MOOC10 Demand on you Care: Incontinence

Chapter 1: Introduction

Incontinence has been regarded as a geriatric giant and a major health care problem among older adults. It is one of the most unpleasant and distressing symptoms an individual can suffer.

For those affected with incontinence problem

- Often feel embarrassed, ashamed and alone
- Hide their problem from society, their family and friends, even from themselves
- Seldom seek for medical advice or treatment

Prevalence of incontinence

Asia Pacific Continence Advisory Board Survey (APCAB) 1998

	Prevalence			
Country	Overall (%)	Female (%)	Males (%)	
China	7.4	11.6	3.4	
Hong Kong	12.2	12.0	13.0	
India	4.6	6.2	1.7	
Indonesia	5.4	5.8	5.0	
Korea	22.7	22.6	28.6	
Malaysia	10	13.1	7.9	
Pakistan	23.1	24.0	13.2	
Philippines	12.4	13.9	8.0	
Singapore	9.3	11.8	4.3	
Tai Wan	7.5	7.4	7.6	
Thailand	19.5	20.9	14.1	
Overall	12.2	14.6	6.8	

(Chin, 2001)

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A local community continence promotion programme of elderly centres in 2000

Among 363 elderly women attended the program

40.8% reported urinary incontinence

(Hsia & Mok, 2001)

A local study in subsidized long-term care services in 2010

Among 5301 Chinese adults aged \geq 60 in HK (average age = 80.4), who had completed an initial screening instrument:

45.7% of male and 45.6% of female participants reported urinary incontinence.

(Bai, Leung, Lai, Chong, & Chi, 2017)

Among elderly residents of nursing homes:

Occurrence of urinary incontinence has increased significantly over the past 20 years

23.3% in 1992

45% in 2003

54.1% in 2009

(The Hong Kong Polytechnic University, 2014)

International Continence Society (ICS) estimated 30-40% of >65 years in community has urinary leaking.

(Stenzelius, et al, 2015)

From the above studies, you may find that:

- The prevalence of incontinence is increasing.
- Urinary incontinence is common for women and older adults.
- The rate is typically higher in institutions.

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Possible reasons of the INCREASING trend of incontinence:

- Underestimated of the actual situation in the past decades.
- People may assume that incontinence is a normal consequence of ageing.
- People may be embarrassed by their incontinence or fear invasive testing, and thus, avoid evaluation.
- In primary health care clinics and hospitals, medical and health personnel rarely ask patients about urinary incontinence.
- People seldom initiate discussions about incontinence. (Poi, 1995)

Understanding continence and ageing

Normal continence (to keep dry and clean) requires:

- Higher cortical function (social norm to keep dry)
- Awareness of need to empty (sensation)
- Bladder holding capacity to avoid social embarrassment
- Mobility (to toilet) and other self-care ability (e.g. undress lower garment)
- Contractibility of bladder and relaxation of sphincter for emptying

Older adults may have the following challenges as they age.

- Age-related changes in lower urinary tract
- Reduced mobility
- Impaired cognition
- Malnutrition e.g. dehydration and low-fibre
- Medication side effects (eg. sedation drugs, diuretics, cholinergic drugs)

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Age-related changes in the lower urinary tract

▼ Decrease:

- Urethral closure
- Oestrogen in women (post menopause)
- Bladder contraction
- Immune function
- Stream
- Bladder capacity

▲ Increase:

- Prostate size in men
- Nocturnal urine production due to decrease anti-diuretic hormone
- Post voiding residual urine (PVRU) due to decrease bladder contractility

Common features of urinary frequency/incontinence

- Urinary incontinence without awareness
- Leaking of urine when coughing /sneezing
- Leaking of urine when urgency
- Nocturia (wake up from bed to void > 1 time during sleeping time)
- Bed wetting
- Frequency of micturition (>7 times/day)
- Weak stream

Warning signs

- Haematuria (blood in urine) beware of urinary tract infection or structural pathology
- Difficulty in passing urine
- Dysuria (pain during voiding)

These two are commonly associated with urinary retention or overflow incontinence

→ Seek medical advice immediately

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^{**}Atrophic changes in vagina + reduced bladder holding capacity + bladder irritability > frequency +/incontinence

Impacts of incontinence in older adults

Physical Aspect

- Discomfort
- Smelly
- Skin rash
- Bed sore
- Fall (urge to toilet prone to fall)
- Dehydration due to decrease fluid intake to prevent wet

Psychological aspect

- Loss of self-esteem and self confidence
- Dependent
- Worry (didn't know how to manage)
- Embarrassing
- Depression

Social aspect

- Avoid social life
- Isolation due to don't want the others know his /her condition

Financial aspect

- Increase financial burden for absorbent products
- → Affect quality of life!

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How they cope with?

Avoidance

- Long journeys (with others)
- Trips with friend
- **→** Social isolation

Planning

- Don't drink water → Dehydration & concentrated urine will induce bladder irritation
- 'Just in case' (no urgency but go to toilet in order to prevent wet) Reduces the ability to hold the urine if urinating too frequent
- 'Toilet mapping' (make sure the location of the toilet then plan the route)
- Find seats near toilet / door
- Wear dark clothes (not easy to detect wet)
- Carry spare underwear

Annoyance & anxiety

Cleanliness

- Frequent showering \rightarrow May cause skin irritation and bring to psychological burden
- Change clothes frequently → Annoyance & anxiety
- Use of scents (cover the smell of urine)

Use of pads

- If know no toilet
 - → Using toilet paper as a "pad" is NOT correct. Tips on choosing incontinence products will be discussed in Chapter 4.

Impacts on caregivers

- Stress
- Anger
- Impatient
- Frustrated
- Invading their privacy when take care of perineum or penis
- Distress
- Sleep disturbance
- Decrease intimacy
- Increase financial burden
- Affect social life
- Decrease quality of life

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How can caregivers help the older adults and reduce stress?

1. Be empathetic

• Understand older adult's worries, be patience and tact to ease the older adult's anxiety. It also helps caregivers to reduce stress level as well.

2. Get a physical examination to see if the cause of incontinence is treatable

• Most conditions can be improved after medical problem had been solved.

3. Wear clothes that are easy to get on and off

- Slacks with an elastic waistband can be pulled down quickly.
- Enable older adult to get on the toilet faster and possibly avoid an accident.
- If caregivers have to help the older adult with cleanup, easy-off garments make it simpler for you to undress and re-dress them.

4. Watch the diet

• Avoid consuming caffeine e.g. coffee, tea, Chinese tea, chocolate and cold drinks, spicy foods and a lot of fresh or dried fruit.

5. Always be prepared

• Pack a small bag with supplies, e.g. incontinence pads, wipes, tissue and even a change of clothes in case an accident happens when going out together.

6. Adopt a matter-of-fact approach

- This technique can overcome an older adult's shyness or embarrassment.
- Use reassurance and a straightforward manner: "Oh, that's too bad you had an accident, but don't worry. It happens to a lot of people. Let me help you get cleaned up and into some dry, comfortable clothes."

7. Accept help

- Many caregivers who are taking all responsibility to take care of the older adults by themselves only.
- Encourage them to ask for support from the home care service e.g. bathing or house cleaning or escort for attending the appointment.
- Arrange some me-time to reduce the stress.

- End of Chapter 1 -

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