October 9, 2020

Fast Facts Friday

NPORT

# Urinary Incontinence – Take Control

The Centers for Disease Control and Prevention reports that, "individuals who are incontinent may carry an emotional burden of shame and embarrassment in addition to the physical discomfort and disruption of their lives that occur with episodes of incontinence. Bladder and Bowel incontinence significantly impact quality of life even after adjusting for comorbidities and demographic differences. This impact increases with greater severity of incontinence. Research has found an association between incontinence and declining mental health and increased risk for psychological distress and depressive symptoms. Incontinence is a predictor of functional limitations and is associated with an increase in falls, which may result in injuries and mobility impairment. Incontinence adds to psychological and physical burden of caregivers and can be a risk for skilled nursing home placement, hospitalizations and death."

Treat the "whole patient" – Avoid thinking only of the pelvic floor. The pelvic floor does not function solo, but rather a complex pattern of muscle synergies. Additionally, there are many types of incontinence, including functional incontinence. Functional incontinence occurs often in the geriatric population due to difficulty getting to the toilet are inability to manage clothing timely. Functional incontinence along with urge, stress or mixed incontinence can all be improved with therapeutic interventions.

***Assessment Areas in Urinary Incontinence:***

- History of present problems; personal factors and or co-morbidities impacting POC
- Medications, diet and fluid intake
- Relevant medical and social history
- Problem and intensity of symptoms (bladder diaries, questionnaires, inventories)
- Evaluate the patient's posture, daily activities and functional demands
- Musculoskeletal evaluation
- Neurological signs and symptoms
- Functional Assessment (ADLs and quality of life)
- Environmental issues (functional barriers)
- Mental and cognitive status

***Treatment Intervention Considerations:***

- Strengthening (weak bladder muscles, overactive bladder muscles, weak pelvic floor muscles)
- Postural alignment/body mechanics
- Electrical Stimulation
- Pelvic floor re-education
- ADL's (toileting and clothing management; toilet transfers)
- Self-Care (personal hygiene)
- Environmental adaptations; adaptive equipment (selection and training)
- Education to IDT on mental and cognitive status and patients "abilities"
- Education on bladder irritants, medication review and education
- Safety awareness
- Behavior and dietary modifications

Take Control
Urinary Incontinence Program

Source: CDC Prevalence of Incontinence Among Older Americans
Vital and Health Statistics, Series 3, Number 36, June 2014