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Version 2.1

ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Urinary incontinence

Photo by Kelly Newton on Unsplash

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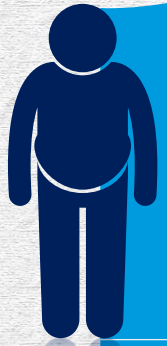
Learning objectives

By the end of this module, you will be able to:

- 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



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Understanding urinary incontinence

Urinary incontinence is the involuntary leakage of urine.

It is associated not only with dysfunction of the lower urinary tract but also with loss of mobility, cognitive impairment, and other diseases.

Urinary incontinence is more prevalent among older individuals and women.

It is often under-recognized and under-reported due to the associated stigma.

Urinary incontinence can diminish an older person's self-esteem and confidence, leading to reduced social engagement and potential isolation.

Care pathway to manage urinary incontinence

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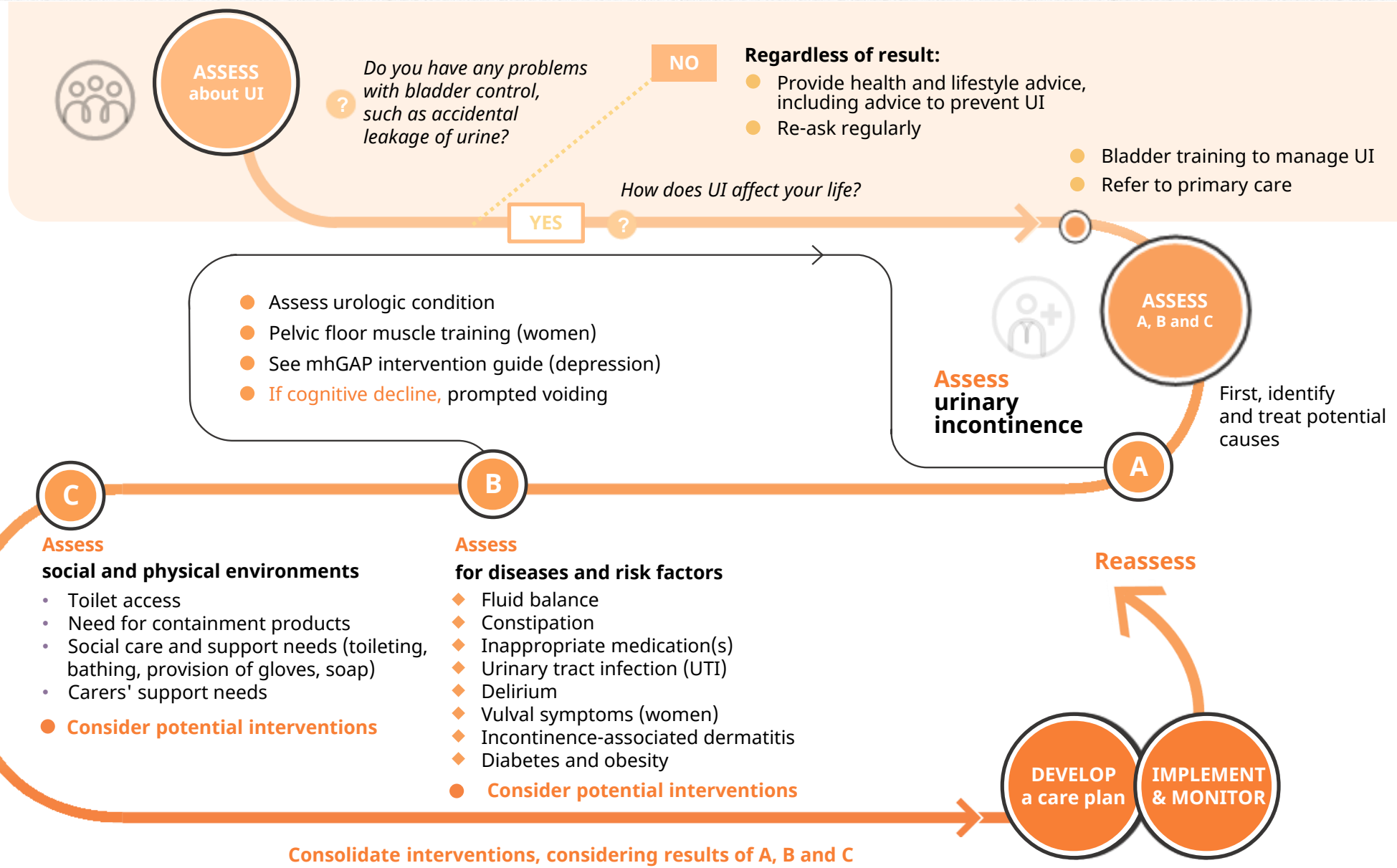

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Assessment and types of urinary incontinence

Urinary incontinence is a sensitive topic, often leaving individuals embarrassed to discuss it. It is preferable for a health worker of the same sex as the older person to lead the conversation.

Ask about:

- Leakage, if it is associated with sudden urgency or triggered by coughing or lifting
- The severity, quantity of urine lost, frequency of episodes and duration of the problem

Include physical examinations such as:

- abdominal examination
- digital rectal examination
- urinalysis to identify haematuria and urinary tract infection
- external genitalia examination.

Urgency incontinence	• Uncontrolled urine leakage preceded by a sense of urgency • Most common in older people
Stress incontinence	• Due to an abrupt increase in intra-abdominal pressure • Associated with obesity
Mixed incontinence	• Combination of stress and urge incontinence
Overflow incontinence	• Urine leakage from an overly full bladder • Second most common in men
Disability-associated incontinence	• Due to impairments or comorbidities

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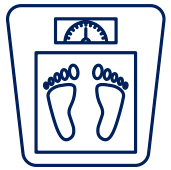
Health and lifestyle advice to prevent urinary incontinence

Maintain good drinking habits (i.e., drinking at least 1.6-2 L a day).

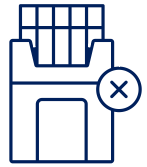
Decrease caffeine and alcohol, particularly at night.

Have a healthy diet (including fibre) to reduce the risk of constipation.



Manage weight to prevent obesity.

Do regular physical exercise.



Cease 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

Bladder training

- Track a person's toileting patterns and inform appropriate interventions and behaviour change.
- Implement progressive voiding schedule.
- Recognize an individual's limits and abilities.
- Use a bladder diary for at least 6 weeks during bladder training.

Example of bladder diary

Date, time	Fluid intake		Urine		Leakage		
	Type	*Quantity (mL)*	*Volume (mL or S/M/L)*	*Urgency (from 1 to 5)*	*Volume (S/M/L)*	*Activity engaged*	*Pad change*

Interventions to manage urinary incontinence

Need for specialized knowledge if:

- Palpable bladder
- Pelvic mass
- Macrohaematuria
- Recurrent symptomatic urinary tract infection
- History of pelvic irradiation and surgery
- Large prostate (men)
- Prolapse, suspected fistula (women)
- Unsuccessful management of urinary incontinence after 3–6 months

Pelvic floor muscle training

Prompted voiding

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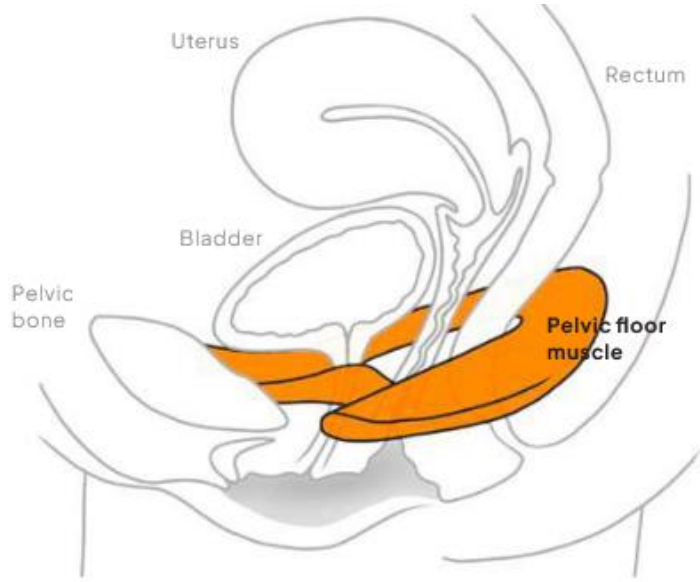
Pelvic floor muscle training

Recommended to older women with urinary incontinence. Frequently provided in health services as part of postnatal care.

1. Enhancing pelvic floor function improves the stability of the urethra.
2. Continuous exercise (at least 3 months) is required.
3. Advise three daily sets of 10 contractions, with adequate relaxation between each contraction.
4. Key prerequisite for successful training: motivation to follow instructions, ability to learn and commitment to consistent practice.



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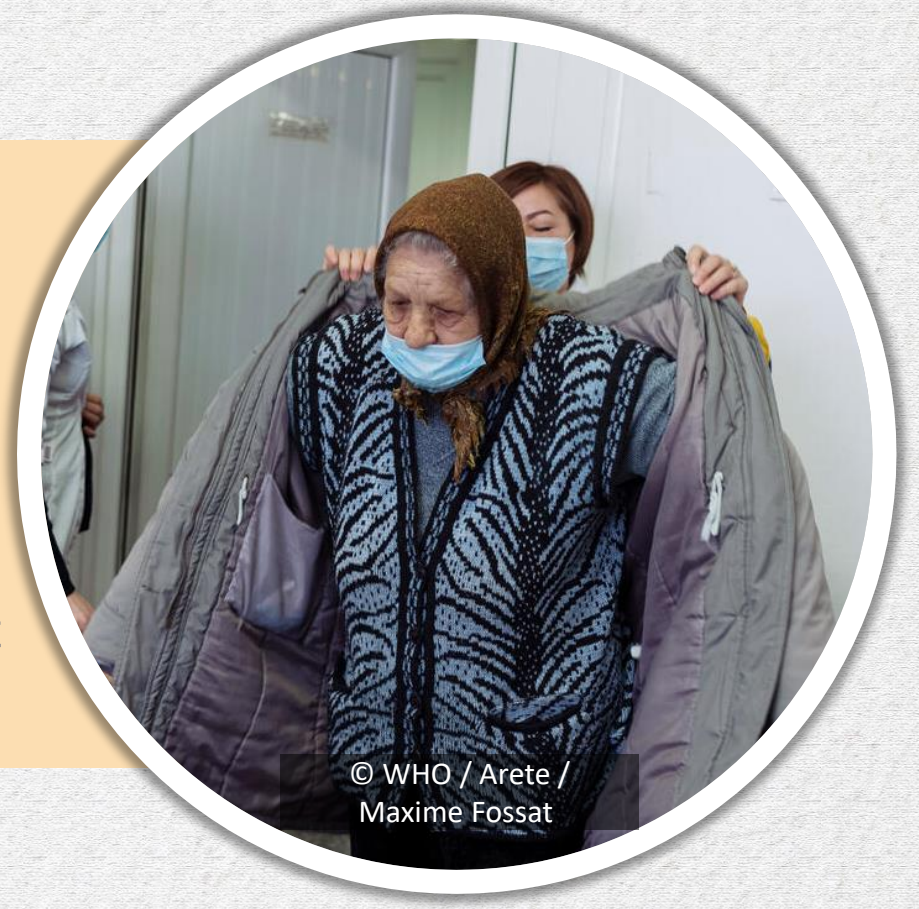
Prompted voiding for persons with cognitive impairment

- Carers should implement prompt voiding strategies to promote regular toilet use and reduce episodes of urinary incontinence in individuals with cognitive impairment.
- Maintain a bladder diary to record wet check, urination patterns, and toileting attempts, enabling better anticipation and prevention of future incidents.
- Provide ongoing support to carers through encouragement and positive reinforcement.



Limitation: Not suitable for individuals who are disoriented or require more than two persons for assistance.

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Interventions for diseases and risk factors

Fluid balance	Encourage normal fluid balance and trial of caffeine restriction.
Constipation	Advise a high-fibre diet and physical activity.
Inappropriate medication(s)	Review medications and withdraw or prescribe alternatives.
Urinary tract infection	Treat if symptomatic.
Delirium	Identify the cause and treat.
Incontinence-associated dermatitis	Maintain skin hygiene and treat secondary infection.
Diabetes and obesity	Manage diseases and address cardiovascular disease risk factors.
Vulval symptoms (women)	Prescribe topical vaginal moisturizers.

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Interventions for social and physical environment

Toilet access

- Home modifications for easier access
- Assistive products (e.g., raised toilet seat, commode, chair)

Need for containment products

Access to containment products

Social care and support needs

- Assistance with toileting, bathing, dressing, hygiene and sanitation
- Psychosocial support

Carers' support needs

Training on prompted voiding and appropriate use of containment products

Summary


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- Urinary incontinence (UI) is the involuntary leakage of urine, often caused by factors such as pregnancy, childbirth and/or ageing.
- Interventions include pelvic floor muscle training for older women with UI and prompted voiding for persons with UI and cognitive impairment.
- Proper containment strategies are essential for managing UI. It is best to avoid catheters and instead use tailored absorbent products.
- Consideration of caregivers' needs is important.

References

1. Training on self-care assistive products and absorbent (containment) products [website]. Geneva: World Health Organization; 2023 (https://www.gate-tap.org). Licence: CC BY-NC-SA 3.0 IGO.

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