

W11: Combining Nursing and Physiotherapy services to treat Bladder Health in our older adult population

Workshop Chair: Frankie Bates, Canada

03 September 2019 11:30 - 13:00

Start	End	Topic	Speakers
11:30	11:50	Aetiologies and Assessment of Older Adult Population with UI	Frankie Bates
11:50	11:55	Discussion	Frankie Bates
11:55	12:15	Conservative Treatment of LUTS in an Older Adult Population. A Nursing Approach.	Sharon Eustice
12:15	12:20	Discussion	Sharon Eustice
12:20	12:50	Identifying exercise components in a basic routine and Conservative Treatments for elderly with UI. A physiotherapy Approach.	Heather Moky
12:50	13:00	Questions	All

Aims of Workshop

The aim of this workshop is to focus on our older adult population with urinary incontinence in a community dwelling setting. The importance of combining services to improve patient treatment outcomes is essential. Understanding the mechanisms of continence will help the audience appreciate a greater understanding of why UI is more commonly seen in our older adult population. Adequate and complete evaluation of our older adult patient population is essential, as adequate assessment leads to accurate diagnosis and successful treatment outcomes.

The conservative management options for urinary incontinence will be given from both a nursing and physiotherapy perspective. Utilizing a multidisciplinary health care team in the patients care plan is crucial to benefit.

Understanding the full body connection to the pelvic floor and the literature behind it is an important part of a physiotherapy approach with these patients. Cues and tips to use with your patients will be discussed. Looking from a musculoskeletal expert and the importance of needing to look at other muscles besides just the pelvic floor and how literature connects them. How it is importance to recognize the connections for patients benefits whether one is a nurse or physiotherapist.

Target Audience

Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

Adult Conservative Management Incontinence 6th Edition 6th Int. Cons. On Incontinence Toyko. Sept 2016 1443-1629

Abrams P, Cardozo L, Wagg A, Wein A, editors. Incontinence. 6th ed. Bristol, UK: International Continence Society; 2017

Evans, WJ. (1999) Exercise training guidelines for the elderly. *Medicine and Science in Sports and Exercise* 31(1):12-17

Bassey, E. Joan. (2001)The benefits of exercise for health of older people. *Reviews in Clinical Gerontology* 10 (1): 17-31

Daniels et al (2008) Interventions to prevent disability in frail community-dwelling elderly: a systematic review. *BMC Health Services Research* 8:278

Aetiologies and Assessment of Older Adult Population with Urinary Incontinence

Frankie Bates

Objectives:

Define urinary incontinence (UI)

Understand the prevalence of urinary incontinence in the elderly

Discuss etiologies of UI and impact on UI on overall health and QOL in the elderly

Understand the essential elements of clinical assessment in the older person with lower urinary tract symptoms.

Give Overview of multidisciplinary care plan.

Abstract

400 million people worldwide suffer from UI. (1) It affects both morbidity and mortality, particularly in our older adult population. It affects sleep deprivation (and this is in a group of patients who are already sleep deprived). UI increases the incidence of falls, UTI's, cellulitis and pressure injuries. UI also has a profound effect on sexual dysfunction, depression and social withdrawal. The impact of UI on future healthcare and long term care costs will be profound (3) Although there are certainly age related changes related to UI, it should never be considered a normal part of ageing. Management of UI in frail older persons is necessarily multicomponent, and must address the many associated factors and shared underlying impairments with other geriatric syndromes (e.g. by combining physical exercise with prompted voiding) (4, 5) Aetiologies of UI in our elderly as well as a comprehensive assessment will be reviewed.

References

- 1) Epidemiology Of UI Committee, Int Consult on Incont ICI 2013 .
- 2) Cochrane Systematic Review - Interventions for treating urinary incontinence after stroke in adults. Feb 2019
- 3) Holroyd-Leduc JM Mehta KM et al UI and its association with death, nursing home admissions and functional decline J Am Geriatr Soc 2004 52 (5)
- 4) Wagg A, Liang KC et al. Incontinence in frail older persons. ICI Tokyo Incontinence 6th Edition 2017 Vol 2 1311-1441
- 5) Ouslander JG et al. Functional Incidental training...Jam GER Soc 2005 53 (7)
- 6) Goode PS et al Incont Older Women JAMA 2010

Conservative Treatment of LUTS in an Older Adult Population: A Nursing Approach

Sharon Eustice

Learning objectives

- Understand the essential elements of clinical assessment in the older person with lower urinary tract symptoms
- Recognise wider multidisciplinary working to assist with implementation of therapeutic conservative measures.

Abstract

Treatment opportunities for bladder dysfunction in our older adult population have been gathering pace for several years and all people should have access to this. (1, 2) Access to treatment can be challenged by several factors, such as availability, funding, motivation, education and knowledge. These latter factors, education and knowledge are a fundamental foundation for evidence-based, tailored treatment implementation and offering people a potential to improve symptoms. Symptoms can be classified into three categories, storage, voiding and post-void (3 4.) Developing individually tailored treatments to address symptoms emerging from or across these categories is able to facilitate improvement of simple or complex symptomology. However, clinicians need be curious, caring and capable; and appreciate the reluctance of people to access healthcare. (5) Thus, treatment and best outcome can only be maximised when circumstances align to get it right first time; and recognising when other members of the health care team are needed. Treatment options cover lifestyle, physical and behavioural therapies and

pharmaco-therapy. This presentation will consider treatment options available for the nurse to implement, whilst focusing on age-related changes.

References

1 Nambiar, A. K., Bosch, R., Cruz, F., Lemack, G. E., Thiruchelvam, N., Tubaro, A, & Schneider, M. P. (2018). EAU guidelines on assessment and nonsurgical management of urinary incontinence. *European urology*, 73(4), 596-609.

2 Prud'homme, G., Alexander, L., & Orme, S. (2018). Management of urinary incontinence in frail elderly women. *Obstetrics, Gynaecology & Reproductive Medicine*.

3 Abrams, P., Cardozo, L., Fall, M., Griffiths, D., Rosier, P, Ulmsten, U. & Wein, A. (2002). The standardisation of terminology of lower urinary tract function: report from the Standardisation Sub-committee of the International Continence Society. *Neurourology and urodynamics*, 21(2), 167-178.

4 Haylen, B. T., De Ridder, D., Freeman, R. M., Swift, S. E., Berghmans, B., Lee, J, & Schaer, G. N. (2010). An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Neurourology and Urodynamics: Official Journal of the International Continence Society*, 29(1), 4-20.

5 Tinetti, A., Weir, N., Tangyotkajohn, U., Jacques, A., Thompson, J., & Briffa, K. (2018). Help-seeking behaviour for pelvic floor dysfunction in women over 55: drivers and barriers. *International urogynecology journal*, 1-9.

Identifying exercise components in a basic routine and Conservative Treatments for elderly with UI. A physiotherapy Approach.

Heather Moky

Abstract not available at time of printing.

References; Interesting Reading:

Postural and respiratory functions of the pelvic floor muscles
PW Hodges et al 2007 *Neurourology and Urodynamics*

Rehabilitation of pelvic floor muscles utilizing trunk stabilization
R Sapsford, *manual therapy* 2004

Pattern of activation of pelvic floor muscles in men differs with verbal instructions.
Stafford RE, Ashton-Miller JA, Constantinou C, Coughlin G, Lutton NJ, Hodges PW.
Neurourol Urodyn. 2016 Apr;35(4):457-63. doi: 10.1002/nau.22745. Epub 2015 Mar 1.
PMID: 25727781