

## **CONTINENCE NURSE ADVISORS' ASSESSMENT AND MANAGEMENT STRATEGIES FOR INCONTINENCE IN HOME-DWELLING OLDER PEOPLE WITH DEMENTIA**

### Hypothesis / aims of study

The majority of older people with dementia live in the community and the prevalence of incontinence among this population is very high. Incontinence is reported to be the most problematic symptom to manage by family members, is associated with significant carer burden and often triggers the need for permanent residential care<sup>(1)</sup>. Currently there is little evidence for effective strategies to assess and manage incontinence in home-dwelling older people with dementia. Thus, the aim of this study was to understand assessment and management strategies for incontinence in older people with dementia used by continence nurse advisors who work with this population in the community setting.

### Study design, materials and methods

The study was conducted using Interpretive Description, a qualitative methodology concerned with questions from the clinical field, able to produce a better understanding of complex experiential clinical phenomena and applicable nursing knowledge<sup>(2)</sup>. Eight community continence nurse advisors were recruited across metropolitan and rural Australia. Methods involved audio-taped semi-structured recursive interviewing, reflective journaling and broad based constant comparative coding. Analysis is described through 'pieces to patterns' and 'patterns to relationships' resulting in conceptualization and interpretation through thematic description<sup>(3)</sup>.

### Results

Findings revealed five themes describing strategies and techniques used by participants for the assessment and management of incontinence in the home-dwelling older people with dementia detailed below.

1. *Sourcing Information for Assessment*: Participants described using alternative sources to collect information, conversational interviewing techniques with cognitively impaired clients and adapted and prioritised specific elements of assessments. Medication review was prioritised, as well as dietary assessment due to its contribution to challenging behaviours, gastrointestinal function, health and wellbeing.

2. *Knowing the Client and the Context*: Participants described that knowing which management strategies to implement came from having identified specific factors individual to each client. This occurred through understanding the client's dementia, observing and breaking down the client's toileting process, knowing carer needs and their capabilities for caring, knowing how the client and carer interacted as a unit and assessing the environment in which the client lived. Environmental assessments included home safety and observing for evidence of incontinence, especially in case of client denial.

3. *Negotiating Care*: Participants discussed management strategies for clients who did not acknowledge incontinence. Participants also discussed six techniques to promote the success of implementing management strategies to improve continence. These included: 1) a new normal; 2) associating new behaviours with established habits; 3) low fail environments; 4) establishing a routine; 5) simplifying the toileting process; and 6) way-finding.

4. *Future Proofing*: Participants described preparing clients and carers for what was likely to occur as the dementia illness progressed and provided a variety of strategies to establish habits while new learning could occur in order to prevent or delay future incontinence.

5. *Promoting Successful Toileting*: Participants described five factors that required consideration in order to promote successful toileting. These included 1) pre-toileting atmosphere; 2) choosing when to toilet; 3) staying on the toilet long enough to complete toileting; 4) the bathroom environment and 5) strategies to manage clients who void in inappropriate places.

### Interpretation of results

Incontinence in the older person with dementia living at home is extremely complex and unique to each client. Continence care in this population requires an understanding of person centred approaches to health care and the ability to apply these principles in clinical practice to ensure continence care is appropriate, achievable and acceptable to both clients and their carers. In addition, advanced knowledge of the physiological, social, behavioural, environmental, ethical, gendered and cultural issues relevant to continence in the older person with dementia is required to facilitate understanding of the complex processes involved and the ability to identify modifiable factors. Continence nurse advisors use a wide variety of strategies and techniques to promote continence in this population and assist carers in caring in order to enable clients to remain at home for as long as possible.

### Concluding message

This is the first study to document the assessment and management strategies of continence nurse advisors in the older person with dementia living at home. The findings extend current knowledge and provide new knowledge in the various and multi-factorial strategies for the assessment and management of incontinence in this population. These assessment and management strategies may be of benefit to health professionals as they seek to improve the quality of life of older people with dementia, reduce carer burden and potentially delay admission into residential care. This study is a small qualitative study and more research is required to consolidate this knowledge and to provide further evidence to guide practice in this challenging area of continence care.

### References

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2. Thorne S, Kirkham SR , MacDonald-Emes J. Interpretive description: a noncategorical qualitative alternative for developing nursing knowledge. Res Nurs Health.1997; 20( 2):169-77.
3. Thorne S. Interpretive Description. Walnut Creek, California : Left Coast Press, 2008.

Disclosures

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