

CAREGIVING

Promoting Urinary Health

Aging process and existing conditions offer clues for continence management

Many seniors being discharged from hospitals already show danger signs of urinary incontinence (UI) when admitted to the long term care setting. UI often accompanies a long list of medical conditions and problems that are typical in older patients.

Unfortunately, caregivers—already overwhelmed by admitting paperwork—sometimes overlook potential signs of UI as they develop care plans for new patients. Understanding the nuances of geriatric urinary health is an essential element in creating a care plan that reflects the overall condition of the patient.

Understanding The Problem

UI, characterized by an inability to control voiding, can be clinically distinguished as either acute/transient and reversible or persistent and established. Reversible UI may also be categorized as “functional” if it relates to such factors as restricted mobility. An example is impaired walking ability following surgery that may prevent timely access to the toilet. Other causes may include medications, disorientation, or confused states of mind.

The four basic types of established, chronic UI are urge/frequency, referred collectively under the heading of “overactive bladder” in today’s medical jargon; stress; mixed stress/urge; and overflow. Because treatment and even management intervention may differ from one type to the next, UI must be properly diagnosed by a trained and knowledgeable health care professional such as a physician, nurse specialist, or physical therapist.

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At the time of admission to a nursing facility, new patients who are continent should be screened for a variety of UI risk factors, including depression, stroke, and other diseases (*see box, below*).

Although normal aging does not in itself cause UI, the aging process can create physical manifestations that increase the probability that episodes of UI will occur. Caregivers should be aware of the general changes in bladder functionality that can serve as precipitating factors in older patients. These include:

- Reduced bladder capacity;
- Increased nighttime urine production;
- Increased tendency of the bladder to contract;
- Reduced strength of bladder contractions; and
- Decreased awareness of bladder filling.

In the case of male patients, the normal aging process is generally accompanied by an enlargement of the prostate gland—

known in clinical terms as prostatic hyperplasia. This can lead directly to overflow incontinence because the enlarged prostate obstructs the bladder from emptying completely. Meanwhile, postmenopausal women produce less estrogen, resulting in an increased tendency of the bladder to contract. Lower levels of estrogen also reduce the ability of the sphincter to provide sufficient resistance for closure as the bladder fills with urine.

In long term care settings, incontinence-prevention strategies must become a routine part of the daily care plan and should include:

- *Fluid intake.* Drinking enough water helps the bladder function properly. By encouraging patients to consume six to eight cups of water or other beverages during the day, caregivers can help their patients to minimize heavy production of urine at night.
- *Prompted toileting and bladder re-training.* Every patient should be on a timed toileting program or similar schedule for checking and changing absorbent

Urinary Incontinence Risk Factors

- **Gender:** Female patients under age 80 are far more likely than male patients in the same age group to suffer from UI. However, the ratio of females to males with UI equalizes in patients over 80.
- **Depression.**
- **Dementia or other cognitive impairments.**
- **Transient ischemic attacks and stroke.**
- **Coronary heart failure.**
- **Fecal incontinence and chronic constipation.**
- **Obesity.**
- **Impaired mobility or other problems with activities of daily living.**
- **Chronic obstructive lung disease.**
- **Type 2 diabetes mellitus.**
- **Parkinson’s disease, multiple sclerosis, or other degenerative neurological disorders.**
- **Impaired vision.**
- **Tobacco use or chronic cough.**
- **A medication profile that includes diuretics, antihypertensives, and other pharmaceuticals whose side effects could trigger incontinent episodes.**

Source: National Association for Continence



products. Most people empty their bladder every three to four hours during the day.

■ *Relaxed environment.* Toilet use should be private and relaxed. If individuals are tense, they may not empty their bladders completely and will soon feel the need to empty them again.

■ *Allow time.* Prolapse, the slipping out

of place of the uterus, can obstruct the bladder opening and make emptying difficult. To completely empty the bladder, it helps if patients wait a few seconds and then try to pass urine again. Caregivers should keep checklists in patients' bathrooms to note times when patients empty their bladders and move their bowels.

■ *Proper clothing.* Hard-to-remove clothing can delay the time it takes to get comfortably positioned on the toilet and may lead to an accident. At-risk patients should wear easy-to-arrange clothing.

■ *Clear pathways.* Pathways from the patient's room to the toilet should be well-lit, clear, and uncluttered. Sometimes a picture of a toilet can trigger a person's ability to find a bathroom if cognitive impairment is an issue.

■ *Correct positioning.* Caregivers should be sure patients are properly positioned on the toilet seat, with weight evenly dispersed across the entire seat, back straight, both feet flat on the floor, and thighs comfortably apart.

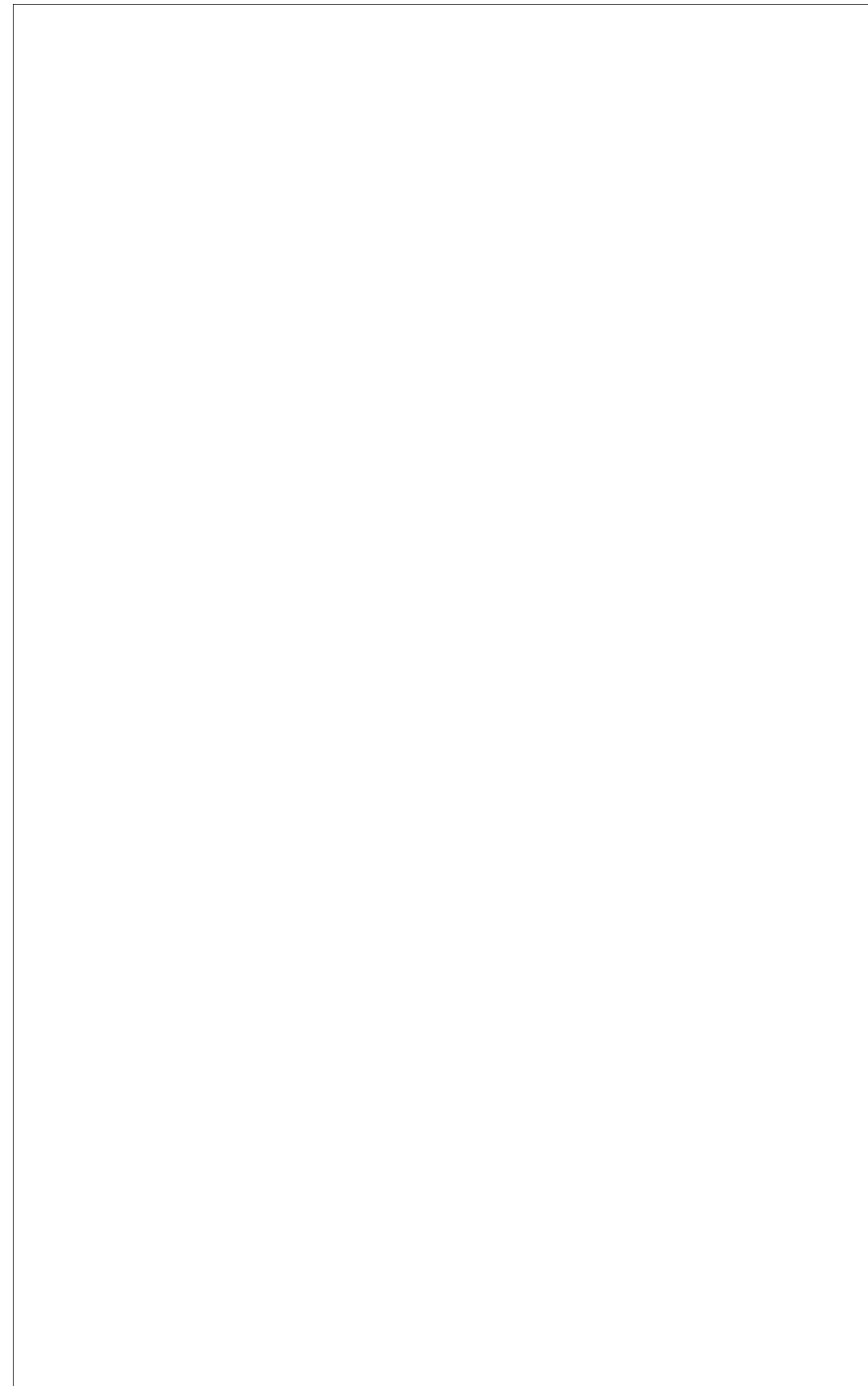
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■ *Prevent edema.* If ankles begin to swell from prolonged sitting, the caregiver should prop up the patient's feet, allowing the heart to move fluid more easily from the legs.

■ *Maintain bowel health.* Good bowel function helps bladder function as well. If the patient suffers from constipation, the caregiver should give the patient a warm beverage in the morning to help get bowels moving. The patient should also be encouraged to walk as much as possible and to maintain a diet that's high in fiber.

■ *Protect the skin.* Wiping from front to back after a bowel movement helps keep the patient's fecal matter away from the urethra and may avoid infection. Powders and perfumes can irritate the skin, so these products should be avoided. Caregivers should report any bleeding, strong odors, or evidence of discharge, as they could be signs of an infection or another serious medical condition.

■ *Choose the right absorbent products.* In cases of moderate to severe inconti-



nence, patients should be provided with extra-absorbent, protective underwear that includes superabsorbent gels for comfort and superior functionality. For heavy incontinence, caregivers should consider adding absorbent inserts with adhesive strips, select breathable materials, and avoid outer plastic covers that trap perspiration and heat.

While adult diapers have improved incontinence containment problems, some have impeded the evaporation of moisture from the skin, causing friction and leading to skin maceration. Clinical research suggests that diapers be used only while patients are ambulatory—with polymer diapers as the product of choice. When patients are bedridden, the product of choice is polymer underpads, preferable both in terms of cost and skin integrity.

Treatment Options

While it is true that the elderly may not be prime candidates for major surgical intervention, there are increasingly less-invasive surgical options to be considered. In the case of stress UI, vaginal sling procedures have replaced open abdominal surgery for some candidates and proven successful in geriatric populations. Urethral bulking agents represent another option for men and women.

Devices such as an artificial urinary sphincter are excellent choices for men suffering from severe stress incontinence following a radial prostatectomy. Specialists have also developed a sling procedure for men. New medications are in clinical trials.

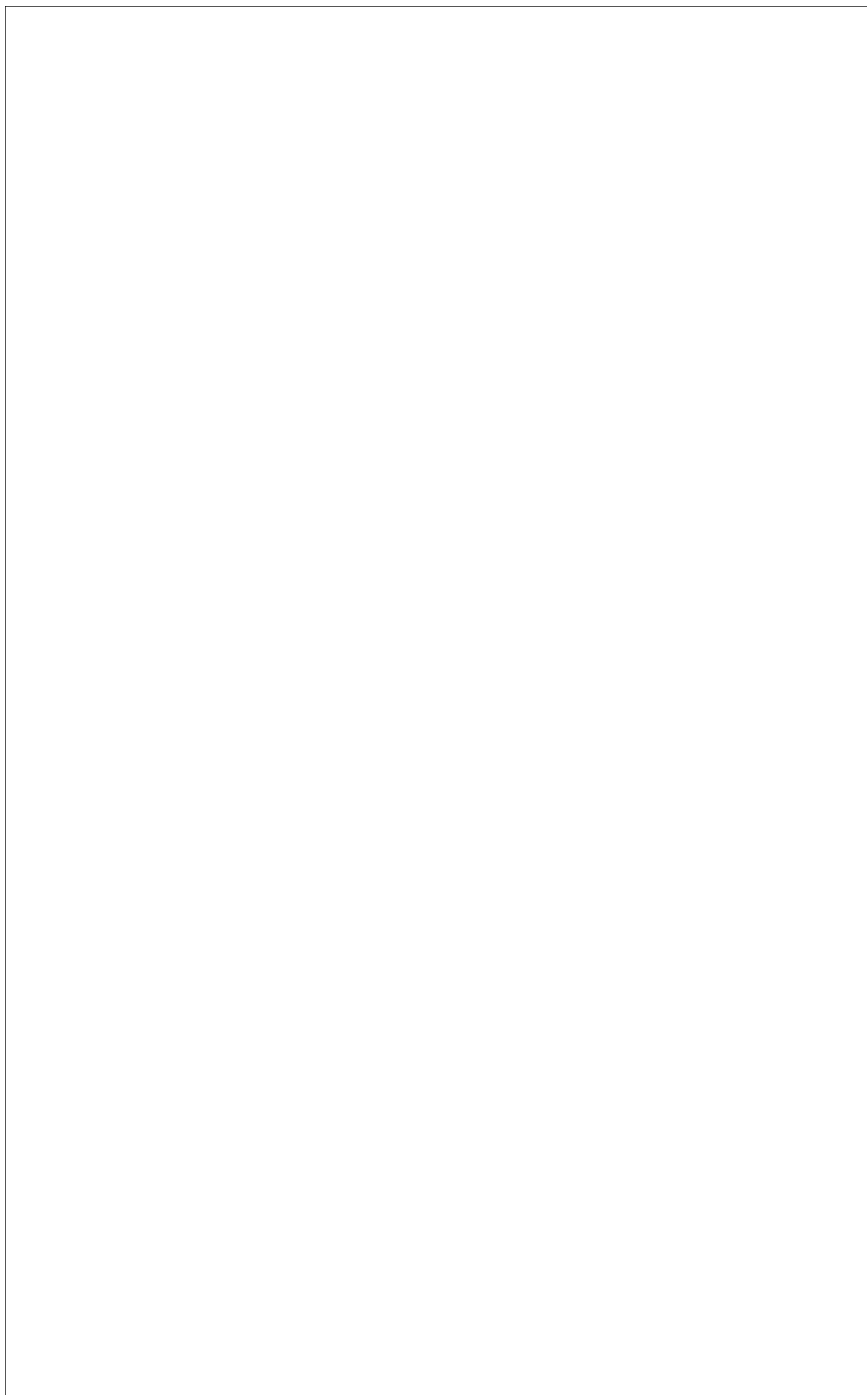
To treat symptoms of urgency and frequency, researchers are adding to an ever-increasing array of anticholinergic/antispasmodic agents and tricyclic antidepressants with fewer undesirable side effects suffered in the past. Novel delivery systems such as patches are being developed

to bypass traditional gastrointestinal pathways. Oral and vaginal estrogen replacement therapies are also current considerations for women. Sacral nerve stimulation is another new option.

Medications also are available to relieve obstruction caused by an enlarged prostate gland in men. In all cases, the facility's

pharmacist or medical director should be consulted for what is appropriate for any one individual and to avoid uncomplimentary drug interactions. ■

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For More Information

■ NAFC's Web site at www.nafc.org includes the association's "Resource Guide," a comprehensive directory of products and services for incontinence.