Urinary continence is the involuntary or inappropriate passing of urine that has an impact on social functioning or hygiene (DH 2000). The incidence of urinary incontinence increases with age, making it a significant issue for those in later life. For people over 65 living at home it is estimated that 10-20 per cent of women and 7-10 per cent of men experience incontinence. These numbers increase dramatically for those living in care homes (DH 2000). The role of the nurse is crucial in helping people cope with its emotional and physical effects.

Age-related changes
As can be seen from the figures above, gender differences exist in relation to urinary incontinence and, although the condition increases with age in women, incontinence is not a consequence of age alone. Age-related physiological changes include decreased nocturnal bladder capacity and increased urine production in both sexes due to changes in age-related circadian rhythms.

Older people are also more likely to take combinations of medicines that affect urinary continence such as diuretics. In women, a decrease in oestrogen following the menopause can lead to thinning of the lining of the urethra and a change in the pH of the vagina, which increases the risk of urinary infection. Urinary tract infections can be difficult to detect and treat in older adults because they often present with atypical symptoms such as mild confusion and anorexia. In men, enlargement of the prostate is common over the age of 65 and although this does not usually cause incontinence, it can lead to a decreased stream of urine, hesitancy and a feeling of incomplete emptying (Palmer 2004).

Pelvic floor exercises
Another way of maintaining bladder control into old age is to increase the effectiveness of the muscles supporting the bladder: the pelvic floor. Pelvic floor exercises are different for men and women and should be tailored to the person's lifestyle. Women should sit, stand or lie with their knees slightly apart and slowly tighten and pull up their pelvic floor muscles in a lifting and squeezing motion. Men should tighten and draw in the muscles around the anus and the urethra all at once and lift them up inside. Leaflets containing information on pelvic floor exercises are often available in chemists or visit www.continence-foundation.org.uk (Wells 2003).

Incontinence
Stress incontinence is a leakage of urine (often described as a ‘squirt’) which happens with a rise in intra abdominal pressure such as coughing or straining. It can happen as a result of a weak urethral sphincter and contributing factors include weakening of the pelvic floor muscles following childbirth, the menopause, obesity, a chronic cough and constipation.

Urge incontinence is a leakage of urine associated with a strong desire to empty the bladder. The person visits the toilet frequently, particularly at night, and might occasionally wet the bed. It can happen because the bladder muscle becomes over inflamed and fails to contract to empty the bladder.
For example, incontinence can affect mood, the person finds most problematic (Wells 2003). Incontinence is having on the person’s quality of life and explore the symptoms that the person finds most problematic (Wells 2003). For example, incontinence can affect mood, sex life, or social activities.

Assessment should include the following:

- Ask the person if they have noticed any changes in the way they pass urine, in particular whether there is a change in sensation, eg urgency or burning. Do they find it difficult to get to the toilet on time?
- In men, establish whether there have been any changes in the way they pass urine as this may indicate prostate problems.
- Undertake full urinalysis, including for signs of diabetes (glycosuria) and signs of infection (proteinuria)
- Find out whether the person is constipated as this can cause pressure on the bladder leading to urinary incontinence.
- Keep a frequency volume chart and fluid intake chart for three days (Wells 2003). If the person is passing small amounts of urine frequently this could indicate an overactive bladder due to problems in the nervous system.
- Perform an in/out catheterisation or bladder scan to ensure the bladder is being emptied. If residual volume is more than 150mls there may be problems with emptying the bladder (Wells 2003).
- Note the medications the person is taking and check whether they have side effects that can cause frequency in passing urine or incontinence. For example sedatives may cause a decrease in a person’s awareness.
- Find out about the person’s medical condition. Sometimes problems not related to passing urine can impact on continence. For example, congestive heart failure can cause oedema (swollen legs). When the person goes to bed the fluid returns to the circulation which leads to frequency of urine at night (nocturia).
- Observe whether the person needs any help to get to the toilet or help undoing their clothing.
- Check that the toilets are clearly marked and easily accessible.
- If a person has dementia, establish whether they can identify the toilet. If this is not addressed the person may resort to passing urine in inappropriate places.

Assessing urinary incontinence

Talking about incontinence can be uncomfortable. Allowing the person time to tell their story in a private place is likely to maximise the potential for obtaining accurate information. It is essential to find out what impact the incontinence is having on the person’s quality of life and explore the symptoms that the person finds most problematic (Wells 2003). For example, incontinence can affect mood, sex life, or social activities.

Assessment should include the following:

- Ask the person if they have noticed any changes in the way they pass urine, in particular whether there is a change in sensation, eg urgency or burning. Do they find it difficult to get to the toilet on time?
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- If a person has dementia, establish whether they can identify the toilet. If this is not addressed the person may resort to passing urine in inappropriate places.

Urodynamic investigations

Computerised studies of the urinary function (urodynamic investigations) may be used to identify the exact nature of the problem. The person should be psychologically prepared for an invasive procedure that involves insertion of a catheter into the bladder and a rectal line into the rectum. The bladder is then filled with fluid so that bladder symptoms can be seen and analysed on the computer (Wells 2003).

Semi-dependent patients

The nurse should ensure the person has accurate information about causes and treatments. In a care home environment it may also be necessary to educate care staff. Information should be given sensitively and relatives should only be involved with the person’s permission.

Bladder retraining programmes can be helpful for people with urgency and urge incontinence. This involves the person learning to resist the desire to void in order to stretch the bladder and reduce its activity. When it is not possible to improve bladder function with retraining, the preferred nursing approach may be to contain incontinence by taking the person to the toilet regularly. Avoiding the use of incontinence pads in this way can promote a positive body image and promote self esteem.

A pattern of the person’s usual voiding should be established so that using the toilet can be prompted before the person is incontinent. It is important that the regimen is tailored towards the need of the individual rather than the routine of the care home or hospital (Norton 1999).

Dependent patients

The use of continence pads is the most common method of managing incontinence (Wells 2003). A range of products are available and individuals should choose the ones that suit them best. If incontinence pads are used in care homes, staff need to be trained in how to use the product to its maximum effect. It is important to consider the person’s dignity and hygiene and use safe moving and handling techniques when helping a person to change their pad.

Contact with body fluids is likely and so nurses and carers should wear an apron and gloves and follow local policy. Residents are to be left feeling clean and comfortable, and any excoriation and soreness reported to the nurse in charge. It is important that sore areas are washed and dried carefully. Soap may be an irritant and excessive use of creams and talcum powder should be avoided.

Giving care to someone who feels embarrassed and handling body fluids such as urine places huge emotional demands on the nurse and requires sophisticated practical skills. It is crucial that nurses and carers receive the support they require and have their skills acknowledged; this will enable them to sustain a positive attitude towards promoting continence and an empathic approach to those with incontinence.

References