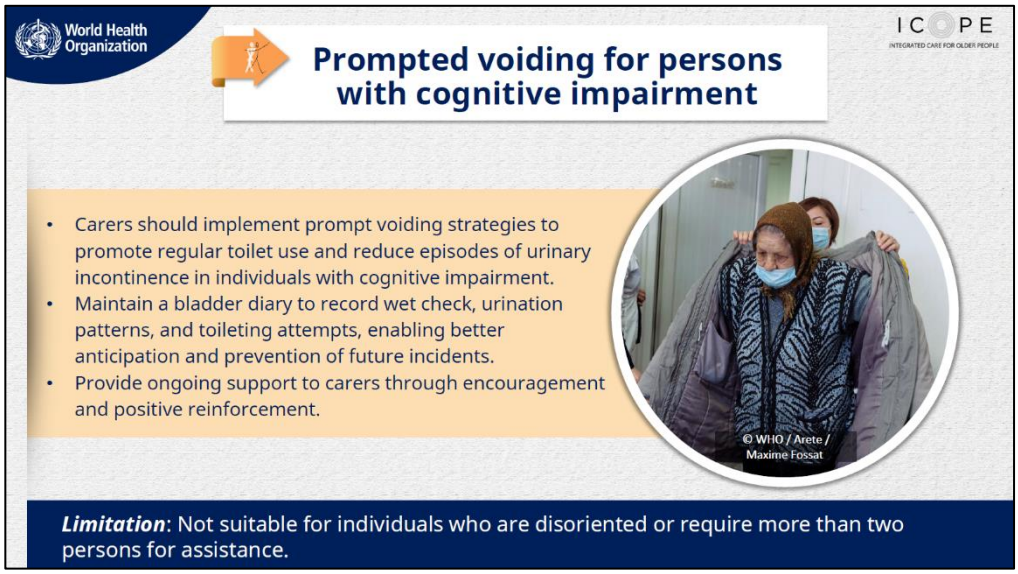

Say:

Let us discuss the strategy of prompted voiding for persons with cognitive impairment. This approach can help enhance toilet use and reduce episodes of urinary incontinence.

Prompted voiding for persons with cognitive impairment implies:

- **Implementation by carers**: carers play a crucial role in prompting regular toilet visits, typically every 2 hours during the day, to help manage incontinence.
- **Recording and monitoring**: It is important to maintain a bladder diary that includes wet check results, urination patterns and toileting attempts. This helps anticipate future incidents and tailor the approach.
- **Positive reinforcement**: Engage in conversations during toilet visits to provide positive reinforcement. Ask the person whether they are wet or dry. If self-reporting is unreliable, perform wet checks while maintaining a friendly tone.
- **Supporting carers**: Provide carers with encouragement and reinforcement to support their efforts in managing incontinence effectively.

Please be aware that prompted voiding may not be suitable for individuals who are disoriented or require more than two persons for assistance.

Interventions for diseases and risk factors

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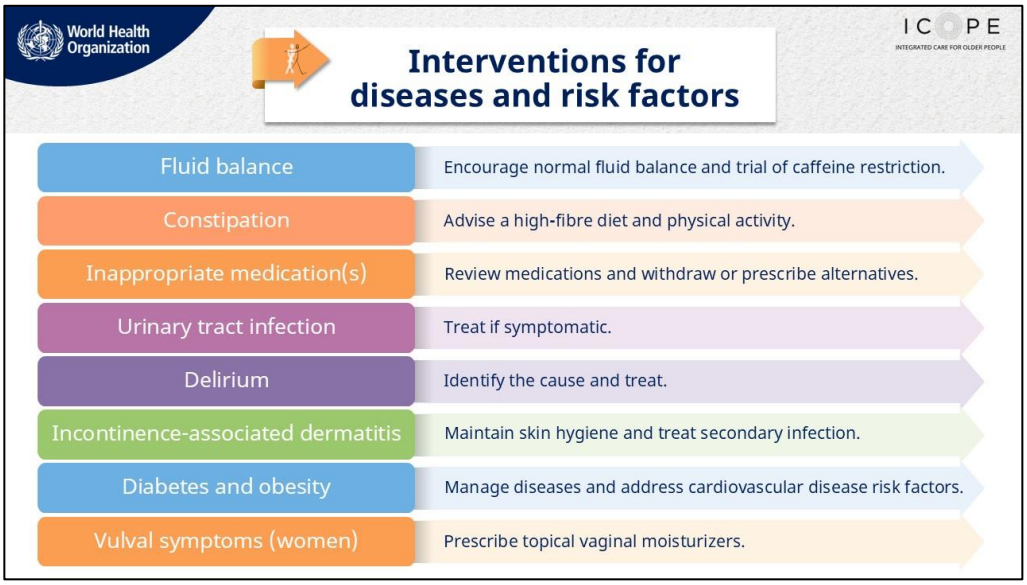

Say:

This slide provides an overview of interventions targeting the diseases and risk factors that commonly contribute to or worsen urinary incontinence in older people. However, please keep in mind that urinary incontinence is often a multifactorial issue. Let us explore them one by one:

- **Fluid balance**: Encourage adequate hydration while also trying to limit caffeine intake, as both dehydration and excessive caffeine can irritate the bladder.
- **Constipation**: A high-fibre diet and regular physical activity are essential since constipation can increase pressure on the bladder and exacerbate incontinence.
- **Inappropriate medications**: Conducting a medication review is critical. Certain medications (e.g., diuretics, sedatives or anticholinergics) can contribute to urinary symptoms. Adjusting or substituting these medications can lead to significant improvements.
- **Urinary tract infections**: These should be treated if symptomatic, as they can cause or worsen urgency and frequency of urination.
- **Delirium**: Often overlooked, delirium can lead to temporary incontinence. It is important to identify and treat the underlying causes.
- **Incontinence-associated dermatitis**: Maintaining skin hygiene and treating any secondary infections can help prevent discomfort and other complications.

- **Diabetes and obesity**: These are major contributors to incontinence. Managing blood glucose levels and addressing cardiovascular risk factors are essential for long-term improvement.
- **Vulval symptoms in women**: Prescribing topical vaginal moisturizers can relieve discomfort and support urogenital health, particularly in postmenopausal women.

Interventions for the social and physical environment

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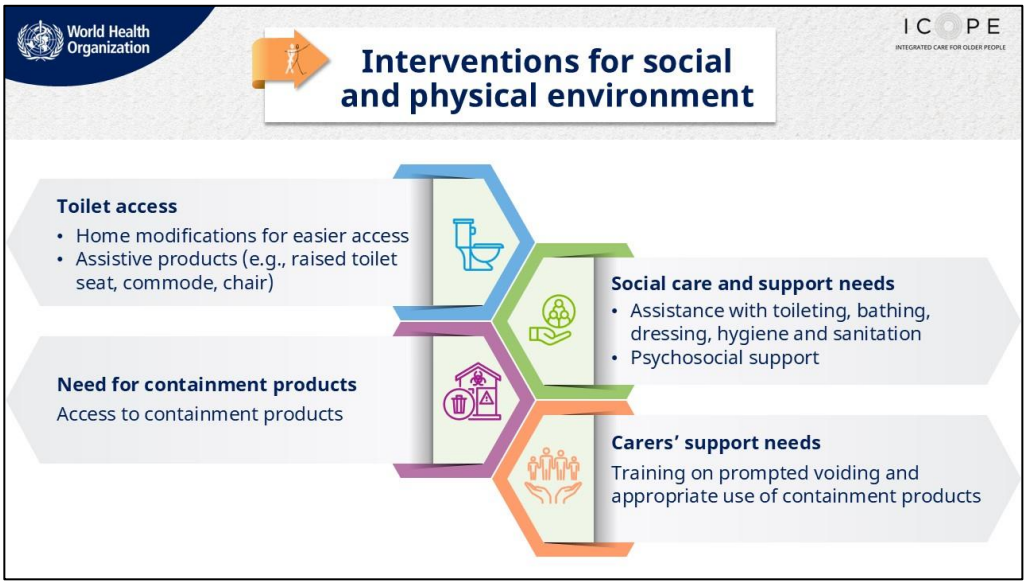

Say:

There also several interventions we can consider to address the social and physical environmental barriers associated with urinary incontinence in older people. For example:

- **Toilet access:** Environmental factors can significantly influence continence. Simple home modifications (e.g., improving lighting, removing obstacles and installing grab bars) can significantly enhance safety and accessibility. Additionally, assistive products like raised toilet seats or bedside commodes can help individuals with mobility limitations.
- **Containment products:** Although not a treatment, containment products are vital for maintaining hygiene and quality of life. Ensuring equitable access to appropriate products (e.g., pads or absorbent briefs) can alleviate discomfort, prevent skin complications and promote social participation. Indwelling urinary catheters should be avoided as they may cause infections.
- **Social care and support needs:** Many older people require assistance with daily activities such as toileting, bathing, dressing and maintaining personal hygiene. Providing this support in a respectful and person-centred manner is essential. Psychosocial support is equally important, as it helps individuals cope with the emotional and social impacts of incontinence.
- **Carers' support needs:** Carers play a crucial role and need the right knowledge and tools. Training in prompted voiding techniques and the proper use of containment products empowers carers to offer effective and compassionate support while also reducing their own stress and burden.

Summary

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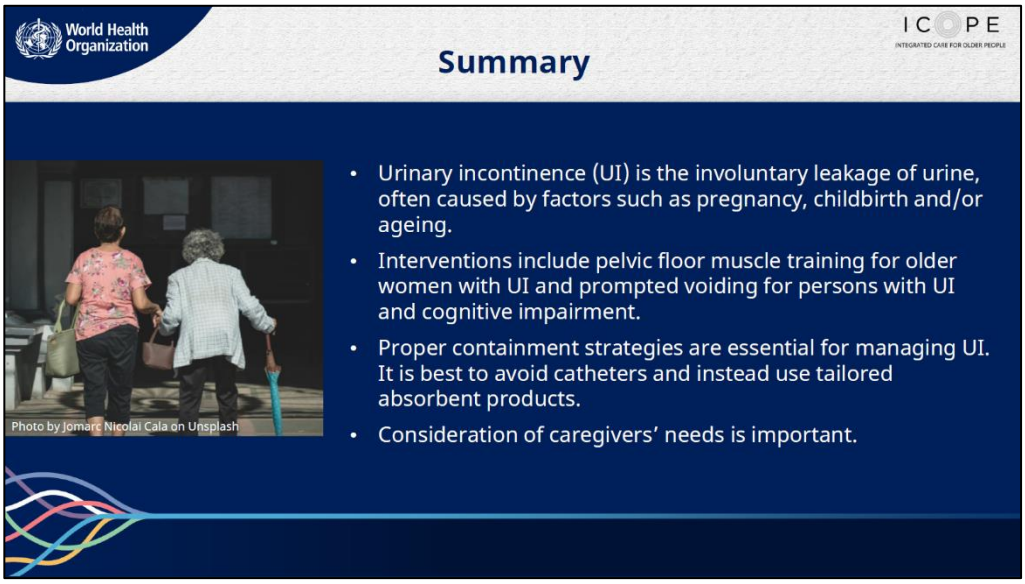

Do:

Go through the slides and recap the points discussed during the session.

Say:

To summarize this session, we have focused on urinary incontinence as a common condition in older people, defined as the involuntary leakage of urine.

We discussed evidence-based interventions to manage urinary incontinence, including pelvic floor muscle training for older women and prompted voiding for people with urinary incontinence and cognitive impairment. We also emphasized the importance of appropriate containment strategies, highlighting that the use of catheters should generally be avoided and that absorbent products should be carefully selected and tailored to individual needs.

Finally, we underscored the need to consider and support carers, whose involvement is essential in the effective and dignified management of urinary incontinence.

References

Show: Slide 14

Say:

Here are some useful links and citations for your reference. Thank you for your time and participation.