Nurses key to identifying and supporting patients with continence problems.

Barry Hill

It is estimated that 14 million men, women, young people and children are living with bladder problems, roughly the equivalent number of the over-60s population in the UK. It is also estimated that 61% of men in the general population experience lower urinary tract symptoms and around 34% of women are living with urinary incontinence (NHS England, 2018).

The British Geriatric Society recognises several causes of incontinence (Box 1) (British Geriatric Society, 2018). Different causes of urinary incontinence will require different treatments and, once a diagnosis has been made, treatment will be relatively straightforward.

Box 1. Causes of urinary incontinence

- Urge incontinence occurs when a patient is unable to prevent involuntary bladder contractions, which cause urgency with little or no warning of incontinence. They may respond to this urgency by frequent visits to the toilet day and night. Urge incontinence is often made worse by anxiety or fast bladder filling, for example after diuretic medications
- Stress incontinence (pelvic floor weakness) causes a small leakage of urine on physical exertion—such as standing, lifting, coughing or sneezing—and rarely occurs during sleep at night. This is the commonest cause of incontinence in middle-aged women and is seen in some men after prostatectomy
- Overflow incontinence (retention of urine) is when a patient has post-void residual urine volume and may complain of continuous dribbling incontinence or symptoms like those of stress incontinence. Recurrent urinary tract infections are common, and the condition is made worse by constipation or anticholinergic (antimuscarinic) medication. Overflow incontinence can be caused by diabetes and some types of nerve damage. It also occurs in men with prostatic obstruction

- Outflow obstruction mainly occurs in men, who may complain of difficulty in starting micturition, poor urinary stream, and dribble after micturition, perhaps with a feeling of inadequate emptying
- Functional incontinence (ie poor or painful mobility, loss of dexterity, impaired communication, mental confusion, and depression) is due to inability to reach and use the toilet

Source: British Geriatric Society, 2018

Treatments for urinary incontinence

Non-surgical treatments include:

- Lifestyle changes such as losing weight and cutting down on caffeine and alcohol
- Pelvic floor exercises to strengthen pelvic floor muscles
- Bladder training, where the person learns ways to wait longer between needing to urinate and passing urine
- Medication may be recommended for people with incontinence who are unable to manage their symptoms. For urge incontinence, the antidepressant duloxetine can help increase the muscle tone of the urethra and may be of benefit to some patients. Antimuscarinics may be prescribed to reduce bladder contractions (NHS website, 2021).
- Surgery may also be considered. Suitable surgical intervention is dependent on the type of incontinence a person has. For example, surgical treatment for stress incontinence, such as a sling procedure, is used to reduce pressure on the bladder or strengthen the muscles that control urination. Surgery to treat urge incontinence includes enlarging the bladder or implanting a device that stimulates the nerve that controls the detrusor muscles (NHS website, 2021).

Additionally, there are people who will benefit from the use of incontinence products, such as absorbent pads, handheld urinals and urinary catheters.

Diagnosis and support

Initial diagnosis will be based on symptoms and signs, including the onset of incontinence, identifying which, if any, treatments have already been tried, and how the patient is coping with the condition in their day-to-day life.

Nurses are ideally placed to perform the initial assessment and management of incontinence, a stage of the care pathway that is crucial, but that is often poorly executed due to various obstacles. Nursing staff have identified environmental barriers to providing optimum care, such as lack of time and work pressures, and many consider urinary incontinence to be a low priority, preventing the facilitation of interventions. Outdated attitudes and lack of basic understanding of incontinence also limit nurses' engagement in continence care, with many nurses expressing the opinion that incontinence is a normal, expected consequence of ageing (Borglin et al, 2020).

Many people experience unacceptable and avoidable embarrassment and social isolation because of a lack of support to help them manage incontinence. The Royal College of Nursing (RCN) (2021) recognises that continence care is an essential part of a nurse's role and an aspect that needs to be undertaken sensitively and competently to ensure that patients who have a bladder or bowel problem are supported to manage it.

People who experience incontinence require health education around the transient causes of the condition and to be educated on the reversible causes. These include (DeMaagd and Davenport, 2012):

- Delirium
- Restricted mobility
- Infection (urinary tract)
- Stool impaction
- Pharmacological causes
- Psychological causes.

Incontinence in older adults may or may not be associated with the genitourinary system. Pharmacological causes and contributors should be considered, especially if the patient is taking multiple medications. Primary care providers and specialists should work as a team to manage patients with urinary incontinence and to evaluate the broad spectrum of factors that may contribute to incontinence in older adults.

According to Hunter and Wagg (2018), nurses have the potential to identify people with incontinence, establish appropriate interventions and support, and provide valuable education to empower patients.

Nurses caring for patients with continence problems must promote consistent continence care practice and work to improve the experiences of people with continence needs. The latest Excellence in Continence Care guide (NHS England, 2018) promotes equal access to services and treatment for all. It is applicable to children, young people, adults and elderly people, and takes into consideration each person's diverse needs from assessment and diagnosis to treatment to recovery—nurses are well placed to drive advances in clinical outcomes and reduce health inequalities.

Reference List

Borglin G, Hew Thach E, Jeppsson M, Sjögren Forss K. Registered nurse's experiences of continence care for older people: a qualitative descriptive study. Int J Older People Nurs. 2020;15(1):e12275. Crossref PubMed.

British Geriatric Society. Continence care in residential and nursing homes. 2018. https://tinyurl.com/yxq4rjny (accessed 15 January 2021)

DeMaagd GA, Davenport TC. Management of urinary incontinence. P T. 2012; 37(6), 345–361H. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3411204 (accessed 18 January 2021)

Hunter KF, Wagg AS. Improving nurse engagement in continence care. Nursing: Research and Reviews. 2018;8:1-7. Crossref

NHS England. Excellence in Continence Care. 2018. https://tinyurl.com/yyl5y2nf (accessed 15 January 2021)

NHS website. Urinary incontinence. 2021. https://www.nhs.uk/conditions/urinary-incontinence/ (accessed 19 January 2021)

Royal College of Nursing. Continence. 2021. https://tinyurl.com/y56dwco8 (accessed 15 January 2021)