W12: Prevention is the best cure: screening our way to continence and better health outcomes. Four different strategies to highlight how it's done across the lifespan.

Workshop Chair: Rowan Cockerell, Australia

27 August 2013 09:00 - 10:30

Start	End	Topic	Speakers
09:00	09:05	Introduction	• Rowan Cockerell
09:05	09:20	Meeting the needs of school-aged children: Toilet tactics initiative	• Rowan Cockerell
09:20	09:35	Screening our way to improved bladder & bowel function in people with MS	• Louise Kurczycki
09:35	09:50	Fitness and the Pelvic Floor: The Pelvic Floor First ™ Project	• Margaret Sherburn
09:50	10:05	Meeting the needs of frail older adults in long term aged care: Continence Screening, assessment and management tools	• Joan Ostaskiewicz
10:05	10:30	Panel questions & final remarks	All

Aims of course/workshop

This workshop will explore the notion of access to continence rehabilitation and conservative treatment as approaches that should also apply to at-risk groups who would not usually access continence practitioners.

This workshop aims to highlight the importance of continence screening and first-line intervention as integral steps in addressing continence issues by groups who do not work as continence practitioners. Presentations will focus on school-aged children, adults with chronic illness such as MS, women of child-bearing age and the elderly.

prevention is the best cure

screening our way to continence and better health outcomes

Rowan Cockerell, RN, M.Bus.,
Deputy CEO, CFA

Meeting the needs of school-aged children: Toilet Tactics initiative

Continence Foundation of Australia

Background

The 2008 forums aimed to:

explore issues relating to incontinence within the school system, and identify areas for service improvement in order to increase the supports available to school staff and children

Healthy Bladder and Bowel Habits in Schools

Research and findings....

- 19.2 % primary school children suffer day time incontinence (mild to severe)
- 5% primary school children suffer faecal soiling
- constipation is common in primary school children
- quality-of-life scores reported "adversely affected self-esteem and confidence"
- children with continence issues are more likely to be victims or perpetrators of overt bullying behavior

Healthy Bladder and Bowel Habits in Schools

Research and findings....

SA study found prevalence of incontinence in 5-15yr olds as 6.9% (Avery, 2004)
A Sydney based study found prevalence of day time wetting in primary school children prevalence 19.2% (Sureshkumar et.al. 2001)

Constipation:
0.7%-29.6% of all children (Mugie et al. 2011)
More prevalent in boys than girls 3:1 (Catto Smith 2005)
Accounts for >25% visits to gastroenterologists (Guidance in brief 2010)

Healthy Bladder and Bowel Habits in Schools

Withholding behaviour

Due to

- pain
- fear
- to busy - not a convenient time
- not being allowed to go to the toilet
- don't want to use the school toilet

Healthy Bladder and Bowel Habits in Schools

Impact of faecal incontinence on children

- decreased self esteem
- subjected to bullying behaviour or
- perpetrators of bullying behaviour
- anti social activities
- oppositional conduct problems (Joinson et al. 2006)
- anxiety about soiling
- avoid using school toilets – compounds problem
- school absenteeism

Healthy Bladder and Bowel Habits in Schools

Food for thought.....

'50% of a child's waking hours are spent at school, teachers may positively or negatively impact students toilet habits'

(Cooper et. al. 2003)

Healthy Bladder and Bowel Habits in Schools

Food for thought.....

.... school toilets are a contributing factor to incontinence in children. We must remember that the time children spend at school is the bulk of many children's day, so how much they drink and how often they go to the toilet are important health

Teachers have the potential to have a significant impact on dysfunctional voiding but are infrequently informed regarding these issues'.

(Cooper et. al. 2003)

Healthy Bladder and Bowel Habits in Schools

Aim:

Increase awareness and understanding of healthy bladder and bowel habits in Australian Primary Schools

Healthy Bladder and Bowel Habits in Schools

Objectives

Establish networks with key consumer organisations to leverage the credibility and reach of the project.

Improve awareness by developing a series of educational resources aimed at the target audiences

- School communities
- Practice/ school nurses
- Teachers
- Parents/ guardians

Healthy Bladder and Bowel Habits in Schools

Objectives

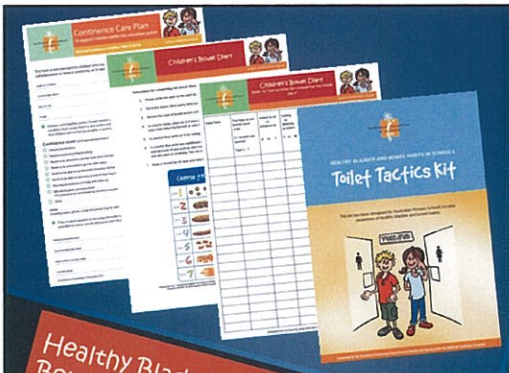
Improve awareness by developing a series of resources, including the Toilet Tactics Kit, and

Develop an advocacy program to drive change across the multiple areas and target audience

Healthy Bladder and Bowel Habits in Schools

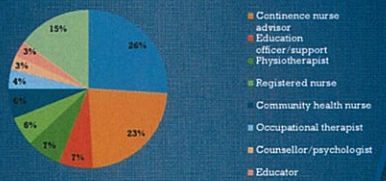
The Toilet Tactics Kit is based on the Bog Standard, an initiative of ERIC, UK.

Healthy Bladder and Bowel Habits in Schools



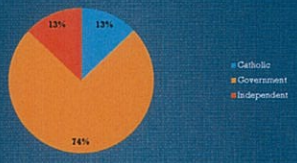
Healthy Bladder and Bowel Habits in Schools

Number of health professionals registering for Toilet Tactics (by profession)



Healthy Bladder and Bowel Habits in Schools

Types of schools



Healthy Bladder and Bowel Habits in Schools

Number of schools registering for Toilet Tactics by state

Healthy Bladder and Bowel Habits in Schools

What did the students think?

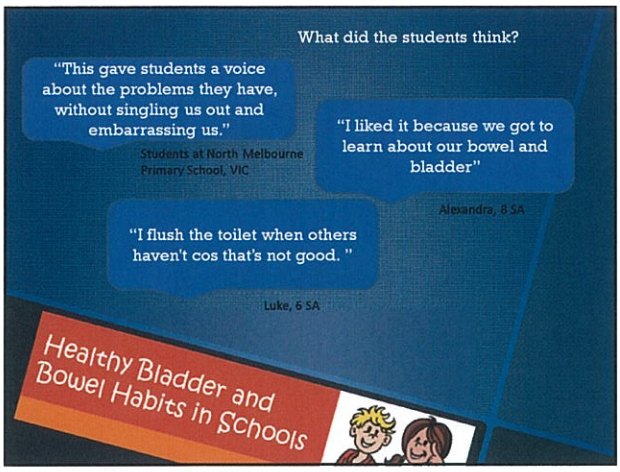
83% of students enjoyed being part of the Toilet Tactics project

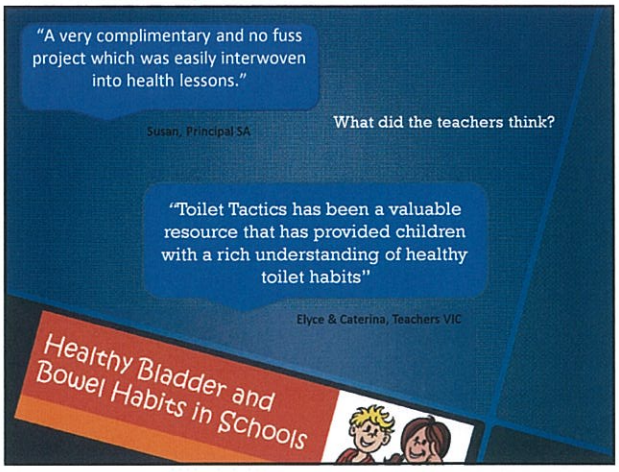
97% thought all schools should do Toilet Tactics

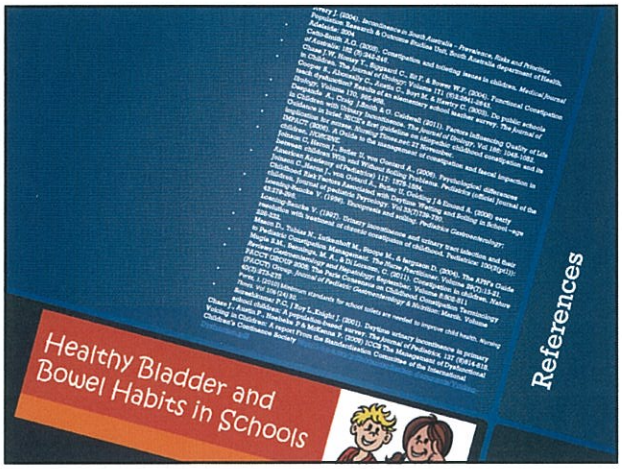
93% knew more about bladder and bowel health after participating in Toilet Tactics

93% thought all students should learn about bladder and bowel health

Healthy Bladder and Bowel Habits in Schools


What did the students think?
"This gave students a voice about the problems they have, without singling us out and embarrassing us."
Students at North Melbourne Primary School, VIC
"I liked it because we got to learn about our bowel and bladder"
Alexandra, 8 SA
"I flush the toilet when others haven't cos that's not good. "
Luke, 6 SA
Healthy Bladder and Bowel Habits in Schools


"A very complimentary and no fuss project which was easily interwoven into health lessons."
Susan, Principal SA
What did the teachers think?
"Toilet Tactics has been a valuable resource that has provided children with a rich understanding of healthy toilet habits"
Elyce & Caterina, Teachers VIC
Healthy Bladder and Bowel Habits in Schools


References
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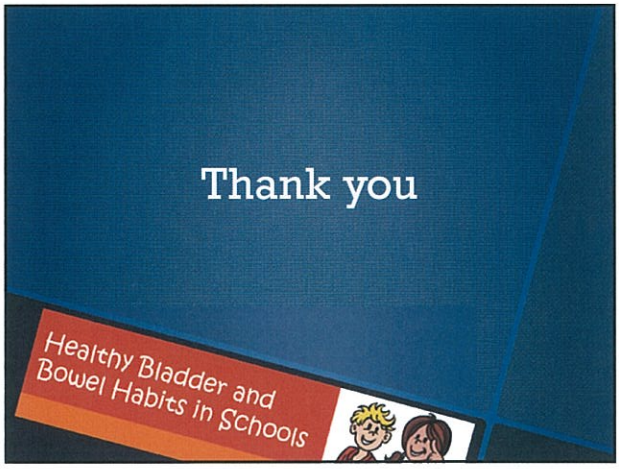

Thank you
Healthy Bladder and Bowel Habits in Schools

Screening our way to improved bladder & bowel function in people with MS

Louise Kurczycki
Continence Nurse
Eastern Health MS Service
Melbourne, Australia

Acknowledgements

MS ANGELS
BAYER Bayer HealthCare
ALLERGAN
MS RESEARCH AUSTRALIA
MS solving the mystery
MS Nurses Australasia Inc
Promoting Excellence in MS Nursing
www.msnainc.com.au

Overview: piecing the puzzle together

Multiple Sclerosis
- Epidemiology
- Lived experience
- Bladder & Bowel function

Background
- Factors affecting appropriate continence screening in this group
- Roadblocks from patient perspective

Research project at Eastern Health
- Development of screening tool
- Changing practice by raising awareness through screening

Current definition of MS

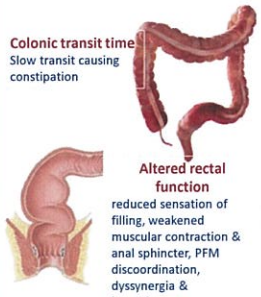
- Progressive, inflammatory, neurodegenerative disease of CNS
  - affects CNS to **varying** degrees
    - Punctuated by relapse or steady decline
  - interferes with transmission of nerve impulses through brain, spinal cord & optic nerves
- Most common non-traumatic cause of neurologic disability in young adults
  - no definitive cause
  - no cure

Epidemiology

- 2.5 million worldwide
- Conversion of patients with Clinically Isolated Syndrome (CIS) to MS likely to escalate prevalence significantly
  - CIS now being recorded
  - CIS: first inflammatory/demyelinating event
    - eg optic neuritis, numbness, transverse myelitis, bladder/bowel
- Age of diagnosis 20-40 years / Ratio female to male - 2:1
- Causes of MS:
  - **Immunologic**: auto immune response
  - **Genetic**: predisposition; gene associated with Vit D regulation > susceptibility
  - **Environmental**: Epstein Barr Virus exposure; location from Equator

The lived experience of Multiple Sclerosis

Bladder & Bowel dysfunction in MS



Colonic transit time
Slow transit causing constipation

Altered rectal function
reduced sensation of filling, weakened muscular contraction & anal sphincter, PFM discoordination, dyssynergia & incontinence

Detrusor Overactivity
urgency, frequency, nocturia, incontinence, elevated detrusor pressure

Hypocontractile
hesitancy, poor interrupted stream, insensate bladder, low pressure

thickened bladder wall diverticula trabeculations +/- vesico ureteric reflux

Incomplete emptying
difficult & prolonged voiding, PVR, UTI, stone formation, risk of MS relapse

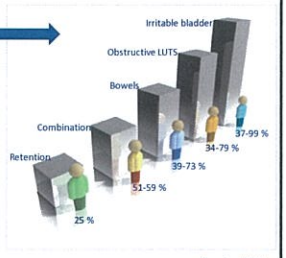
Detrusor Sphincter Dyssynergia

Background

- Overall prevalence of continence issues is high
- Conversion of C.I.S likely to significantly escalate MS numbers
- Most studies reflect groups with recognised bladder/bowel problems seeking help by continence practitioners, not consecutive samples: the REAL incidence is unknown!
- Current continence screening is inadequate
- Current DMTs require high degree of surveillance: MS Nurses best placed to provide continence screening
- Under reporting of symptoms very high

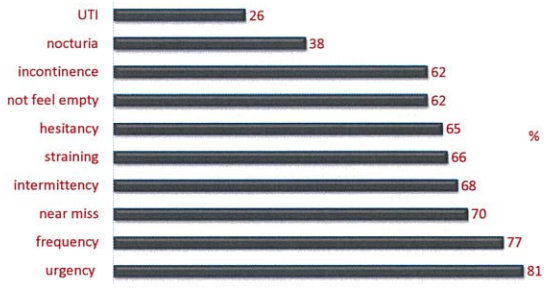
High prevalence of continence issues

- Most research series yield a very broad range of symptom prevalence rates
  - Study definitions inconsistent, ill defined
  - Most studies done on pts having urodynamics with recognised, existing problems, not on consecutive samples of patients with MS
  - A few studies done on consecutive samples : LUTs prevalence 33 – 52%
    (Araki etal 2003, Bemelmans etal 2001, Koldewijn etal 1995)
- 50 – 90% (EAU Guidelines on NLUTD)
- Almost 100% pwMS will have LUT dysfunction with walking difficulties
  (DasGupta & Fowler 2002)

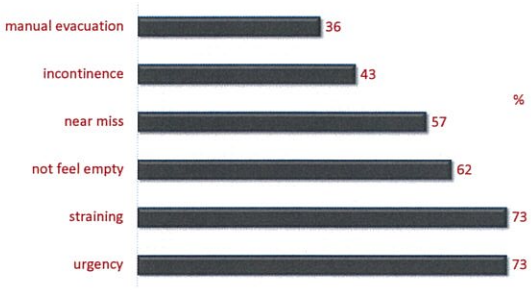


Khan et al 2009

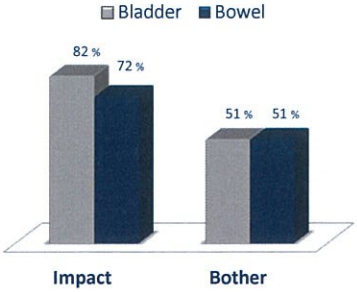
Step 3: our data (bladder)



Step 3: our data (bowel)



Step 3: our data (quality of life)

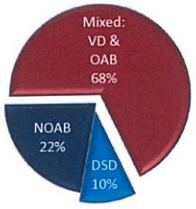


IMPACT
Overall how much does your bladder / bowel interfere with your life?

BOTHER
If you had to spend the rest of your life with your bladder / bowel the way it is now, how would you feel?

Step 3: voiding dysfunction (V.D) a BIG problem

Hesitancy, intermittency, straining, not feeling empty: Mixed & DSD groups



Intermittent Self Catheterisation

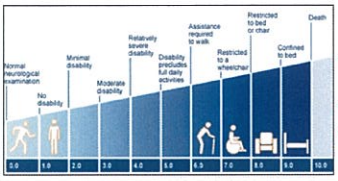
44 %

- Doing ISC or needing to do it
- From group of patients with VD (n = 112)

Patient ISC regimen

- Variable, based on convenience rather than rationale
- Often lost to follow up

Current screening tools: inadequate



Expanded Disability Status Scale

- Quantifies MS disability
  - Scoring: 0 - 10
- Diagnostic tool & monitoring
- 8 subsets measure functional systems including bladder/bowel

0	Normal
1	Mild urinary hesitancy, urgency or retention
2	Moderate hesitancy, urgency, retention of bowel or bladder, or rare urinary incontinence (ISC, manual compression to empty bladder or finger evacuation of stool)
3	Frequent urinary incontinence
4	In need of regular ISC (and constant use of measures to evacuate stool)
5	Indwelling catheter
6	Loss of bowel and bladder function

Bladder / Bowel Functional Score

- "normal" , "mild" & "moderate" are very subjective terms which are also vague and open to interpretation

Barriers to help-seeking

- patient perspective -

Bladder & bowel problems signal decline. *"MS is winning the battle"*

Embarrassment

Variable & remitting nature of MS symptoms leaves patients feeling & **HOPING** symptoms will improve

Other MS symptoms are more important:
e.g. ambulation, spasticity, pain, fatigue, work, relationships

Misunderstandings that any treatment is available & high tolerance for symptoms even though impact & bother may be high

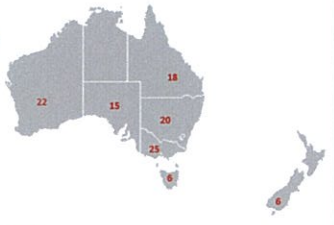
Opportunity to discuss symptoms may not arise

Eastern Health MS Service research

- ✓ PILOT project: unmet need
  - Trial of draft version of Continence Screening Tool
- ✓ PHASE I: Refinement of Screening Tool
  - Plus education programme across Australia & New Zealand
- ✓ PHASE II: Prevalence study
  - MS Nurses empowered and engaged in conducting multicentre, multinational project
- ✓ PHASE III: RCT

Step 1: educating & empowering MS Nurses

- 112 MS Nurses
- Very positive evaluation
- Educational workshop
  - anatomy & physiology
  - pathophysiology
  - screening
  - basic management
  - role play using screening tool
  - resource folder provided



Step 2: tool refinement

SCREENING

- Cases (MS) n=179 Controls (Non MS) n=50 Both groups age, sex matched
- Recruitment: (Cases) Eastern Health MS Service; (Controls), patient's family & friends & staff

DATA ANALYSIS

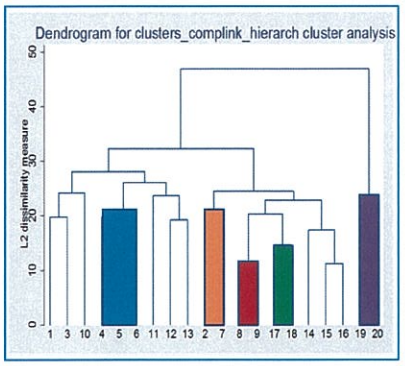
- Frequency, median, interquartile range, p-value
- Clustering algorithm

OUTCOME

- Statistically significant & broad distribution of responses for MS group means a greater capacity to measure change after initiation of treatment
- Strong pattern of clustering - so tool sensitive to MS needs
- Redundant questions removed: urinary intermittency, bowel/bladder near miss

Clustering of questions

BLADDER (BL)	
Frequency	1
Nocturia	2
Urgency	3
Hesitancy	4
Intermittency	5
Straining	6
Not feeling empty	7
Incontinence	8
Near miss situations	9
BOWEL (BW)	
Frequency	10
Urgency	11
Straining	12
Not feeling empty	13
Manual evacuation	14
Incontinence	15
Near miss situations	16
Quality of Life	
Impact of symptoms: BL	17
Impact of symptoms: BW	18
Degree of bother: BL	19
Degree of bother: BW	20



In progress

Phase II: Prevalence Study

- 70 MS nurses in AU &NZ

Phase III: RCT

- Screening then randomisation (n=300)
- Control arm: standard care
- Treatment arm: EHMSS Continence Nurse
- Process of screening & management
- Primary & secondary outcomes using tool

Conclusion

- The community of continence practitioners is very aware of the need for improving continence awareness
  - We need to reach those individuals
    - who do not know we exist
    - are not sufficiently bothered / apprehensive to seek help
- Different strategies required to reach our target groups
- Reaching MS Nurses is the first step to changing practice
  - ✓ Empowerment & confidence has been achieved through education and growing ownership of this issue
  - ✓ Changing practice has been achieved through screening tool as a beginning step

pelvic floor first

Fitness and the Pelvic Floor: The 'Pelvic Floor First' Project

Dr Margaret Sherburn
The University of Melbourne
and
Royal Women's Hospital
Melbourne, Australia

Background

- Initial aims of the project to:
  - facilitate discussion between the continence and fitness sectors
  - identify strategies to educate fitness professionals about the links between exercise and incontinence.
- Explore the link between exercise and pelvic floor dysfunction
  - to identify collaborative strategies to raise awareness of and prevent this issue.

Link between exercise and incontinence

- Growing concern among continence professionals that certain exercises can contribute to pelvic floor dysfunction and incontinence
  - those that increase intra-abdominal pressure
- Repeated stress on the pelvic floor caused by certain exercises performed in group classes, can worsen the symptoms of stress incontinence
  - Running
  - certain types of weight training
  - certain types of abdominal work
- When these exercises lead to leaking, this may be a barrier for women
  - making them more likely to stop exercising.

Fitness professionals Issues

- Wide range of education and experience
- Variability in education (both training and continuing) related to core anatomy, function and training
- The demographic of personal trainers not matching that of the client
- Lack of knowledge about how to teach pelvic floor activation/ exercises
- Trainers perceiving pelvic floor exercises as too slow, too complicated, too personal
- Strong culture of abdominal bracing within the industry

Who exercises and who stops?

- 64% of fitness customers are women between 25 to 44 years
- 60% of *new* fitness centre members leave their gym within the first year of joining

Why might they leave???

Possibly - because they begin to leak during their exercise sessions and feel embarrassed?

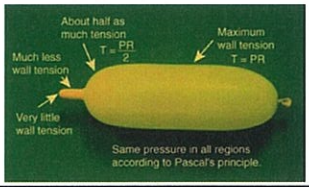
Who are at risk?

- Those who do activities which raise intra-abdominal pressure (IAP)
  - High impact sports/activity
  - Heavy lifting sports/activity
  - Deconditioned status
  - Chronic lung disease
  - Overweight
  - Constipation

Then add pregnancy ...

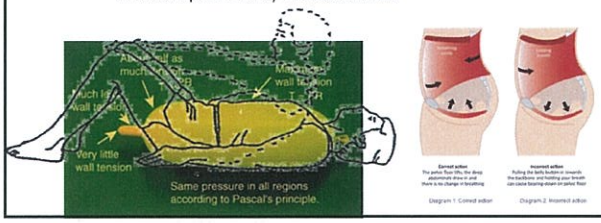
How does IAP affect the pelvic floor?

- It's all in the physics
  - The trunk is a sealed pressurised elastic cavity
  - Pressure equal throughout (Pascal)
  - Capsule wall tension varies according to the radius of the capsule (LaPlace)



How does IAP affect the pelvic floor?

- It's all in the physics
  - The trunk is a sealed pressurised elastic cavity
  - Pressure equal throughout (Pascal)
  - Capsule wall tension varies according to the radius of the capsule (LaPlace)
    - PFM overpowered by the abdominals



Prevalence of pre-natal incontinence

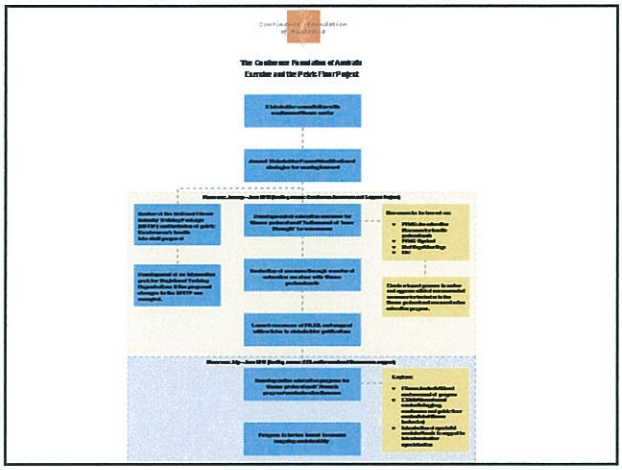
- 5-10% depending on pre-pregnancy cohort studied (Chiarelli 1997)
- Pre-pregnancy incontinence predicts post-natal incontinence
  - And 5-8 years later (Wilson et al 2002)
- Onset during pregnancy increases incontinence risk at 5 years postnatal (Viktrup et al 2000)

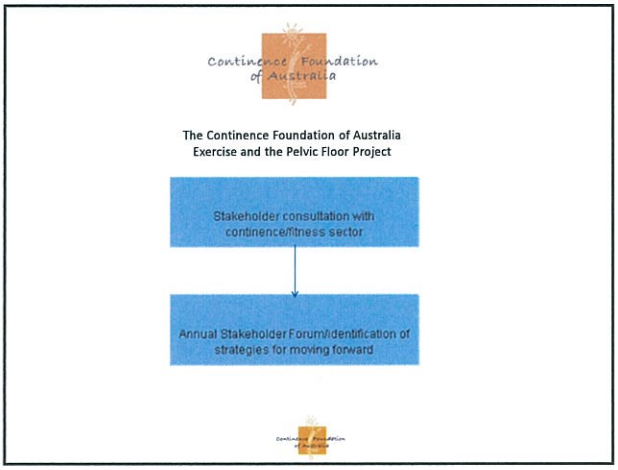
Those with a pre-natal leakage are more likely to have a post-natal leak

Fitness instructors

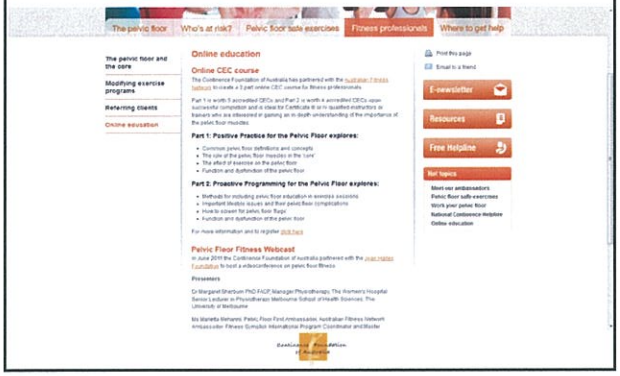
- Have an ideal opportunity to address this issue because women undertake fitness programs:
  - to get back in shape after having children,
  - to offset age-related body changes,
  - and/or to lose weight
- The fitness setting presents an opportunity for early screening and referral for this at-risk population.
- BUT … fitness professionals need a better understanding of the link between exercise and incontinence.
  - more knowledge,
  - the right tools, and
  - the correct strategies

to help women who are embarrassed by incontinence.

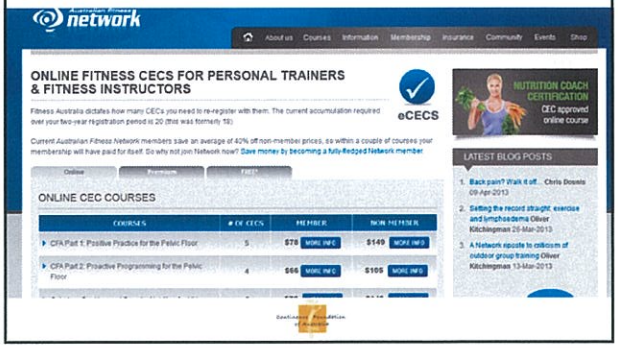




Information about education



Training for fitness professionals



Ongoing benefits

- 'Fun, Fitness and the Pelvic Floor' public forums
- 'Core Foundations' Fitness Professionals Training

Very successful public health initiative

- Networks with key fitness RTOs
- Successful lobbying of the National Fitness Industry Training Package
- Over 62,913 orders for the consumer brochure
- Over 1,588 subscriptions to the Pelvic Floor First e-newsletter
- Workshops at FILEX 2010, 2011,2012, 2013
- Adoption of the campaign by the New Zealand Continence Association
- Poster at IUGA 2012, abstract ICS 2012

MEETING THE NEEDS OF FRAIL OLDER ADULTS IN LONG-TERM AGED CARE:

CONTINENCE SCREENING, ASSESSMENT AND MANAGEMENT TOOLS

Joan Ostaszkiewicz, RN, MNurs
Deakin University
Australia

Contents

- The difference between screening and assessing
- Epidemiological considerations
- Resident characteristics
- Health avoidance issues in long-term aged care
- The long-term aged care workforce
- Continence screening, assessment and management tools for long-term aged care
- Challenges involved in developing screening/assessment tools
- Sustaining active continence care in long-term aged care

The difference between screening and assessing

Epidemiological considerations

Urinary incontinence in LTC

- 60-80% of female residents (Shamliyan et al. 2007)
- 23-72% of male residents (Shamliyan et al. 2007)
- Overall 43-77% (Offermans et al.2009)

Epidemiological considerations

Faecal incontinence in LTC

34% of residents experience more than four episodes of faecal incontinence per week (Deloitte Access Economics and the Continence Foundation of Australia, 2011)

Other bladder and bowel symptoms and conditions

Resident characteristics

- 169,001 residents @ 30/06/2012
  - Mental health illness (78%), including depression
  - Dementia – (52%)
  - Circulatory system disease (stroke/hypertension)
  - 57% over age 85yrs
  - 76% have high care needs
  - Average length of stay – 145 wks (AIHW, 2012)

Health avoidance issues in long-term aged care

Non-adherence by staff to interventions that could potentially prevent and treat residents' incontinence

The long-term aged care workforce

1. Gaps in knowledge and skill about incontinence and how to conduct a continence assessment
2. Ageism
3. A lack of a simple method to differentiate between active or passive approaches
4. A lack of resources/tools to conduct a continence assessment and implement active approaches

Continence screening, assessment and management tools for long-term care

- O'Connell, B., Day, K., Hunt, S., Jennings, H., Ostaszkiewicz, J., Crawford, S., & Hawkins, M. (2005). Evaluation of resources for the promotion of continence in long term care: A national consultative approach. Deakin University, Geelong, Vic Australia
- O'Connell, B., Ostaszkiewicz, J., & Hawkins, M. (2011). A suite of evidence-based continence assessment tools for residential aged care. Australasian Journal on Ageing, 30(1), 27-32

Challenges for us in developing the tools

- Who is best placed to use the tools?
- What is their existing scope of practice?
- What level of assessment is reasonable?
- How extensive should the assessment be?
- What assessment factors should we include?
- What triggers/alerts should we include to prompt users to seek further advice?
- How can we optimize the tool's ongoing use?

Key resources

1. DuBeau, C., Johnson II, T. M., Kuchel, G. A., Palmer, M., & Wagg, A. (2009). Incontinence in the frail elderly. In P. Abrams, L. Cardozo, S. Khoury & A. Wein (Eds.), *Incontinence: 4th International Consultation on Incontinence* (4th ed., pp. 961-1024). Paris: Health Publications Ltd
2. National Health & Medical Research Council (1999). How to prepare and present evidence-based information for consumers of health services: A literature review. Available from nhmrc.publications@nhmrc.gov.au

Bladder health screening questions

1. Does the resident go to the toilet more than 6 times in the day to pass urine?
2. Does the resident get up more than once during the night to pass urine?
3. Does the resident leak urine?
4. Does the resident have any other bladder problems (i.e. difficulties passing urine and/or pain)?

Bowel health screening questions

1. Has the resident lost control of, or leaked bowel motions?
2. Does the resident have any other bowel difficulties (i.e. constipation or diarrhoea)?

Pad usage screening questions

1. Does the resident wear pads?
2. Does the resident have to change his/her underclothes or wear protection because of bladder or bowel leakage or soiling?

Assessment tool questions

During the day, how many times does the resident need to pass urine/go to the toilet on average (from 7am-7pm)?

- Less than 3 times
- 4 - 6 times (normal)
- More than 6 times

Response prompt

If < 3 times or > 6 times, ask the RN, Continence Nurse or Doctor about the care required

Sustaining an active approach to continence care in long-term aged care

Leadership
Management support
A process of feedback
Broad agreement about goals
Embedding change into the system with policies

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Notes