

I C O P E

INTEGRATED CARE FOR OLDER PEOPLE

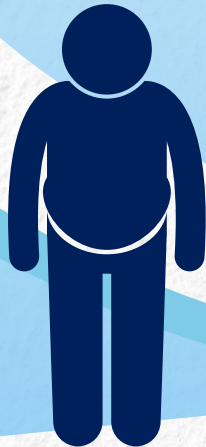
**URINARY  
INCONTINENCE**



## Learning Objectives

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

- Define urinary incontinence.
- Explain the assessment and types of urinary incontinence.
- Describe the care pathways for managing urinary incontinence, also involving community stakeholders.



# Definition



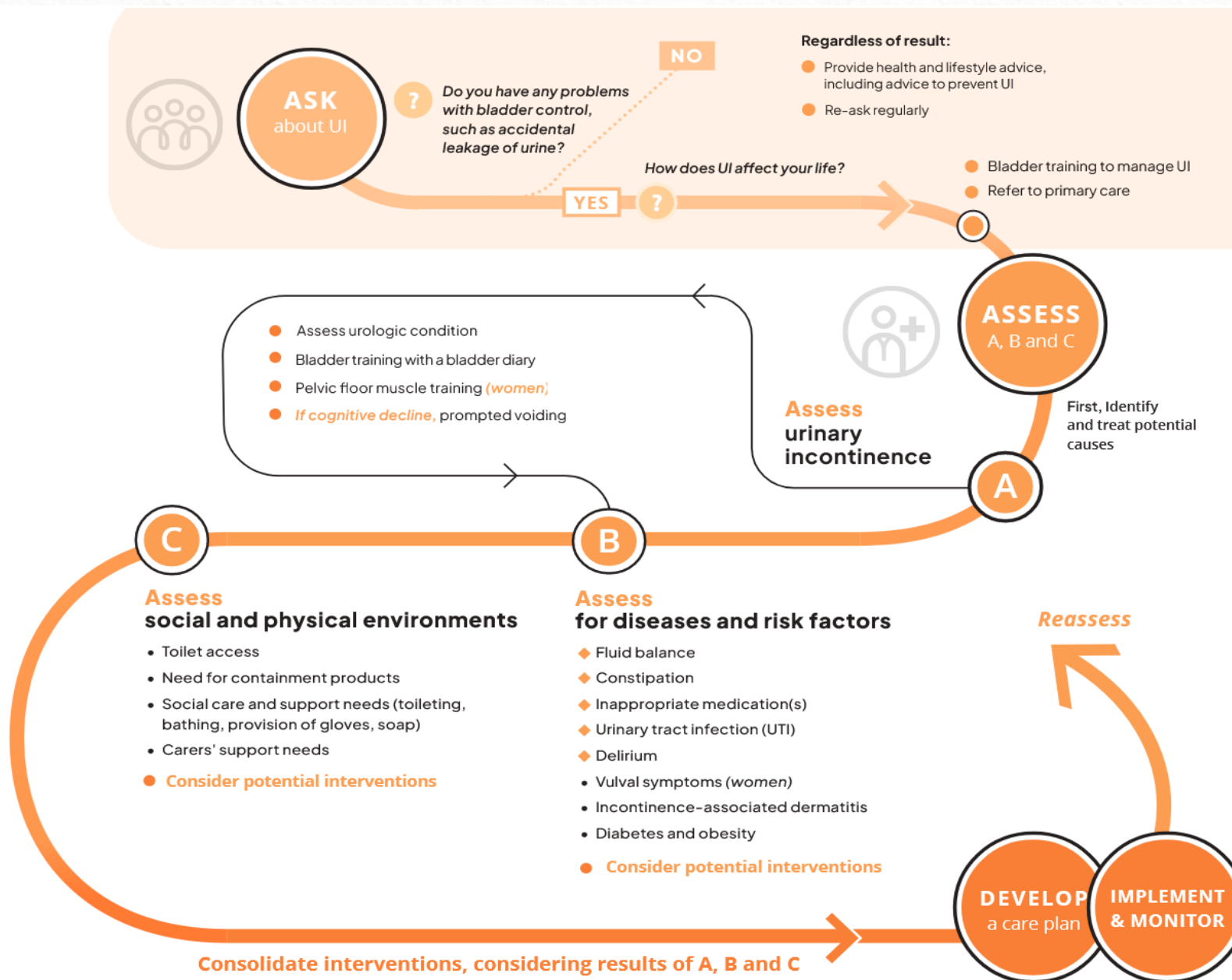
Urinary incontinence is the involuntary leakage of urine. It occurs in association with not only lower urinary tract dysfunction but also loss of mobility, cognitive decline and other diseases.

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





# 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 associated with sudden urgency and/or caused by coughing or lifting.

Ask about severity, quantity of urine lost, frequency of episodes, and duration of the issue.



Abdominal examination.  
Digital rectal examination.  
Urinalysis to identify haematuria and UTI.  
External genitalia examination

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



# Health and lifestyle advice, community-based health care

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 fibres) to reduce the risk of constipation.

Manage weight to prevent obesity.

Do regular physical exercise.

Tobacco cessation.

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

## Bladder training

- To track a person's toileting patterns and inform appropriate interventions and behaviour change.
- Progressive voiding schedule.
- Recognize an individual's limits and abilities.
- Bladder training with a bladder diary should be implemented for at least 6 weeks.

## Bladder diary

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



## Interventions for urinary incontinence

### Pelvic Floor Muscle Training



### Prompted Voiding



#### Need for specialistic knowledge if:

- Palpable bladder
- Pelvic mass
- Macrohematuria
- Recurrent symptomatic UTI
- UI with history of pelvic irradiation and surgery
- Large prostate (men)
- Prolapse, suspected fistula (women)
- Unsuccessful management of UI after 3–6 month







# Pelvic Floor Muscle Training

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

1

Improve pelvic floor function, enhancing urethral stability.

2

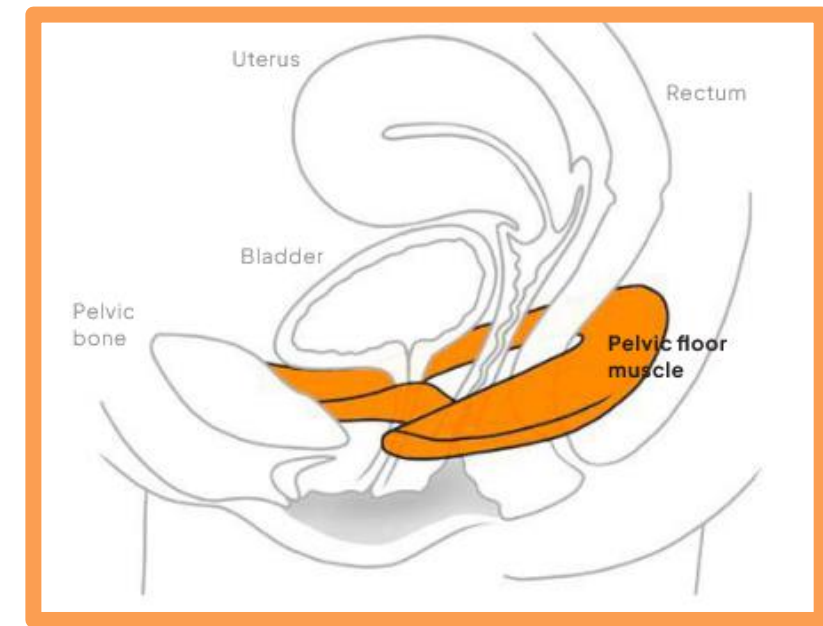
Continuous exercise (at least 3 months) is required.

3

Three daily sets of 10 contractions each with adequate relaxation between each contraction.

4

Precondition: Person's motivation to follow instructions, capability to learn, and commitment to practice.







## Prompted Voiding for Persons with Cognitive Decline



- 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.



## Interventions for diseases and risk factors

Fluid balance

Encourage normal fluid balance and trial of caffeine restriction

Constipation

High fibre diet and physical activity.

Inappropriate medication(s)

Review medications and withdraw or prescribe alternatives

Urinary tract infection

Treat UTI if symptomatic.

Delirium

Identify cause and treat

Incontinence-associated dermatitis

Skin hygiene and treat secondary infection.

Diabetes and obesity

Management of diseases and CVD risk factors

Vulval symptoms (women)

Prescribe topical vaginal moisturizers.



## 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

Support 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.



## Summary

- Urinary incontinence (UI) is the involuntary leakage of urine, often caused by factors such as pregnancy, ageing, or childbirth.
- 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 absorbents products.
- Consideration of caregivers' needs is important.



# References

*Training on self-care assistive products and absorbent (containment) products.* World Health Organization (Geneva, Switzerland). <https://www.gate-tap.org/>

*Integrated Care for Older People: Guidelines on Community-Level Interventions to Manage Declines in Intrinsic Capacity.* Geneva: World Health Organization, 2017. <https://iris.who.int/handle/10665/258981>.

Cardozo L, Rovner E, Wagg A, Wein A, Abrams P (Eds). *Incontinence 7th Edition*. ICI-ICS. International Continence Society (Bristol, UK), 2023. ISBN: 978-0-9569607-4-0.

*Continence Product Advisor.* <https://www.continenceproductadvisor.org/>.

*Your Pelvic Floor - Leaflets.* <https://www.yourpelvicfloor.org/leaflets/>.

*Your Pelvic Floor - Pelvic Floor Exercise Videos.* <https://www.yourpelvicfloor.org/pelvic-floor-exercise-videos/>.