

Dr. Manuela Hoedl

Background & Purpose

Although urinary incontinence (UI) is a major nursing care problem, specifically in nursing home residents. UI increases the workload of nursing staff and places a high burden on the affected residents, internationally reliable data on UI in the nursing home setting are still scarce. UI is defined as any involuntary loss of urine without any involuntary loss of fecal material¹. And double incontinence (DI), as an involuntary loss of urine and fecal material².

Objective

..to investigate the prevalence and interventions with regard to UI in the nursing home setting.

Methodology

Data of the "Nursing Quality Measurement 2.0" database, which is the Austrian version of the „Prevalence Measurement of Care Problems“ was used³. It is an annually conducted multisite cross-sectional study. Data from more than 800 nursing home residents from the years 2016, 2017 and 2018 were included. Outcome measures were: (a) if the residents were UI or DI and (b) which interventions (e.g. use of absorbent products, evaluation of medication) were conducted for each resident to treat UI. Descriptive statistics were used to analyse the data.

Results

The mean age of the residents was 84 years (SD 9.5) and the majority were women (71.3%). The mean number of medical diagnoses was 5.0 (SD 2.1), with more than 70% of the residents had a cardiovascular diagnosis. The mean degree of care dependency was 43 (SD 17.6), indicating that they were to a great extent care dependent. Of all participating residents (N=1481), 37% (441) were only UI, and 35.6% (317) were double incontinent, resulting in 865 residents that were either UI only or DI. Of these 865 UI residents, 94.9% (821) received some kind of absorbent incontinence products in terms of treatment.

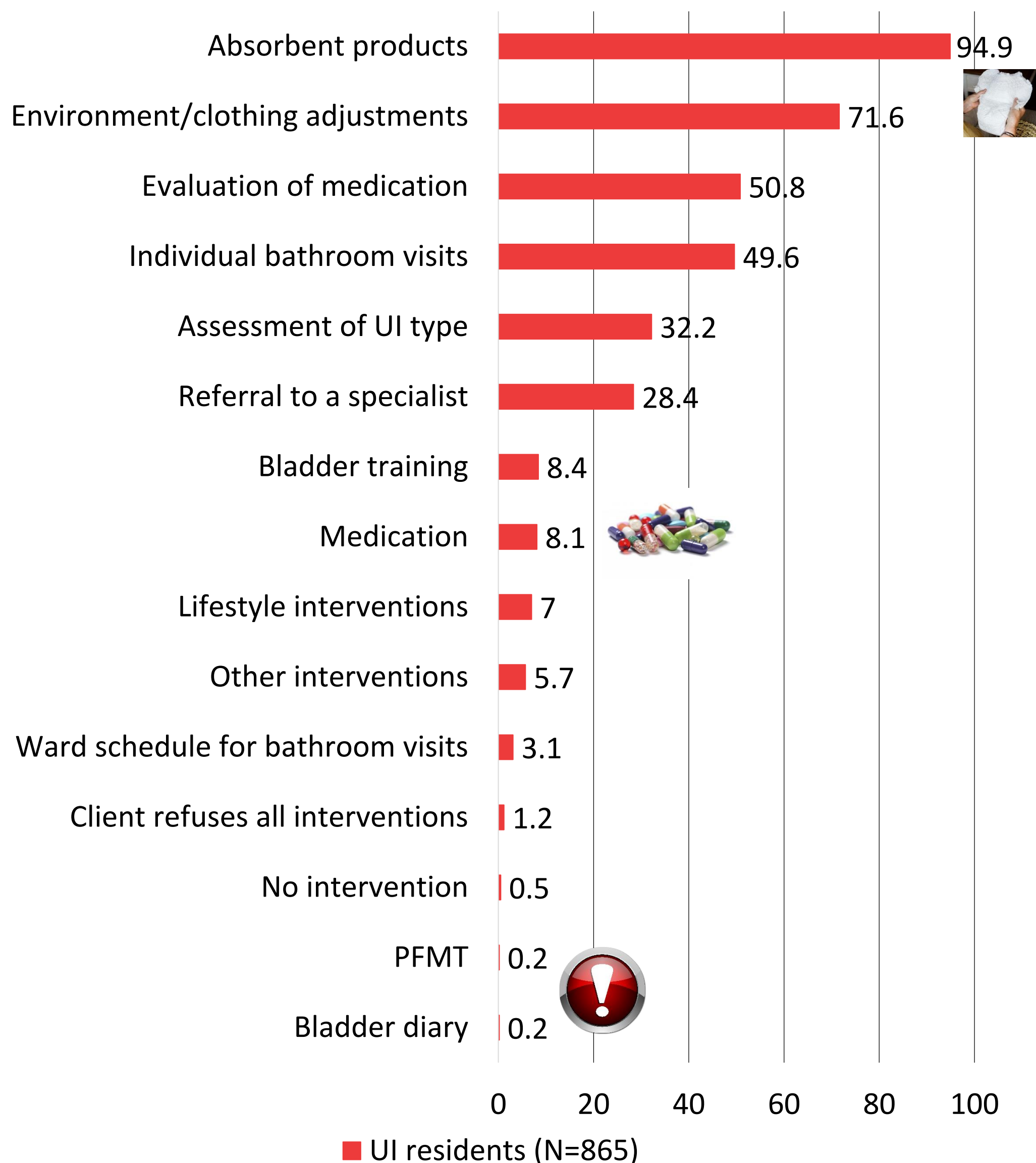


Figure 1. Percentage of interventions in UI residents (multiple answers possible)

Conclusion

In order to promote evidence-based continence management in the nursing home setting, using lifestyle interventions such as adjustment of fluid intake, use of bladder diaries as well as PFMT is warranted. There is still space for improving continence care in nursing homes. Especially in assessing the type of UI (e.g. stress, urgency) and using bladder diaries to develop resident-centred continence management plans is warranted.