

URINARY INCONTINENCE

Facilitator Guide: Module 16



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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience in making this tool work for you. 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 it to suit your natural training style.




Add your personal touch and personality to every training while carefully sticking to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your good judgment 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.

Draft Version for field testing

Module 16: Urinary Incontinence

	Session Title:	Urinary Incontinence
	Timing:	10 min
	Session Objectives:	<ul style="list-style-type: none">• Define urinary incontinence.• Explain the assessment and types of urinary incontinence.• Describe the care pathways for managing urinary incontinence, also involving community stakeholders.

Urinary Incontinence



Time: 20 min



Do:

- *Formal welcome*
- *Introduction of facilitator*



Show: Slide 1



Say:

Welcome to the module on Urinary Incontinence. By the end of this session, you will have a comprehensive understanding of urinary incontinence, its various types, and effective management strategies.

We'll start by defining urinary incontinence, which is the involuntary loss of urine. This condition can be quite burdensome and affects people of all ages, though it becomes increasingly prevalent with age and is more common in women. Unfortunately, urinary incontinence is often under-recognised and underreported due to the stigma associated with it.

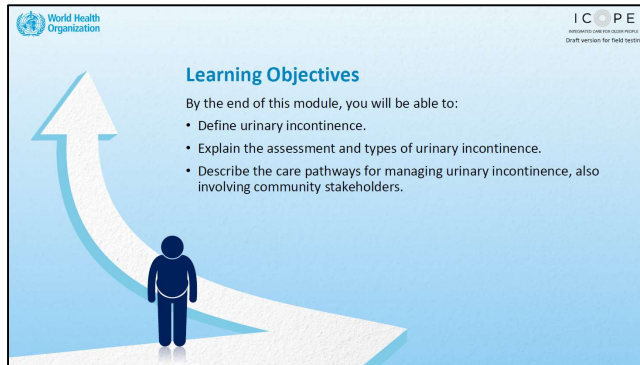
Throughout this module, we will differentiate the types of urinary incontinence, explain the care pathways to manage it, and discuss specific techniques like prompted voiding for individuals with cognitive impairment.

Let's dive into understanding and managing urinary incontinence effectively.

Learning Objectives



Show: Slide 2



Say:

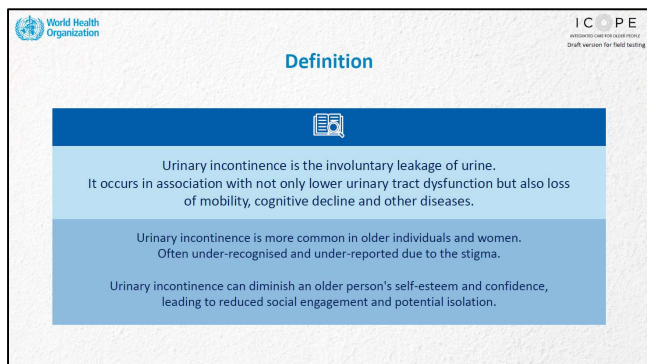
In this module, we will focus on the following objectives:

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

Definition



Show: Slide 3



Say:

Let's begin by defining the condition of 'Urinary Incontinence.'

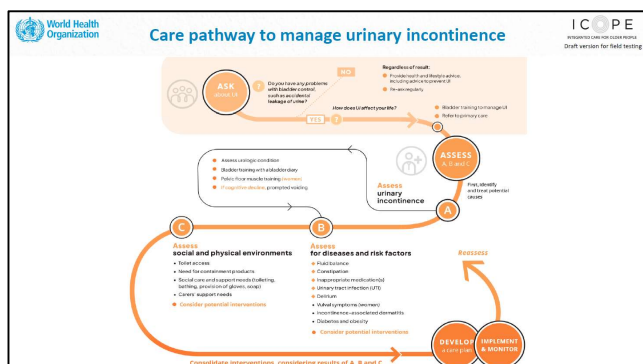
Urinary incontinence refers to any condition of the urinary system that results in the loss of voluntary control or support of the urethra. These conditions can arise during the antenatal period or after birth. They are characterised by the involuntary leakage of urine, often associated with uninhibited contractions of the detrusor muscle and an inability to control urination.

It's important to note that urinary incontinence is more common in older individuals and women. Unfortunately, it is often under-recognised and under-reported, largely due to the stigma attached to it. Understanding this definition is the first step in addressing and managing this condition effectively.

Care Pathway to Manage Urinary Incontinence



Show: Slide 4



Say:

This slide presents the care pathway to manage urinary incontinence, a common but often underreported condition among older adults.

If the question asked during the Basic Assessment suggests the presence of urinary incontinence, it is important to explore the impact it has on the person's life. These preliminary questions help open a sensitive conversation, leading to initial interventions (i.e., 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:

- Type of urinary incontinence, also including pattern, frequency and severity.
- 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.
- 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



Show: Slide 5

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

	Urgency incontinence	Uncontrolled urine leakage preceded by a sense of urgency. Most common in older people.
	Stress incontinence	Due to abrupt increase of 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.



Say:

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

The slide begins by acknowledging the stigma and embarrassment that often surround UI. 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
- **Urgency incontinence:** This is when a person experiences uncontrolled urine leakage, and it's 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's 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's 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, Community-based Health Care



Show: Slide 6

World Health Organization I C O P E
 evidence overview tool
 Draft version for field testing

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		Urgency		Leakage	
	Type	Quantity (mL)	Volume (mL or S/M/L)	Urgency (0–5)	Volume (mL or S/M/L)	Activity engaged / Not change



Say:

This slide contains health and lifestyle advice as well as community-based health care interventions to reduce the burden of urinary incontinence in older persons.

Let's begin with the six key health behaviors. These are simple yet powerful actions: staying well-hydrated with 1.6 to 2 liters of water daily, limiting caffeine and alcohol—especially in the evening—eating a fiber-rich diet to prevent constipation, managing weight to avoid obesity, engaging in regular physical activity, and stopping tobacco use.

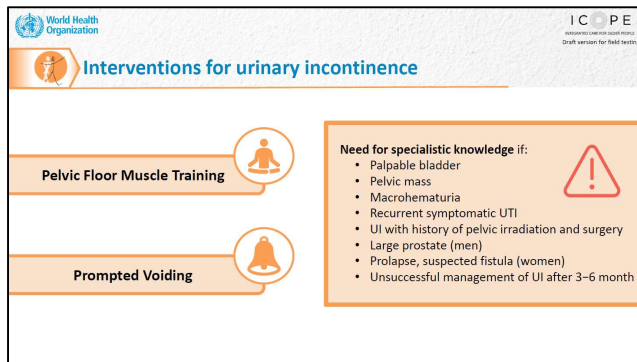
The slide also introduces **bladder training**, a structured approach to managing urinary incontinence. The use of a **bladder diary** may help track fluid intake, voiding patterns, urgency, and leakage episodes. This data supports a personalized, progressive voiding schedule that respects the individual's capabilities and promotes behavioral change over at least six weeks.

It is also important to remind **awareness campaigns**. These initiatives are vital in breaking down stigma, encouraging open conversations, and guiding individuals to seek timely and appropriate care for urinary incontinence.

Interventions for Urinary Incontinence



Show: Slide 7



Say:

Let's discuss interventions for 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, with the goal of helping individuals regain voluntary control over their bladder function through consistent, guided exercises.

Another intervention, prompted voiding, is a behavioral strategy typically used for individuals who may not initiate toileting independently, such as those with cognitive impairments. This approach involves caregivers 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 a palpable bladder, pelvic mass, visible blood in the urine (macrohematuria), recurrent symptomatic urinary tract infections, or a history of pelvic surgery or radiation. For men, concerns may involve an enlarged prostate, while 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



Show: Slide 8

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.

ICoPE
evidence-based guideline
Draft version for field testing

Anatomical Diagram: Shows the female pelvis with labels for Uterus, Bladder, Rectum, and Pelvic Floor Muscles. The pelvic floor muscles are highlighted in orange.



Say:

This slide presents details on Pelvic Floor Muscle Training, a crucial intervention for managing urinary incontinence, especially in older women.

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.

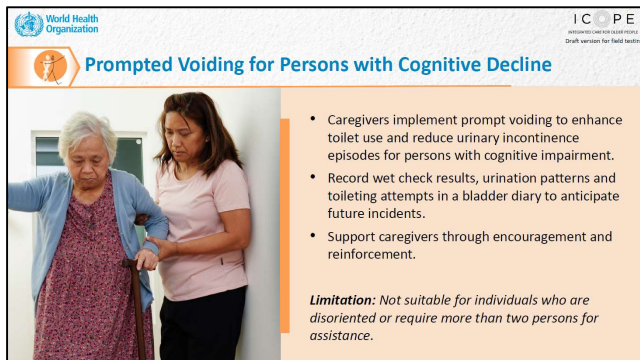
The training regimen is simple but requires consistency: aim for three sets of 10 contractions each day, with adequate relaxation between contractions. It is important to note that a minimum of three months of continuous practice is necessary to achieve significant results.

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 the best possible outcomes.

Prompted Voiding for Persons with Cognitive Decline



Show: Slide 9



Say:

Let's 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 Caregivers:** Caregivers play a crucial role in prompting regular toilet visits, typically every 2 hours during the day, to help manage incontinence.
- **Recording and Monitoring:** It's 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 if they are wet or dry, and if self-reporting is unreliable, perform wet checks while maintaining a friendly dialogue.
- **Supporting Caregivers:** Provide caregivers 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



Show: Slide 10

 	
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.



Say:

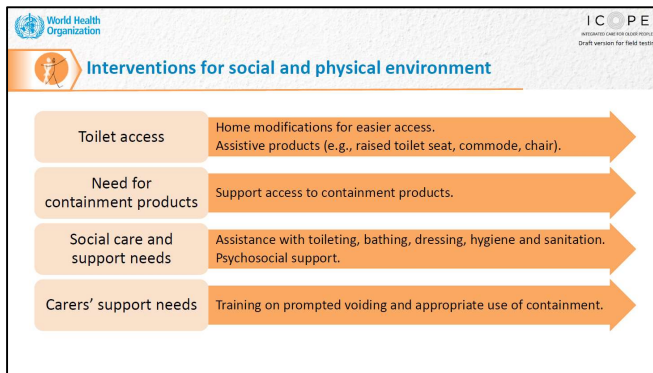
This slide provides an overview of interventions targeting the diseases and risk factors that commonly contribute to or worsen urinary incontinence in older adults. However, please keep in mind that urinary incontinence is often a multifactorial issue. Let's explore them one by one:

- **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-fiber 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 Social and Physical Environment



Show: Slide 11



Say:

This slide outlines important interventions to consider when addressing the social and physical environmental barriers associated with urinary incontinence in older persons. Let's examine these interventions:

- **Toilet Access:** Environmental factors can greatly 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.
- **Social Care and Support Needs:** Many older adults require assistance with daily activities such as toileting, bathing, dressing, and maintaining personal hygiene. Providing this support in a respectful and person-centered manner is essential. Psychosocial support is equally important, as it helps individuals cope with the emotional and social impacts of incontinence.
- **Carers' Support Needs:** Caregivers play a crucial role and need the right knowledge and tools. Training in prompted voiding techniques and the proper use of containment products empowers caregivers to offer effective and compassionate support while also reducing their own stress and burden.

Managing incontinence involves more than just medical treatment; it requires creating an enabling environment that fosters dignity, autonomy, safety, and well-being.

Summary



Show: Slide 12

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.



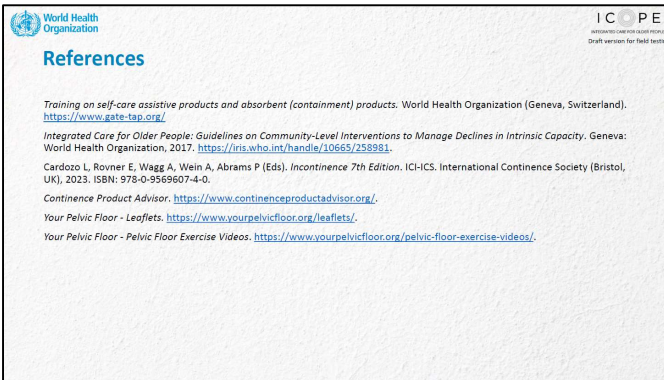
Do:

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

References



Show: Slide 13



Here are some references to essential publications or websites.