

PILOT OF THE ICIQ-OAB IN AN OUTREACH FALLS PREVENTION CLINIC FOR OLDER ADULTS

Hypothesis / aims of study

Among community dwelling older adults, symptoms of overactive bladder syndrome (OAB) have been associated with increased fall risk. Urgency, frequency and nocturia have been identified as a risk factor for falls, as have urge and mixed urinary incontinence. Despite the link between OAB and falls, few fall prevention programs integrate assessment of lower urinary tract symptoms into their baseline or follow-up data. We piloted use of the International Consultation on Incontinence Questionnaire Overactive Bladder Module

(ICIQ-OAB), as a part of a comprehensive falls risk assessment in a new outreach falls prevention clinic. Research questions for this study were:

1. What is the relationship between the ICIQ-OAB symptom score and number of reported falls in the year prior at the time of clinic admission?
2. What is the relationship between the ICIQ-OAB symptom and risk for falls as measured by the Timed Up and Go (TUG) test and a multifactor fall risk screening tool at the time of clinic admission?
3. What is the relationship between the ICIQ-OAB symptom and risk for falls as measured by a multifactor fall risk screening tool at the time of clinic admission?

Study design, materials and methods

This was a retrospective study of clients admitted to an outreach falls prevention clinic. They were initially assessed using a standardized multifactor fall risk screening instrument (which included the TUG), the ICIQ-OAB and an instrument to assess fear of falling. The ICIQ-OAB assesses the severity of the four OAB symptoms (frequency, nocturia, urgency and urge incontinence) as well as the bothersomeness (urinary related quality of life) of each symptom. The battery of assessment instruments were administered at the time of client admission to the clinic program by a member of the clinic staff (Physical Therapist, Occupational Therapist or Nurse Practitioner) trained in use of all the instruments. Data from the assessment were used to identify individual risk factors and tailor fall prevention plans for the clients. After eight months in operation, clinic data were analyzed for purposes of describing clients referred to the clinic, referral sources and, as well, to review use of the selected assessment instruments. This study used the clinic data to address the questions related to the ICIQ-OAB instrument in our setting. Data were entered into a spreadsheet and analyzed using descriptive statistics and the Spearman Rank Order correlation coefficient.

Results

A total of 45 clients of the 74 clinic clients completed the ICIQ-OAB questionnaire at admission. Mean age of clients was 81.02 years (SD 7.59). Male: female ratio was 1:2. Mean score on the ICIQ-OAB was 5.13 (SD 3.04) indicating some symptoms but not severe, and 9.95 (SD 11.92) on the quality of life score indicating some bothersomeness, but again not severe. Most clients were assessed as high to very high falls risk, with the multifactor screening tool score mean at 41.13 (SD 18.58) and the mean TUG score at 24.14 seconds (SD 13.56). There were no significant correlations between the ICIQ-OAB scores and number of reported falls, TUG score or multifactor fall risk screening score.

Interpretation of results

The results of this study showing no relationship between number of falls and falls risk are in conflict with larger populations based studies of OAB and falls. Our clinic is a tertiary intervention clinic for falls prevention. Referred clients represent a group of older adults with complex factors contributing to multiple falls, for whom the referring health care professional is often seeking an in home assessment for risk contributors and physical therapy for gait and balance deficits. Few clients had severe OAB symptoms. Theoretical understanding of the link between falls and OAB has not yet been clearly articulated. Severity of OAB symptoms may play a role. As well, the instruments used to assess fall risk in this study, particularly the multifactor fall risk screen, may have not have measured the factor or factors that contribute to fall risk associated with OAB. For example, clients are instructed to perform the TUG test at their usual speed, which may not be the speed at which they get up and walk when they need to use the toilet urgently and attention to safe ambulation might be diminished.

Concluding message

Further research is needed to assess the utility of the ICIQ-OAB as part of falls risk assessment in older adults. It may be useful to approach this with a theoretical explanation of the potential link between OAB and fall risk in older adults so that the instruments used to measure fall risk focus specifically on potential contributors to OAB related fall risk such as gait speed and divided attention. As well, studies of falls risk in older adults with severe OAB symptoms are needed.

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<i>Was this study approved by an ethics committee?</i>	Yes
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<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No