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Hot topic in geriatric medicine

## Consensus document on the detection and diagnosis of urinary incontinence in older people



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### ABSTRACT

Urinary incontinence (UI), one of the Geriatric Giants, is a very common problem in the older person. It especially affects those with comorbidities, polypharmacy and functional impairment, physical as well cognitive, in whom the prevalence could be as high as 70–80%. Despite its very negative effects on quality of life (QOL), UI is still largely undetected and undertreated, due to many different reasons. UI produces numerous negative effects on QOL in older persons. Patients' perception of the impact of UI on their lifestyle is very important, and even mild UI could have a significant impact on QOL. Unfortunately, both detection and index consultation for UI are low, as is the percentage of older persons that receive effective treatment (about 30–50%), in spite of the valid management options available. Also, older persons are less likely than younger age groups to discuss incontinence with their physician and only about half of those with incontinence seek help for their symptoms. Geriatricians should be in the frontline of the detection and diagnosis of UI, which can be considered as the 'Frequently Forgotten Geriatric Giant'. To this effect a multidisciplinary European group of professionals developed this scientific document in order to present the current "state of the art" on the management of Urinary Incontinence in the older population. The aim of this Consensus Document is to increase awareness, as well as knowledge of this under-recognized Geriatric Syndrome, and to facilitate and improve the clinical management of older people with UI.

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## 1. Introduction

Urinary incontinence (UI), one of the Geriatric Giants, described initially by Sir Bernard Isaacs in 1992, and later included in the list of Geriatric Syndromes [1], is a very common problem in the older person. It especially affects those with comorbidities, polypharmacy and functional impairment, physical as well cognitive, in whom the prevalence could be as high as 70–80% [2,3]. Despite its very negative effects on quality of life (QOL), UI is still largely undetected and undertreated, due to many different reasons.

Aging tends to be associated with changing risk profiles for the different types of UI and the ways in which they present. Besides this, the risk factors for the various types of UI (urgency, stress and mixed) also vary. For example, although there is limited evidence, it appears that increased body mass index, diabetes mellitus, cognitive decline, hormone therapy and vaginal trauma or prolapse are associated with developing UI in community dwelling older females. IIN older men, consistent published evidence (level 2–3) suggests that poor general health, limitation in daily activities, stroke, diabetes mellitus, and treatment for prostate cancer (mainly surgery) were associated with higher risk of UI [4]. Also Benign Prostatic Hypertrophy (BPH) is a common risk factor for the development of urgency incontinence in men. In addition to the medical/surgical conditions that these older persons suffer from,

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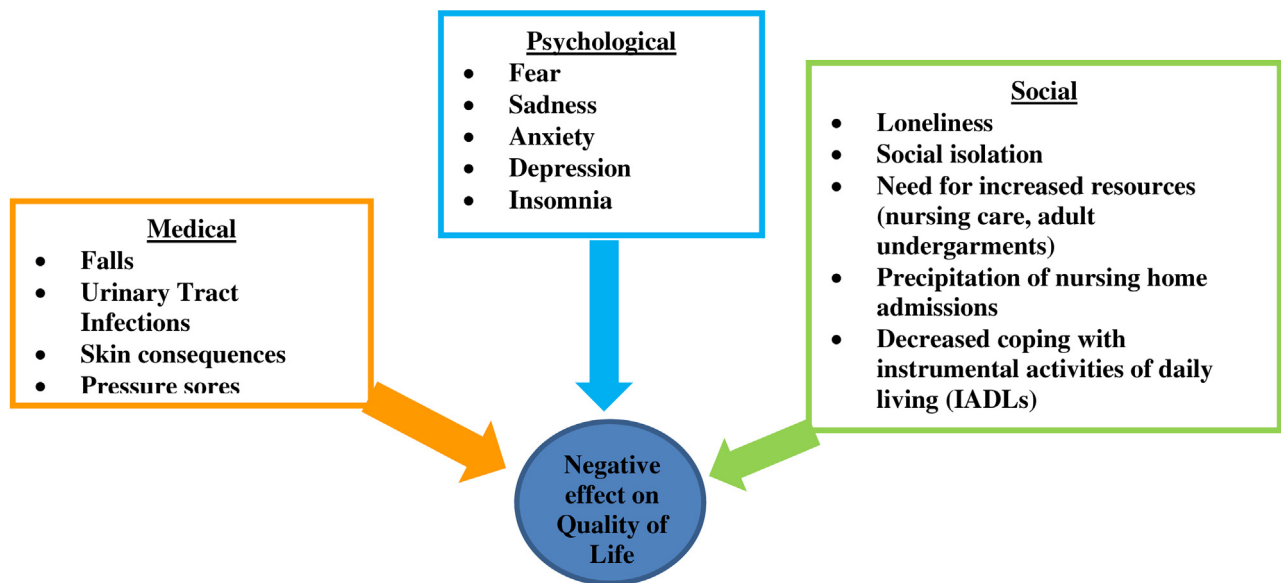


Fig. 1. Effect of urinary incontinence on quality of life in older persons.

medications, such as diuretics and psychotropics, polypharmacy as well as limited functional status are the main risk factors for loss of continence in the frail older population [5].

UI produces numerous negative effects on quality of life (QOL) in older persons (Fig. 1). Perhaps, one of the main clinical problems is the relation of falls to UI, because substantial proportion of falls are related to toileting or attempts to get to the toilet. However, patients' perception of the impact of UI on their lifestyle is very important, and even mild UI could have a significant impact on QOL [6,7].

Over the past 15 years, the International Continence Society and the World Health Organization have strongly recommended the assessment of the impact of UI on QOL by the use of validated questionnaires [8–10]. One of the most practical questionnaires that measure the severity of symptoms of UI as well as its impact on the QOL is the Short Form of the International Consultation Incontinence (ICIQ UI-SF) [11,12]. It is the role of geriatricians to raise awareness among clinicians on the need to document the effects of incontinence on QOL by using validated questionnaires.

Unfortunately, both detection and index consultation for UI are low, as is the percentage of older persons that receive effective treatment (about 30–50% of older patients), in spite of the valid management options available. Also, older persons are less likely than younger age groups to discuss incontinence with their physician and only about half of those with incontinence seek help for their symptoms [13,14].

Geriatricians should be in the frontline of the detection of UI, which can be considered as the 'Frequently Forgotten Geriatric Giant'. To this effect a multidisciplinary European group of professionals developed this scientific document in order to present the current "state of the art" on the management of Urinary Incontinence in the older population. The scientific data has been analyzed and presented using the Oxford Levels of Evidence [15]. The aim of this Consensus Document is to increase awareness, as well as knowledge of this under-recognized Geriatric Syndrome, and to facilitate and improve the clinical management of older people with UI.

## 2. The detection of UI and a proposal of ways to improve detection

There are wide variations in continence care service delivery across the world. Factors affecting the delivery of this service are

population demographics and patient characteristics. These include: cultural differences in disease recognition and reasons to seek healthcare, variations in geographical healthcare access, financial factors, maturity and development of existing continence care provision, the extent to which services are integrated, economic and regulatory levers available to influence healthcare provision, and the application of technology in the delivery of care [16].

Overall, current continence care service delivery does not adequately address this health and social care burden and in several European Union (EU) countries, the funding toward this area of health is far from adequate. This is particularly true for case-finding and provision of initial treatments which could perhaps be a result of the relative lack of continence-related content in higher education training across the major healthcare professional disciplines [16]. In many countries, but particularly in low income ones, continence care is usually not a priority with only basic levels of care performed by community care providers, if at all [16,20].

Up to half of older adults with UI fail to report this syndrome [17,18]. This may be due to embarrassment, lack of knowledge about treatment options, the belief that urinary incontinence is an inevitable part of aging [18] and that the symptoms especially if mild, are unimportant [3,13,14]. Although age-related conditions and changes in bladder and pelvic floor function contribute to the loss of bladder control in older adults, UI should not be considered an inevitable outcome of the normal aging process [17]. Studies suggest that men may be more likely to seek care for UI whereas women are more likely to receive care when they inquire about their symptoms. Despite recommendations that vulnerable older persons should be screened for the presence of UI, physicians are unlikely to inquire about this condition without prompting by the older client [17]. It often happens that although a change in an older person's continence status is detected during the consultation, the response of professionals to this is low, or limited to passing a remark on the inevitability of this pathological condition and giving very conservative therapeutic recommendations such as only suggesting the use of incontinence pads.

Because of a high incidence of UI, lack of self-reporting and because the consequences affect health as well as quality of life [19], all older adults presenting to their primary care physician should be screened for symptoms of UI (level of evidence 3) [19]. Currently no specific screening recommendations are

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