

## Re: Ultrasound-Assisted Prompted Voiding for Management of Urinary Incontinence of Nursing Home Residents: Efficacy and Feasibility

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*Int J Urol* 2016; **23**: 786–790. doi: 10.1111/iju.13156

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27399836>

**Editorial Comment:** Urinary incontinence is a common geriatric syndrome seen in elderly nursing home residents. Extensive prior work has shown that prompted voiding and assisted toileting programs can be effective in decreasing leakage episodes in these settings. However, these types of programs can be challenging to establish and maintain and are typically based solely on time, such as having staff help residents to the toilet every 2 hours. For some individuals this time may be too short or too long, and some may not be able to void or may have already leaked. This approach increases caregiver burden and also is not efficient for patients.

This study used ultrasound measurements and voiding diaries to calculate estimated bladder capacity for each individual. Subsequently residents were monitored by ultrasound, and prompted voiding interventions were used when volumes approached but did not exceed estimated capacity. Overall outcomes were good with significant reduction in absorbent product use in 51.9% of residents, with an 11.8% decrease in costs. The intervention also led to improvements in mental health and emotional role status among caregivers.

This type of intervention may be useful to improve outcomes for patients and to reduce caregiver burden. Continued advancements in ultrasound technology could make this option more feasible and accessible in other settings, including for individuals living at home in the community.

Tomas L. Griebing, MD, MPH

## Re: Understanding Help-Seeking in Older People with Urinary Incontinence: An Interview Study

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*Health Soc Care Community* 2017; **25**: 1061–1069. doi: 10.1111/hsc.12406

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27860034>

**Editorial Comment:** It is well recognized that many people with urinary incontinence (UI) often suffer in silence and do not seek professional help for their condition despite the fact that there are effective available treatments. The factors that influence these decisions can be widely variable and highly personal.

This qualitative research study from the United Kingdom examined predominant reasons why elderly people may not seek help. Structured interviews were conducted in 3 different settings, including a geriatrician led outpatient clinic, a community based, nurse led clinic and a gynecologist led clinic specializing in surgical care. Three major themes emerged from the analysis. Some patients felt that their concerns were “being brushed aside” because their primary care provider did not prioritize UI as a major problem. Others chose to simply “put up with it” because they thought UI was a normal part of the aging process, they had found coping strategies or they did not think treatments were available, or due to embarrassment. However, the third major theme was that “something has to be done” due to perceptions of UI as a serious or potentially life-threatening condition, remarks by relatives or experience of a UI episode in public. Comprehensive geriatric assessment also prompted some to seek treatment.

The results of this study reiterate the need for ongoing public education about UI causes, symptoms and available treatments. Active continence promotion programs and enhanced awareness could help many people seek out appropriate clinical care.

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## Re: Comorbidity and Age Cannot Explain Variation in Life Expectancy Associated with Treatment of Non-Metastatic Prostate Cancer

K. Boehm, P. Dell'Oglio, Z. Tian, U. Capitanio, F. K. H. Chun, D. Tilki, A. Haferkamp, F. Saad, F. Montorsi, M. Graefen and P. I. Karakiewicz

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*World J Urol* 2017; **35**: 1031–1036. doi: 10.1007/s00345-016-1963-7

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27796538>

**Editorial Comment:** As urologists know, prostate cancer is not a uniform disease. This illness occurs in different scenarios with various grades and degrees of aggressiveness. In addition, there are multiple available treatments, some designed with curative intent and others focused on prevention of disease progression.

This study examined the influence of age and underlying comorbidity on life expectancy and noncancer mortality in a large cohort of men treated for prostate cancer using information from the SEER (Surveillance, Epidemiology and End Results) database. A total of 283,125 men 66 years old or older with nonmetastatic prostate cancer were treated with radical prostatectomy (15.5%), brachytherapy (13.9%), external beam radiation therapy (21.4%), androgen deprivation therapy alone (16.3%) or observation (32.8%). Comorbidity was assessed using the Charlson index. Men treated with prostatectomy or brachytherapy had better overall survival compared to the other groups. Neither age by itself nor comorbidity status was predictive of survival outcomes.

The study did not take into account more detailed information on functional status, vulnerability parameters or frailty in calculations of risk, which could have improved prediction sensitivity. As a registry study, it is also possible there was a degree of selection bias. Older men and those with more comorbidities may have been guided toward external beam radiation, androgen deprivation or observation compared to younger and healthier men, who may have been more likely to undergo radical prostatectomy or brachytherapy. Methods to enhance estimation of remaining life expectancy could help guide counseling and shared decision making in geriatric populations.

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