IOWA GERIATRIC EDUCATION CENTER

# INFO-CONNECT

# Urinary Incontinence: Management in the Nursing Home Setting

## The Facts . . .

- Urinary incontinence (UI) is the unintentional loss or leaking of urine.
- UI affects more than 13 million Americans; 85% are women.
- 50% of those in long-term care have some degree of UI.
- UI is one of the most common conditions affecting older adults.
- The development of urinary incontinence is **NOT** a natural consequence of aging.
- UI is a treatable condition.

## Types of Urinary Incontinence (UI)

Incontinence should first be identified as either acute or chronic.

**Acute Incontinence:** Associated with a sudden onset and nearly always linked to a medical or surgical condition. This type of incontinence is transient and will resolve once the condition is treated. Causes of acute incontinence include:

- Urinary tract infection
- Fecal impaction (severe constipation)
- Diabetes (if poorly controlled)
- Some medications (diuretics; narcotics; anticholinergic medications, i.e., Benadryl®)

**Chronic Incontinence:** Not associated with an acute condition. It generally becomes worse over time. Types of chronic incontinence are listed below.

## Stress Incontinence

**Stress Incontinence:** Involuntary leaking of urine with activities such as coughing, sneezing, position changes such as standing, or laughing. This type of incontinence is caused by increased abdominal pressure which "presses" against the bladder. Stress incontinence is associated with weakening of the muscles around neck of the bladder and urethra and is more common in women. History of pregnancy, vaginal delivery, obesity, urologic surgery, and menopause are all associated with this type of incontinence.

**Treatment** :

First line treatment focuses on behavioral therapies such as bladder training and pelvic floor exercises. Medication is not useful in the treatment of stress incontinence.

**Cognitively intact residents**:

- Bladder training. Timing urination throughout the day. Frequency is determined by the shortest length of time between incontinence episodes or every 2 hours.
- Pelvic floor (Kegel) exercises. These strengthen the muscles associated with urination, helping reduce the incidence of incontinence. Basic recommendations: perform 3 sets of 8 repetitions of slow, sustained (5-8 seconds) contractions of the pelvic floor muscles; 3-4 times/week.

****Instructions to perform Kegel exercises 100 times a day are not valid and predispose the patient to failure. Also, instructions to stop and start urine flow will not improve muscle strength.

Cognitively impaired residents:
Completion of a bladder diary will identify a voiding schedule. Schedule voiding every 2 to 3 hours**.**

Three main components of prompted voiding:

- Regular monitoring of continence status
- Prompting to toilet on regular basis
- Positive feedback/praise when individuals are continent

Individuals most likely to participate in prompted voiding program are able to:

- State name
- Transfer with minimal assist
- Urinate fewer than 4 times in a 12-hour period
- Able to correctly toilet themselves with prompts

## Urge Incontinence

**Urge Incontinence**: Leaking of urine caused by an involuntary bladder contraction. Those with this type of incontinence describe a sudden need to urinate followed by a leaking of urine before being able to reach the bathroom. Triggers may include the sound of running water or just seeing a toilet.

**Treatment**:

Cognitively intact residents:

- Timed voiding. Based on bladder diary or regular intervals every 2-3 hours.
- Behavioral techniques. Instruct patient to sit or stand still when urge occurs. Concentrate, breathing slowly until the urge passes while at the same time contracting the pelvic floor muscles.
- Medications. For patients unable to gain control using timed voiding/ relaxation, medications such as Detrol LA® or Ditropan® may be helpful.

Cognitively impaired residents:

- Timed voiding/prompted voiding

## Overflow Incontinence

**Overflow Incontinence:** Occurs when the bladder is chronically full or unable to fully empty and urine leaks. Common complaints include constant leaking of urine, weak stream when urinating or difficulty starting stream. Overflow incontinence is relatively rare and affects less than 10% of those with incontinence.

**Treatment**:

- Intermittent catheterization

## Functional Incontinence

**Functional Incontinence:** Caused by a person's inability to reach facilities in order to urinate. Cause can be a physical disability such as difficulty walking. Bed-bound residents who need assistance to toilet may have functional incontinence. Other factors may include mental disability such as dementia, where the person no longer recognizes the need to urinate or has the ability to complete the task independently.

**Treatment:**

Cognitively intact residents:

- Timed voiding/prompted voiding
- Answer call lights promptly

Cognitively impaired patients

- Timed voiding/prompted voiding
- Least restrictive clothing
- Clearly mark bathroom facilities

## Mixed Incontinence

**Mixed Incontinence:** A combination of both stress incontinence and urge incontinence. Most common in women.

**Treatment**:

- Treated based on the predominate symptoms (stress or urge)

## Treatment Plans

Lifestyle interventions helpful in the management of all types of incontinence include:

- Weight loss
- Fluid management (avoid drinking 2-3 hours before bedtime)


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## Sample bladder record

NAME: ______________________________

DATE: ______________________________

INSTRUCTIONS: Place a check in the appropriate column next to the time you urinated in the toilet or when an incontinence episode occurred.

| TIME | URINATE IN TOILET | LEAKING ACCIDENT | REASON FOR ACCIDENT | LIQUID INTAKE/AMOUNT |
|---|---|---|---|---|
| 6-8 am | | | | |
| 8-10 am | | | | |
| 10-noon | | | | |
| Noon-2 pm | | | | |
| 2-4 pm | | | | |
| 4-6 pm | | | | |
| 6-8 pm | | | | |
| 8-10 pm | | | | |
| 10-midnight | | | | |
| overnight | | | | |

Note the reason for the incontinence and describe your liquid intake ( for example, coffee, water) and describe the amount.

No. of pads used today:______________________________ No. of episodes:______________________________

Comments:

(National Center for Biotechnology Information: http://www.ncbi.nlm.nih.gov/)

- Dietary management (avoid caffeine, carbonated beverages, and alcohol)
- Smoking cessation

## Helping Those with Incontinence

**Caregivers are vitally important in the management of UI.** Often UI can be improved if residents are given appropriate care and treatment.

### Identifying UI

- Is the resident wet routinely?
- Is the resident's bed wet routinely?
- Does the resident or the resident's room smell of urine?
- Does the resident leak urine while walking to the bathroom or with position changes?
- Does the resident use sanitary pads, toilet paper, or adult incontinence pads for protection?

If the answer to any of these questions is "yes," the resident may have UI and the resident's physician or nurse practitioner should be notified.

### Treating UI

Once a diagnosis is made and the underlying conditions leading to acute UI have been treated, a treatment plan can be formulated to help maximize the resident's independence and reduce the incidence of UI. A basic understanding of the types and characteristics of UI included in this brochure will assist you to communicate with families and residents and will guide the treatment plan.

## Online Resources:

National Association for Continence
www.nafc.org

Simon Foundation for Continence
www.simonfoundation.org

National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov

## Related IGEC Resources:

**Info-Connect Publications**

Infections in Long-Term Care Facilities, Ernst, © 1999, 2009

Pressure Ulcers: Prevention & Treatment, Folkedahl, © 2001, 2009

You may access these publications at:

http://www.healthcare.uiowa.edu/igec/publications/info-connect/default.asp

**Online Lectures**

Urinary Incontinence, Catherine Bradley, MD

Age-Related Incontinence and Bladder Problems in Women, Ingrid Nygaard, MD

You may access these on-line lectures on the Iowa Geriatric Education website at:

http://www.healthcare.uiowa.edu/igec/e-learn_lic/presentations/default.asp

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