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Version 0.1
Draft version for field testing

ICOPE

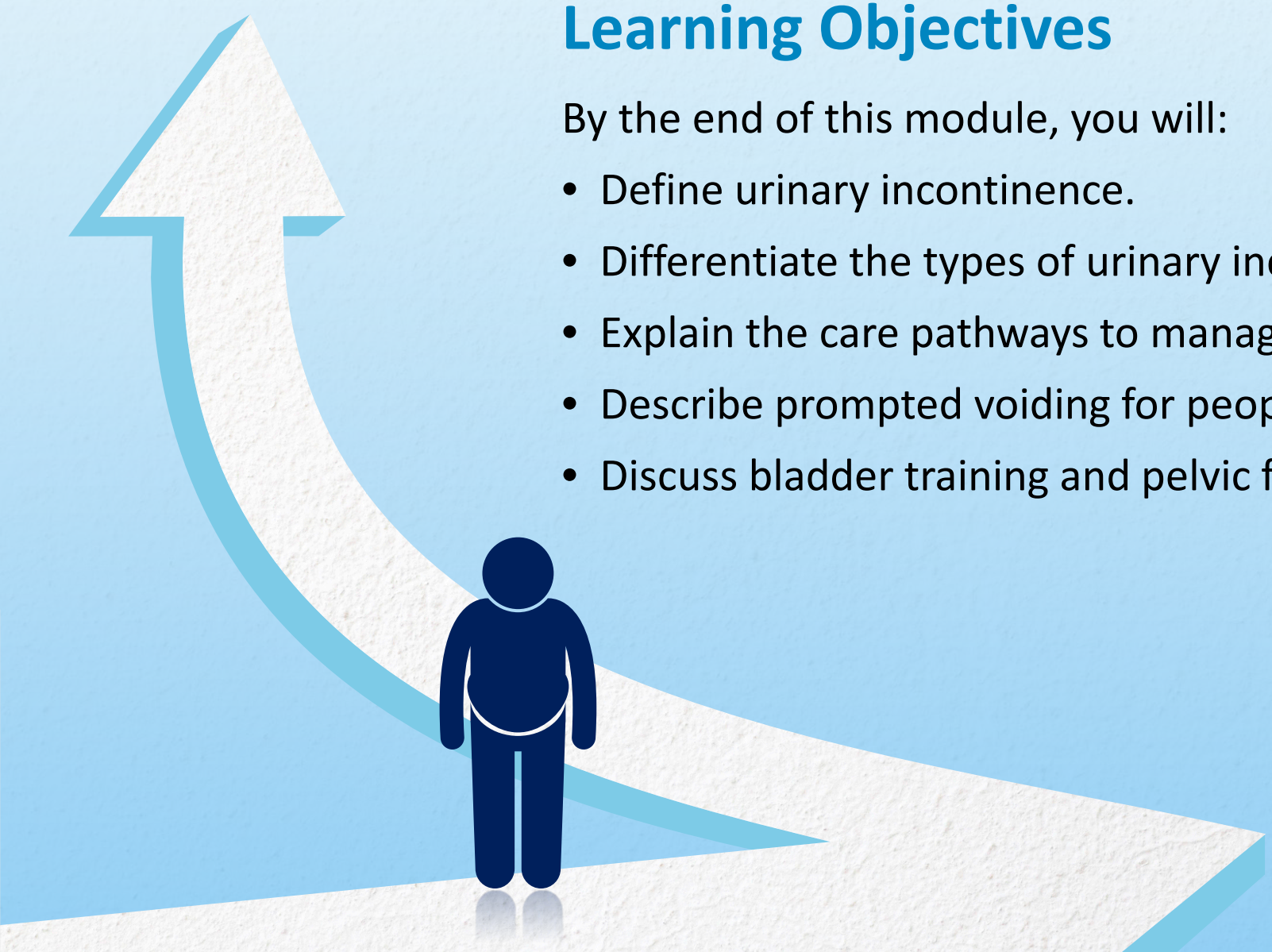
INTEGRATED CARE FOR OLDER PEOPLE

URINARY INCONTINENCE

Learning Objectives

By the end of this module, you will:

- Define urinary incontinence.
- Differentiate the types of urinary incontinence.
- Explain the care pathways to manage urinary incontinence.
- Describe prompted voiding for people with cognitive impairment.
- Discuss bladder training and pelvic floor muscle training for women.



Definition

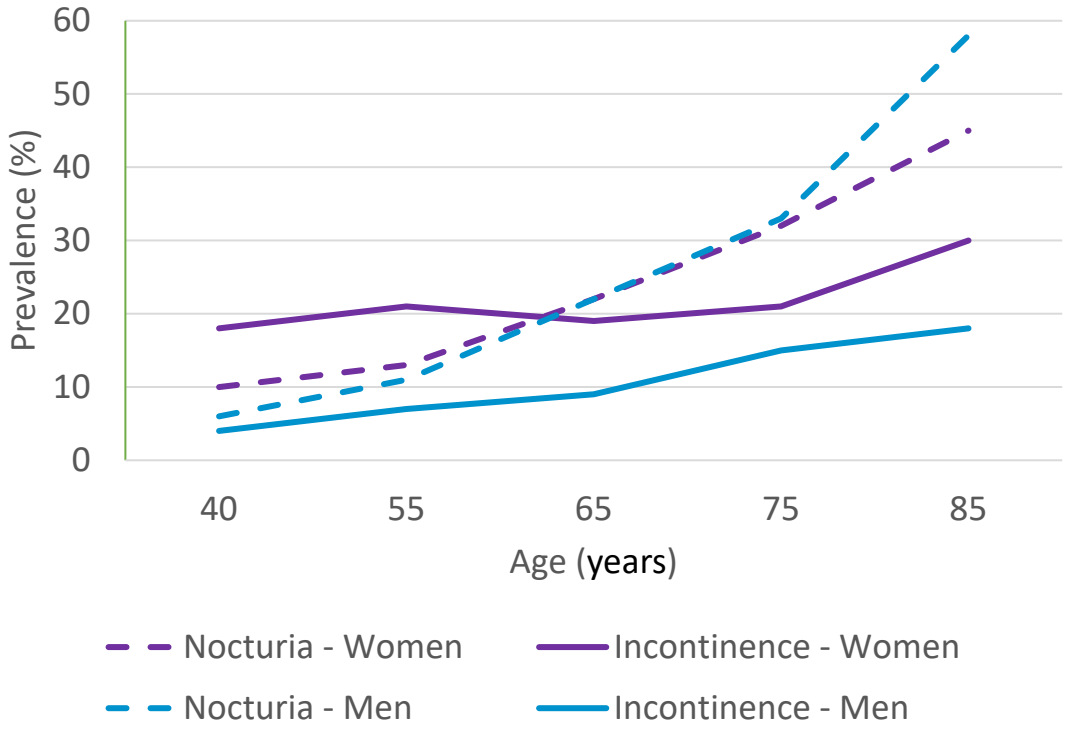
Any condition of the urinary system, caused by determinants arising during the antenatal period or after birth, leading to loss of voluntary control or support of the urethra. These conditions are characterised by involuntary leakage of large amounts of urine, in association with uninhibited contractions of the detrusor muscle and the inability to control urination.
(ICD11 MF50.2)

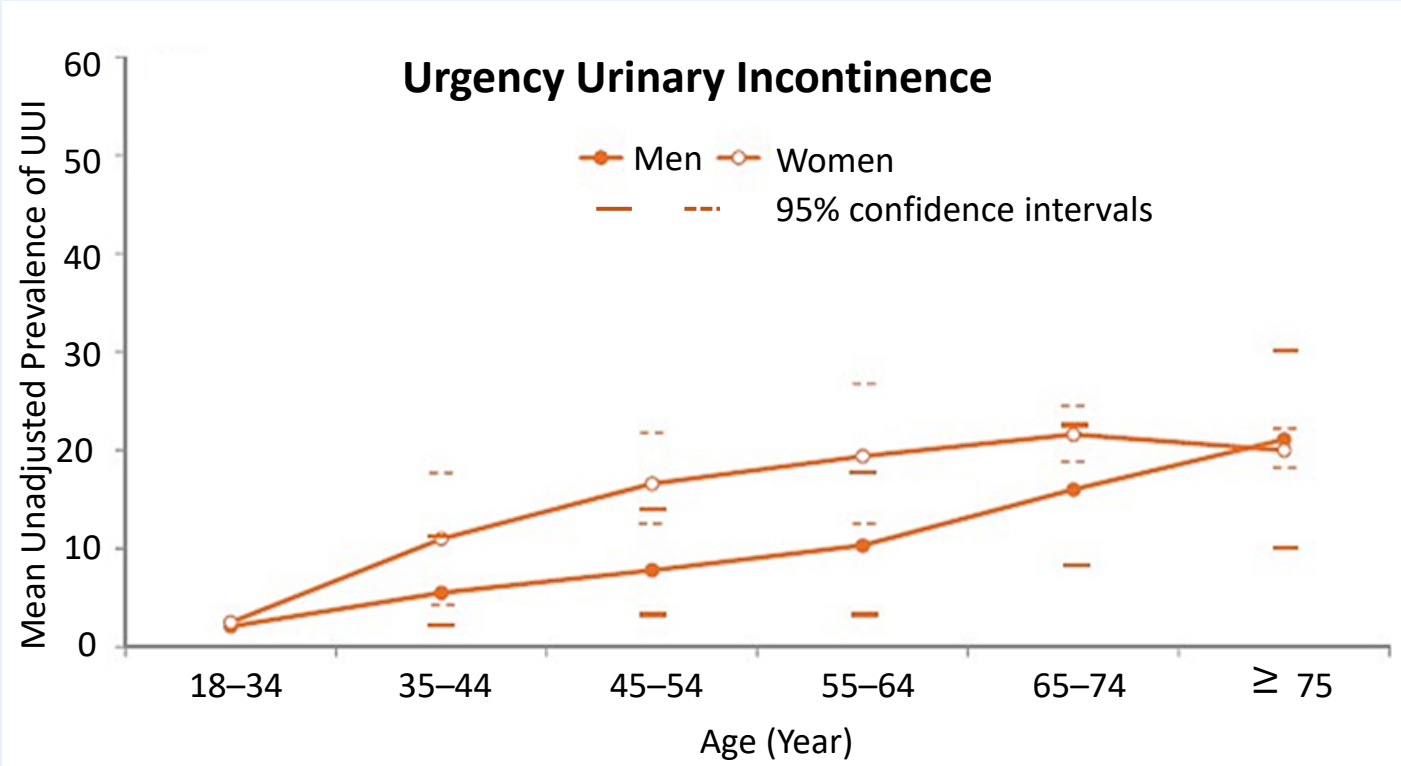
Urinary incontinence is more common in older individuals and women.
Often under-recognised and under-reported due to the stigma.

Types of Urinary Incontinence

 **Urgency incontinence**	Uncontrolled urine leakage. Most common in older people.
 **Stress incontinence**	Due to abrupt increase of intra-abdominal pressure. Associated with obesity.
 **Mixed incontinence**	Combinations of stress and urge incontinence.
 **Overflow incontinence**	Urine leakage from an overly full bladder. Second most common in men.
 **Disability-associated [Functional, multifactorial] incontinence**	Due to cognitive or physical impairments or comorbidities.

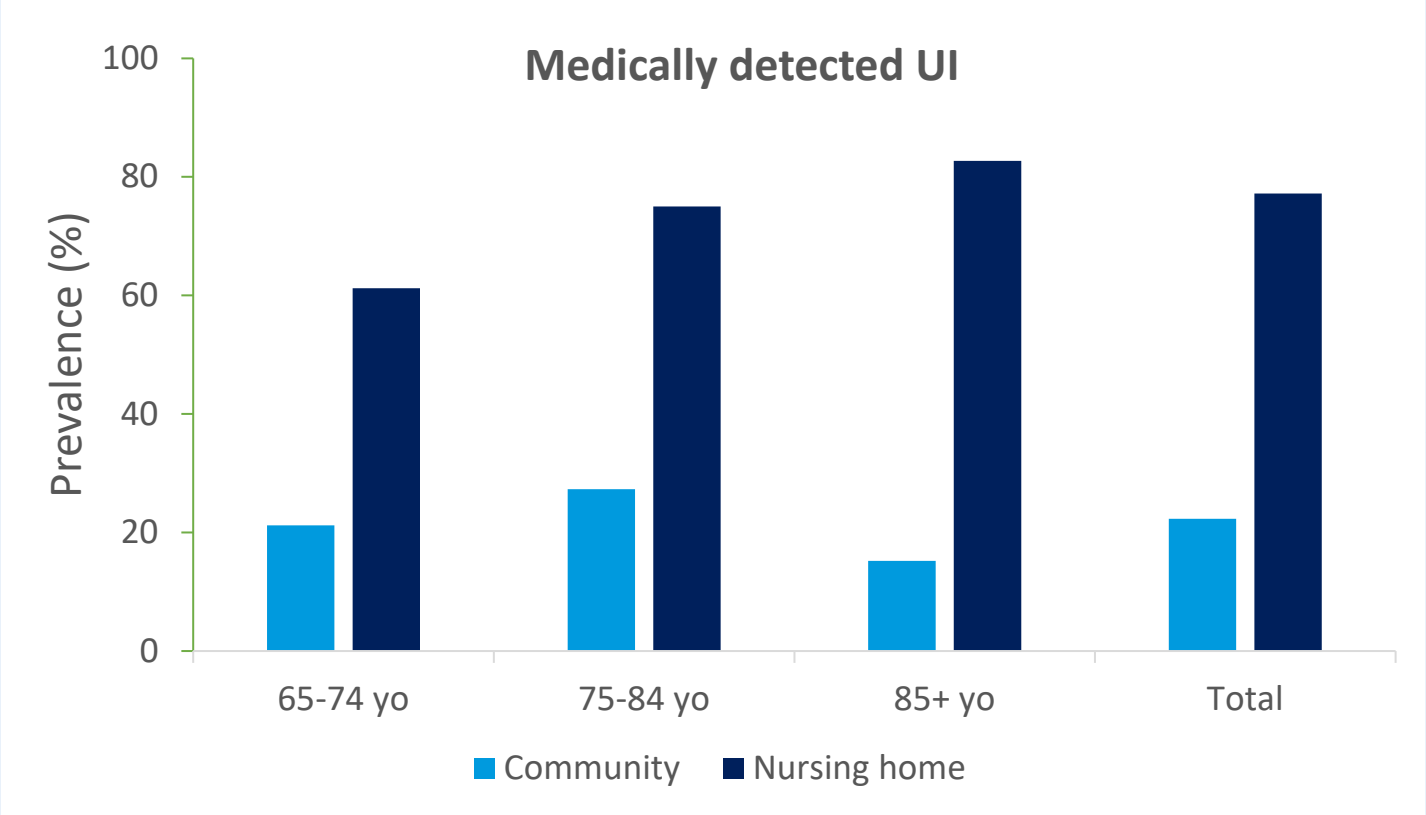
Urgency Urinary Incontinence





Urgency Urinary Incontinence

Urinary incontinence is more common for those who require assistance from others.

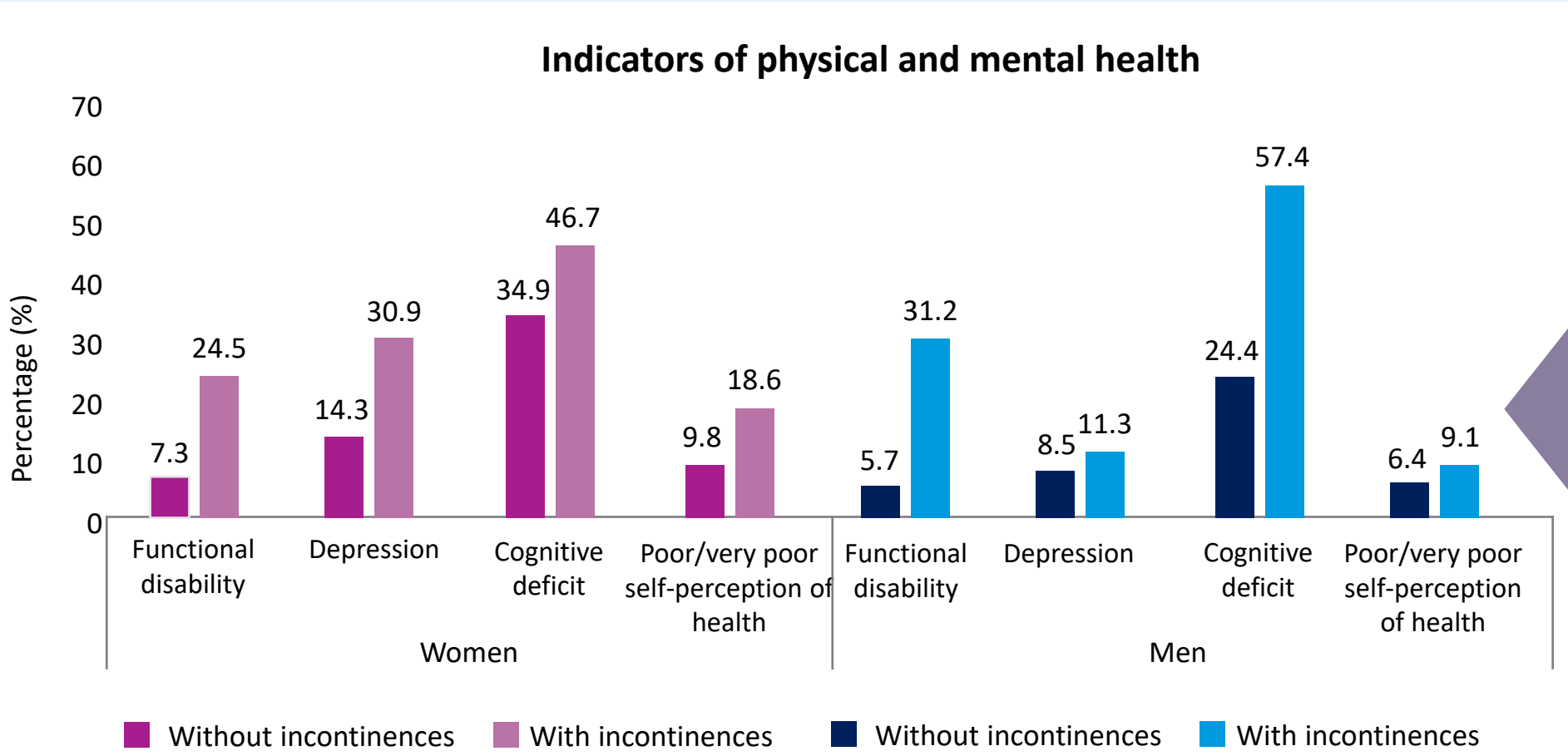


N=1,390 persons aged 65 years and older women: 79.7%
Nursing home residents: 34.5%

Adelmann PK. J Health Care Poor Underserved 2004;1:99-112, Kessler et al. Rev Bras Geriatr Gerontol 2018;21(4):397-407

Urgency Urinary Incontinence

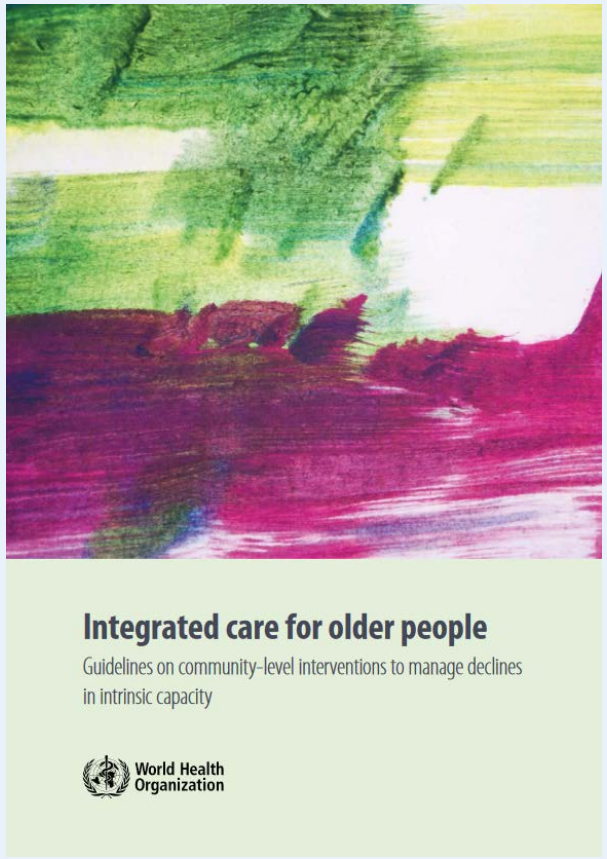
Urinary incontinence is associated with poor physical and mental health.



N=1,593 persons aged 60 years and older
women: 62.8%
Mean age: 71.2 years

Recommendations for Geriatric Syndrome

The ICOPE guidelines on community-level interventions to manage impairments in IC already include recommendations on UI.



Recommendations 7 and 8

7. Prompted voiding for the management of urinary incontinence can be offered for older people with cognitive impairment.
   Quality of the evidence: **very low**
   Strength of the recommendation: **conditional**

8. Pelvic floor muscle training (PFMT), alone or combined with bladder control strategies and self-monitoring, should be recommended for older women with urinary incontinence (urge, stress or mixed).
   Quality of the evidence: **moderate**
   Strength of the recommendation: **strong**

Care Pathways to Manage Urinary Incontinence

ASK

Do you have any problems with bladder control, such as accidental leakage of urine?

Healthy lifestyle advice:

- Good fluid balance
- Avoid constipation (high-fibre diet, adequate fluid intake)
- Physical activity
- Prevent and manage obesity
- Smoking cessation

ASSESS

THE IMPACT OF UI

?

How does UI affect your life?

- Going out
- Engaging with friends, family and community
- Hobbies and social participation
- Physical activity and exercise
- Fluid intake
- Psychological state: embarrassment, anxiety, confidence
- Clothes
- Sex life
- Needs for containment products

Consider these questions for UI assessment and intervention. Note that many women believe UI is normal with age, which may impact their expectations.

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ASSESS & MANAGE

REVERSIBLE ASSOCIATED CONDITIONS

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Delirium	Identify cause (medical conditions, intoxication from substances, use of drugs) and treat
Infection (acute cystitis)	Treat acute cystitis (avoid treatment of asymptomatic bacteriuria)
Pharmaceuticals	Review medications that might lead to unsuccessful toileting and withdraw or prescribe alternative as appropriate (link to the box of medication)
Psychological (anxiety and depression)	Refer to the depressive symptom care pathway and anxiety management
Excess urine output	Check fluid balance and identify the cause
Reduced mobility	Multimodal exercise
Stool impaction (constipation)	Balanced diet, good fluid balance, physical activity

Wagg, A. et al. "Incontinence in frail older persons" in Incontinence, Report of the 6th ICI 2017. ICS. Bristol

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ASSESS
UROLOGIC CONDITION AT PHC

All men & women

- Digital Rectal Examination
- Bedside urinalysis (if available)*
- Abdominal examination
- External genitalia and perineum

**Limitation of urinalysis stick (haemoglobin/myoglobin). Recommend microscopy to confirm haematuria*

Men

Prostate evaluation: Refer for large prostate (approximately ping pong ball; e.g. bigger than 40 cc)

Women

- Prolapse
- Suspected fistula
- Vulvar symptoms

Monitor the effect of the intervention for 3-6 months, If does not work, refer to specialised care

Specialised care include:

- Identification of subtype of UI
- Indication of medication (Antimuscarinic drugs, beta3 receptor agonist, a-adrenergic antagonists)

ASSESS & MANAGE

ASSOCIATED CONDITIONS

- Diabetes
- Cognitive impairment
- Depressive symptoms
- Obesity (with caution on management)
- Obstructive Sleep Apnea (needs CPAP)
- Loss of mobility (link to the care pathway)

ASSESS & MANAGE

SOCIAL AND PHYSICAL ENVIRONMENTS

All men & women

Consider:

- Home modification for toilet access, including use of assistive products
  Containment products & appliances to aid continence with hygiene routines
- Assess need for social care and support (e.g. social isolation, support for access to containment products)
- Assess needs for caregiver (Encouragement and reinforcement)

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MANAGE UI

All men & women

1. Bladder training for minimum for 6 weeks
2. Normal fluid balance, caffeine restriction
3. Treat constipation

Specialised care is needed for:

UI with
- Pain
- Macro haematuria
- Recurrent symptomatic UTI
- Palpable bladder
- Pelvic mass
- Pelvic irradiation
- Pelvic surgery
- Suspected fistula
- Prolapse (for women)
- Large prostate (for men)

Persons with cognitive impairment

Prompted voiding – requires care giver support

Women

Pelvic floor muscle training (PFMT):
3 sets of 10 contractions with adequate relaxation between contractions daily

Living Well with Urinary Incontinence

- Effective containment of leakage is crucial for quality of life when treatment for incontinence is not possible.
- Avoid indwelling urinary catheters to prevent infections and harm.
- Use various absorbent products tailored to different activities, e.g., smaller ones during the day and larger ones at night.
- Consider caregivers' needs when selecting products that require assistance.
- Ensure accessibility to continence products through government subsidies or donations by CSOs.

🔗 TAP: Module. Self care assistive products

🔗 www.continenceproductadvisor.org

Prompted Voiding for Persons with Cognitive Impairment

- Caregivers implement prompt voiding to enhance toilet use and reduce urinary incontinence episodes for persons with cognitive impairment.
- Record wet check results, urination patterns and toileting attempts in a bladder diary to anticipate future incidents.
- Support caregivers through encouragement and reinforcement.

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

Pelvic Floor Muscle Training

1. Improve pelvic floor function, specifically enhancing urethral stability.
2. Continuous exercise is required to maintain benefits (at least three months).
3. The daily routine involves three sets of 10 contractions with adequate relaxation between each contraction.
4. Precondition: Person's motivation to follow instructions, capability to learn and commitment to practice.

- Leaflets - Your Pelvic Floor
- Pelvic Floor Exercise Videos - Your Pelvic Floor

WHO / Alasdair Bell

Summary

- Urinary incontinence (UI): Involuntary leakage from pregnancy, ageing, or post-birth, often under-recognised.
- Types: Urgency, stress, mixed, overflow and disability-associated; each has distinct characteristics.
- ICOPE guidelines suggest prompted voiding for cognitive impairment, and pelvic floor muscle training recommended for older women with UI.
- Effective containment is crucial for incontinence; avoid catheters, use tailored absorbents and consider caregivers' needs when treatment is not an option.