Urinary Incontinence and Falling
Can we do better?

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University Hospital Wales Cardiff

1000 Lives Falls Collaborative Learning Set
July 9th 2013 All Nations Centre Cardiff
CAUTION

SURFACES MAY BECOME SLIPPERY WHEN WET
Prevalence Urinary Incontinence - females >65yrs

- Living at home: 10 - 30%
- Residential homes: 15 - 40%
- Nursing homes: 25 - 55%
- Hospital long term care: 50 - 70%
Fig 3  Projected number of people aged 65 or over with chronic illness in United Kingdom, 1996-2066, based on reported prevalences in 1989³
Urinary incontinence - consequences

- Low mood
- Social isolation
- Impairment of mobility
- Poor functional recovery following acute illness
- Urinary tract infections
- Skin infections

**Falls and fractures**
- Requirement for long term care
- ↑Mortality
Tromp 2001

- Prospective cohort study to construct falls risk model for elderly people
- Longitudinal Aging Study in Amsterdam
- 1285 community dwelling over 65s
- 1 year follow up
- Self reported UI was associated with OR 1.8 for falls and 2.3 for recurrent falls
- Previous falls, visual impairment, UI and sedative drugs were strongest predictors of falls

Hip fracture and UI

- Self-completed questionnaire survey of 6,049 community-dwelling women. Incident fractures confirmed by radiographic report with 4 monthly prospective survey.
- Independent association of urge urinary incontinence and risk of falling or fracture calculated.
- In multivariate models:
  - ≥ weekly urge incontinence independently associated with risk of falling OR 1.26; 95% CI 1.14-1.40
  - non-spine, non traumatic fracture 1.34 95% CI, 1.06-1.69
- Stress incontinence was not associated independently with falls or fracture.


<table>
<thead>
<tr>
<th>Mean (SD) age</th>
<th>78.5 (4.6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ weekly urge incontinence, n(%)</td>
<td>1,493 (25)</td>
</tr>
<tr>
<td>≥ weekly stress incontinence</td>
<td>1,137 (19)</td>
</tr>
<tr>
<td>Mixed incontinence</td>
<td>708 (12)</td>
</tr>
</tbody>
</table>
Johansson (1996)

• Cohort Study
• 685 community based women born 1930-1940
• 65% living at home
• Urinary leakage
• Significant correlation between UI and hip fractures

Byles J, Millar CJ, Sibbritt DW, Chiarelli P. Age Ageing. 2009 May;38(3):333-8
Kellogg Parsons et al (2009)

- 5872 participants in Osteoporotic Factures in Men Study
- Prospective cohort study community dwelling men >65
- 1 year cumulative incidence of falls
- Mild vs moderate/severe LUTS (American Urological Association Symptoms Index)
- Falls risk increased by 11% (moderate) and 33% (severe symptoms)
- Symptoms most strongly associated were urgency, difficulty initiating urination and nocturia

Prevalence of falls and urinary incontinence in men and women over and under the age of 65 years as a percentage of total UK population

## Nocturia

Cross-sectional study of urine production patterns in women of different ages

<table>
<thead>
<tr>
<th>Age Group yrs</th>
<th>Number</th>
<th>Absolute Night Vol mean (mls)</th>
<th>Night vol as % total vol</th>
<th>Night/Day rate ratio</th>
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<tbody>
<tr>
<td>&lt;35</td>
<td>26</td>
<td>362</td>
<td>26</td>
<td>0.69</td>
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<tr>
<td>35-44</td>
<td>17</td>
<td>496</td>
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<td>0.78</td>
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<td>45-54</td>
<td>17</td>
<td>529</td>
<td>29</td>
<td>0.89</td>
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<tr>
<td>55-64</td>
<td>26</td>
<td>663</td>
<td>35</td>
<td>1.1</td>
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<td>65-74</td>
<td>29</td>
<td>772</td>
<td>43</td>
<td>1.5</td>
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<tr>
<td>&gt;75</td>
<td>14</td>
<td>756</td>
<td>52</td>
<td>2.06</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>129</strong></td>
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</table>

Morse RE, Fairweather DSF  Clin Science 1994; 86;11p
Prevalence of nocturia - UK elderly

McGrother CW et al BJU Int. 2004 Apr;93(6):763-9
Prevalence of nocturia (≥ 2) in a USA community sample

Coyne K et al. BJU Int 2003;92:948-54
<table>
<thead>
<tr>
<th>Assessment of Urinary Incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Home Hazards</td>
</tr>
<tr>
<td>Cardiovascular examination and medication review</td>
</tr>
</tbody>
</table>
Did the patient have an assessment of urinary function including continence status?

Was there an impairment?

Was there intervention to reduce continence associated falls?

Was a referral to a continence service made?
<table>
<thead>
<tr>
<th></th>
<th>Hip # (3184)</th>
<th>Non-hip # (5642)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Assessment of continence</td>
<td>63</td>
<td>2009</td>
</tr>
<tr>
<td>Impairment detected</td>
<td>41</td>
<td>817/2009</td>
</tr>
<tr>
<td>Intervention to prevent related falls</td>
<td>37</td>
<td>300/817</td>
</tr>
<tr>
<td>Appropriate referral to continence care</td>
<td>28</td>
<td>232/817</td>
</tr>
</tbody>
</table>
Targeting older people at high risk of urinary incontinence and falls - by care setting

- **Hospital**
  - General Wards
  - Rehabilitation/Elderly Care Wards
  - Clinics – Specialist/General

- **Community**
  - Falls clinics
  - Day Hospitals
  - Intermediate Care services

- **Care Homes**
Targeting older people at high risk of urinary incontinence and falls
- by disease/group

- Stroke
- Parkinson`s Disease/Movement Disorders
- Cardiac Failure
- Frail elderly / Multiple pathology
Screening

Ask about it
Requirements for continence

- Lower urinary tract function
- Cognitive function
- Mobility, dexterity
- Environment
- Motivation - including carers
Screening

Ask about it

........and do something about it
Make a diagnosis

UI

- Stress
- Urgency
- Mixed
- Ineffective voiding
- Functional

Infection, Drugs, Constipation, Fluids, Atrophic vaginitis, polyuria
INITIAL MANAGEMENT OF URINARY INCONTINENCE IN FRAIL OLDER PEOPLE

HISTORY

INCONTINENCE ON PHYSICAL ACTIVITY

URGENCY, FREQUENCY +/- Urge Incontinence

NOCTURIA

INCONTINENCE WITH VOIDING SYMPTOMS/RETENTION

CLINICAL ASSESSMENT

DIAPPERS

DELIRIUM

INFECTION

ATROPHIC VAG

PHARMACEUTICALS

PSYCHOLOGICAL

EXCESS FLUIDS

RESTRICTED MOBILITY

STOOL CONSTIPATION

PRESUMED CONDITION

STRESS INCONTINENCE

OVERACTIVE BLADDER

NOCTURNAL POLYURIA

“OVERFLOW” INCONTINENCE

TREATMENT

BEHAVIOURAL

DRUGS

DEVICES

SURGERY

BLADDER RETRAINING

ANTIMUSCARINICS

BIOFEEDBACK

REVIEW MEDICATION

?DESMPRESSIN

?DIURETICS, LATE PM

RX BPH

RX CONSTIPATION

ISC

LONGTERM CATHETER

NO TREATMENT

ENVIRONMENT/MOBILITY

MOBILITY, AIDS AND APPLIANCES, CARER INVOLVEMENT

REVIEW AND REINFORCE

LANCET 355(9221):2153-8, 2000 JUN 17
(Modified)
URINARY INCONTINENCE

Assessment

- **HISTORY**
  - Focused history
  - Frequency/Vol Chart
  - Assessment of comorbidities

- **EXAMINATION**
  - Physical examination – palpate for bladder
  - Neurological examination
  - Mobility
  - Rectal examination
  - Vaginal examination
  - Cough test

- **INVESTIGATIONS**
  - Postvoid residual volume
  - +/- Flow Rate

- **INTERVENTIONS**
  - Medication review
  - Empirical Trial of treatment (s)

- REVIEW
History

- Duration and onset

- Frequency, urgency, uncontrolled urge, “can’t hold”, “rush to toilet”, nocturia

- Leakage on coughing, straining, sneezing, bending

- Poor flow, hesitancy, stops and starts, long time to empty, leakage without feeling the need

- Infections
- Dysuria
- Fluids
- Bowels
<table>
<thead>
<tr>
<th>Urinary Symptom Profile</th>
<th>User Perspective (D1)</th>
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<tbody>
<tr>
<td>Please read through all the statements before ticking those most relevant to you.</td>
<td></td>
</tr>
<tr>
<td>Feel free to add comments.</td>
<td></td>
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<tr>
<td>Update when symptom profile changes as per Trust/LHB policy.</td>
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</tbody>
</table>

### I use a permanent/intermittent urinary catheter:
- Urethral
- Suprapubic
- Mitrofonoff

See catheter care guidance or local procedure.

### I have a stoma/colostomy/ileostomy/urostomy:
See bowel care pathway or Trust procedure.

### I leak when I laugh, cough, sneeze, run or jump:
- Only ever leak a little urine.
- At night, I only use the toilet once or not at all.
- I always know when I have leaked.
- Only my pants get wet when I leak (not outer clothing) or I sometimes wear a pantyliner.

### I feel a sudden urge to pass urine and have to go quickly:
- I feel a strong uncontrollable need to pass urine prior to leaking.
- I leak moderate or large amounts of urine before I reach the toilet.
- I feel that I pass urine frequently.
- I get up at night to pass urine at least twice.
- I think I wet the bed as a child.

### I leak without feeling the need to empty my bladder:
- I find it hard to start to pass urine.
- I frequently have urinary tract infections.
- I have to push or strain to pass urine.
- My urine flow stops and starts several times.
- My urine stream is weaker and slower than it used to be.
- I feel that it takes me a long time to empty my bladder.
- I feel as if my bladder is not completely empty after I have been to the toilet.
- I leak a few drops of urine on to my underwear just after I have passed urine.

### Due to my poor mobility I am unable to reach the toilet in time:
- Due to my physical problems I am unable to adjust my clothing adequately to use the toilet in time.

### Seek Medical Advice:
- It hurts when I pass urine.
- I pass blood.

---

**Patient name**

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<tr>
<th>Date</th>
<th>1 Date</th>
<th>2 Date</th>
<th>3 Date</th>
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# Weekly Progress Chart

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<th>Week beginning</th>
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<td>KEY</td>
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**SPECIAL INSTRUCTIONS**

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Bladder diaries

University College London Hospitals
Urogynaecology & Continence Services

Bladder diary

Please fill in this diary to the best of your ability. Your clinician will let you know if you need to measure the amount of urine you pass each time you visit the toilet but, in any case, please mark when you go to the toilet using the scale on the left of the grid. Please could you also use the grading below to indicate your symptoms at that time.

Please rate the bladder sensation that you felt at each time you passed urine using the following scale:
1 – No feeling of urgency. I could continue activities until I chose to use the toilet
2 – Mild feeling of urgency. I could feel the need to urinate but it was easily tolerated. I could finish my activity or task before going to the toilet
3 – Moderate feeling of urgency. My urgency caused discomfort. I needed to stop my activity or task and go to the toilet.
4 – Severe feeling of urgency. My urgency caused much discomfort. I had difficulty holding my urine. I had to stop my activity or task and hurry to the toilet to avoid a wetting accident
5 – Unable to hold; leak urine. I had a wetting accident before reaching the toilet.

Please tick the “5” column if you leak urine accidentally with exertion, or are wet without realising it.

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<thead>
<tr>
<th>DAY ONE</th>
<th>DAY TWO</th>
<th>DAY THREE</th>
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<tbody>
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</table>
URINARY INCONTINENCE

Assessment

- **HISTORY**
  - Focused history
  - Frequency/Vol Chart
  - Assessment of comorbidities

- **EXAMINATION**
  - Physical examination – palpate for bladder
  - Neurological examination
  - Mobility
  - Rectal examination
  - Vaginal examination
  - Cough test

- **INVESTIGATIONS**
  - Postvoid residual volume
  - +/- Flow Rate

- **INTERVENTIONS**
  - Medication review
  - Empirical Trial of treatment (s)

- REVIEW
How to obtain a reading of Bladder Volume

1. **Start**
2. **Preparation**
3. **Transverse Scan**
4. **Scanning**
5. **Focus**
6. **Sagittal Scan**
7. **Scanmore**
8. **Focus**
9. **Primavista**

**Key**

- **FUNCTION**
- **SELECT**
- **DOWN**
- **UP**

Instructions: Please refer to the manual before use. For further assistance, contact Bard Limited, Tel: 01234 567890.
URINARY INCONTINENCE
Assessment

• **HISTORY**
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  - Frequency/Vol Chart
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• **INVESTIGATIONS**
  - Postvoid residual volume
  - +/- Flow Rate

• **INTERVENTIONS**
  - Medication review
  - Empirical Trial of treatment (s)

• REVIEW
Commonly Used Drugs that can affect Bladder Function

- Antidepressants, antipsychotics, sedatives/hypnotics Sedation, retention (overflow)
- Diuretics Frequency, urgency (OAB)
- Caffeine Frequency, urgency (OAB)
- Anticholinergics, retention (overflow)
- Alcohol Sedation, frequency (OAB)
- Narcotics Retention, constipation, sedation (OAB and overflow)
- Alpha-adrenergic blockers Decreased urethral tone (stress incontinence)
- Alpha-adrenergic agonists Increased urethral tone, retention (overflow)
- Beta-adrenergic agonists Inhibited detrusor function, retention (overflow)
- Calcium channel blockers, retention (overflow)
- ACE inhibitors Cough (stress incontinence)

OAB = overactive bladder
INITIAL MANAGEMENT OF URINARY INCONTINENCE IN FRAIL OLDER PEOPLE

HISTORY

INCONTINENCE ON PHYSICAL ACTIVITY

URGENCY, FREQUENCY +/- Urge Incontinence

NOCTURIA

INCONTINENCE WITH VOIDING SYMPTOMS/RETENTION

CLINICAL ASSESSMENT

DIAPERS
DELIRIUM INFECTION ATROPHIC VAG PHARMACEUTICALS PSYCHOLOGICAL EXCESS FLUIDS RESTRICTED MOBILITY STOOL CONSTIPATION

GENERAL ASSESSMENT
FREQUENCY/FREQUENCY VOL CHART
QUALITY OF LIFE, DESIRE FOR TREATMENT
PHYSICAL EXAMINATION: ABDO, PR, SACRAL, NEURO, OESTROGEN STATUS → IF ATROPHIC, RX AND REASSESS
COUGH TEST
URINALYSIS ± URINE CULTURE → IF INFECTED → Rx
ASSESS PVR BY ABDO EXAM / ULTRASONOGRAPHY

COMPLICATING CONDITIONS/FAC TORS
CNS DISEASE MUSCULOSKELETAL DISORDERS ENVIRONMENTAL IMPAIRED DEXTERITY CARDIAC FAILURE DIURETIC RX

PRESUMED CONDITION

STRESS INCONTINENCE

OVERACTIVE BLADDER

NOCTURNAL POLYPURIA

"OVERFLOW" INCONTINENCE

TREATMENT

BEHAVIOURAL DRUGS DEVICES SURGERY

BLADDER RETRAINING ANTIMUSCARINICS BIOFEEDBACK

REVIEW MEDICATION? DESMOPRESSIN? DIURETICS. LATE PM

RX BPH RX CONSTIPATION ISC LONGTERM CATHETER NO TREATMENT

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LANCET 355(9221):2153-8, 2000 JUN 17
(Modified)
### PLEASE COMPLETE IN FULL

<table>
<thead>
<tr>
<th><strong>FULL NAME (E7/E8):</strong></th>
<th><strong>ADDRESS (with postcode) (E11/E12):</strong></th>
<th><strong>GP (E59):</strong></th>
<th><strong>CASELOAD HOLDER/ASSESSOR:</strong></th>
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<tr>
<th><strong>DOB (E22):</strong></th>
<th><strong>TELEPHONE NUMBER (E13):</strong></th>
<th><strong>NHS NUMBER (E1):</strong></th>
<th><strong>CARE CO-ORDINATOR (E72):</strong></th>
</tr>
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<tbody>
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</table>

### PLEASE INDICATE WITH A TICK (D1)

<table>
<thead>
<tr>
<th><strong>How long have you had a bladder problem?</strong></th>
<th><strong>RECENT ONSET</strong></th>
<th><strong>WEEKS</strong></th>
<th><strong>MONTHS</strong></th>
<th><strong>YEARS</strong></th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th><strong>How long have you had a bowel problem?</strong></th>
<th><strong>RECENT ONSET</strong></th>
<th><strong>WEEKS</strong></th>
<th><strong>MONTHS</strong></th>
<th><strong>YEARS</strong></th>
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<table>
<thead>
<tr>
<th><strong>How has your bladder/bowel problem affected your life?</strong></th>
<th><strong>1. A LOT</strong></th>
<th><strong>2. MODERATELY</strong></th>
<th><strong>3. A LITTLE</strong></th>
<th><strong>4. NOT AT ALL</strong></th>
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</table>

### Past Medical / Surgical History (D3.1)

<table>
<thead>
<tr>
<th><strong>Allergies</strong></th>
<th><strong>Comments:</strong></th>
<th><strong>Mental Health/EMI</strong></th>
<th><strong>Physical disability</strong></th>
<th><strong>Gynaecological/purity</strong></th>
<th><strong>Learning Disability</strong></th>
<th><strong>GI</strong></th>
<th><strong>Other</strong></th>
<th><strong>Comments:</strong></th>
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### STANDARD

<table>
<thead>
<tr>
<th><strong>STATEMENT</strong></th>
<th><strong>VARIANCE FROM THE STANDARD</strong></th>
<th><strong>ACTION</strong></th>
<th><strong>INITIAL</strong></th>
<th><strong>DATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinks ____ cups/mugs of fluid per 24hrs (D4.2)</td>
<td>If patient drinks volumes outside parameters of fluid matrix, advise them to drink appropriate amount (Appendix 2)</td>
<td></td>
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<tr>
<td>Weighs ____ stones/Kgs</td>
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<tr>
<td>Utranalysis (D4.6) 1st 2nd</td>
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<tr>
<td>Leucocytes</td>
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<tr>
<td>Nitrites</td>
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<tr>
<td>Blood</td>
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<tr>
<td>Protein</td>
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<tr>
<td>Glucose</td>
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<tr>
<td>Ketones</td>
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<tr>
<td>Specific gravity</td>
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<tr>
<td>pH</td>
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Final version - December 2005. A Yates/L Owen
Day Hospital clinic – an approach to delivering continence care to frail elderly

**STAGE 1**
(Senior Nurse Elderly Care)
- Overview
- Accurate Medication list and how medications are delivered and stored
- ADLs
- Cognitive Function
- Dipstick and MSU, Bladder Scan,
- Freq +/- Vol Chart
- Q of Life Impact
- Contact GP/Care Home/Family

**STAGE 2**
(Geriatrician)
- Detailed History
- General Health
- Medication Review
- Physical Examination

Identify the issues
Leads to......

Trial of treatment (s)  (Pharmacological and behavioural)
Specific approaches to improve compliance
Regular review / Reinforcement
Support / Telephone Contact

OT and Physiotherapy as required

Linking with Community Continence Services/DNs

Referral to Urology/Urogynaecology
Does it work?
• 30% Dry
• 50% Significantly improved
• 20% No change
Summary

- Continence problems are common
- Urinary incontinence (UI) and falling are associated
- Patients presenting with falls/fractures/bone health problems should be screened for UI
- Patients with chronic conditions presenting via other services should be screened for UI
- Screening to be followed by structured assessment including medication review
- Assessment to be followed by a trial of treatment(s), pharmacological, behavioural and functional
- There is an evidence base for effective treatments
- Regular review is important
- Improving urinary incontinence is beneficial from a number of perspectives and may reduce the risk of falling