Continence
Current Awareness Bulletin
April 2019

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Title: A national project to develop and validate practice standards for Australian nurse continence specialists.

Citation: Australian & New Zealand Continence Journal; Mar 2019; vol. 25 (no. 1); p. 16-21
Author(s): Ostaszkiewicz, Joan; Thompson, Janie; Watt, Elizabeth

Abstract: Practice standards are authoritative guidelines that: describe the responsibilities and accountability of practitioners; reflect the profession's values and priorities; provide a framework for evaluation of clinical practice; and are a means of communicating a specific role and scope of practice to consumers and other health professionals. The aim of this project was to revise, update and determine the face validity of the draft Practice Standards for the Nurse Continence Specialist in Australia. A mixed-method approach using questionnaires, repeated expert opinion, content analysis and consensus was used to validate the draft versions of the practice standards. The project was undertaken in two interrelated stages. In stage one a purposive sample of 33 registered nurses participated in a workshop and completed an anonymous questionnaire. Data were primarily quantitative and analysed using descriptive statistics. Narrative comments were analysed using content analysis. In stage two 165/287 Continence Nurses Society Australia members completed an online questionnaire related to the application and relevance of the proposed standards. Following each stage, the draft standards document was refined and redrafted. In stage three, 33 workshop attendees completed the questionnaire. Quantitative responses indicated very high levels of agreement (> 94%) with the draft standard statements. In stage two, 165 (57%) members completed the online questionnaire. Quantitative responses indicated very high levels of agreement (97--100%). This iterative and consensus approach resulted in the development and validation of the Continence Nurses Society Australia Practice Standards for the Nurse Continence Specialist in Australia.

Title: Post-Cerebrovascular Accident Unpredictable Incontinence: A Qualitative Analysis of an Interdisciplinary Rehabilitation Team’s Perspective.

Citation: Rehabilitation nursing: the official journal of the Association of Rehabilitation Nurses; vol. 44 (no. 2); p. 69-77
Author(s): Kohler, Myrta; Mayer, Hanna; Kesselring, Juerg; Saxer, Susi

Objective: This study investigates experiences of the interdisciplinary rehabilitation team in the treatment of patients with urinary incontinence after stroke.

Design: A qualitative approach was chosen. Ten members of an interdisciplinary treatment team were interviewed in a neurological inpatient rehabilitation setting.

Methods: Data were obtained via focus groups with nurses, physicians, physiotherapists, and occupational therapists in a rehabilitation clinic. The analysis followed the principles of qualitative content analysis.

Findings: According to the interdisciplinary treatment team, professionals and patients prioritize incontinence treatment differently. Challenges surrounding collaboration, communication, structural conditions, and the perception of intervention success were identified as barriers to promoting continence.

Conclusion: To overcome this discrepancy in treatment priority, awareness of poststroke urinary incontinence must be improved.
Clinical relevance: A key component is communication about urinary incontinence with patients and among team members.

Title: Yoga for treating urinary incontinence in women.

Citation: The Cochrane database of systematic reviews; Feb 2019; vol. 2; p. CD012668

Author(s): Wieland, L Susan; Shrestha, Nipun; Lassi, Zohra S; Panda, Sougata; Chiaramonte, Delia; Skoetz, Nicole

Objectives: Urinary incontinence in women is associated with poor quality of life and difficulties in social, psychological and sexual functioning. The condition may affect up to 15% of middle-aged or older women in the general population. Conservative treatments such as lifestyle interventions, bladder training and pelvic floor muscle training (used either alone or in combination with other interventions) are the initial approaches to the management of urinary incontinence. Many women are interested in additional treatments such as yoga, a system of philosophy, lifestyle and physical practice that originated in ancient India. This study aims to assess the effects of yoga for treating urinary incontinence in women.

Search methods: We searched the Cochrane Incontinence and Cochrane Complementary Medicine Specialised Registers. We searched the World Health Organization International Clinical Trials Registry Platform (WHO ICTRP) and ClinicalTrials.gov to identify any ongoing or unpublished studies. We hand searched Proceedings of the International Congress on Complementary Medicine Research and the European Congress for Integrative Medicine. We searched the NHS Economic Evaluation Database for economic studies, and supplemented this search with searches for economics studies in MEDLINE and Embase from 2015 onwards. Database searches are up-to-date as of 21 June 2018.

Selection criteria: Randomised controlled trials in women diagnosed with urinary incontinence in which one group was allocated to treatment with yoga.

Data collection and analysis: Two review authors independently screened titles and abstracts of all retrieved articles, selected studies for inclusion, extracted data, assessed risk of bias and evaluated the certainty of the evidence for each reported outcome. Any disagreements were resolved by consensus. We planned to combine clinically comparable studies in Review Manager 5 using random-effects meta-analysis and to carry out sensitivity and subgroup analyses. We planned to create a table listing economic studies on yoga for incontinence but not carry out any analyses on these studies.

Main results: We included two studies (involving a total of 49 women). Each study compared yoga to a different comparator; therefore we were unable to combine the data in a meta-analysis. A third study that has been completed but not yet fully reported is awaiting assessment. One included study was a six-week study comparing yoga to a waiting list in 19 women with either urgency urinary incontinence or stress urinary incontinence. We judged the certainty of the evidence for all reported outcomes as very low due to performance bias, detection bias, and imprecision. The number of women reporting cure was not reported. We are uncertain whether yoga results in satisfaction with cure or improvement of incontinence (risk ratio (RR) 6.33, 95% confidence interval (CI) 1.44 to 27.88; an increase of 592 from 111 per 1000, 95% CI 160 to 1000). We are uncertain whether there is a difference between yoga and waiting list in condition-specific quality of life as measured on the Incontinence Impact Questionnaire Short Form (mean difference (MD) 1.74, 95% CI -33.02 to 36.50); the number of micturitions (MD -0.77, 95% CI -2.13 to 0.59); the number of incontinence episodes (MD -1.57, 95% CI -2.83 to -0.31); or the bothersomeness of incontinence...
as measured on the Urogenital Distress Inventory 6 (MD -0.90, 95% CI -1.46 to -0.34). There was no evidence of a difference in the number of women who experienced at least one adverse event (risk difference 0%, 95% CI -38% to 38%; no difference from 222 per 1000, 95% CI 380 fewer to 380 more). The second included study was an eight-week study in 30 women with urgency urinary incontinence that compared mindfulness-based stress reduction (MBSR) to an active control intervention of yoga classes. The study was unblinded, and there was high attrition from both study arms for all outcome assessments. We judged the certainty of the evidence for all reported outcomes as very low due to performance bias, attrition bias, imprecision and indirectness. The number of women reporting cure was not reported. We are uncertain whether women in the yoga group were less likely to report improvement in incontinence at eight weeks compared to women in the MBSR group (RR 0.09, 95% CI 0.01 to 1.43; a decrease of 419 from 461 per 1000, 95% CI 5 to 660). We are uncertain about the effect of MBSR compared to yoga on reports of cure or improvement in incontinence, improvement in condition-specific quality of life measured on the Overactive Bladder Health-Related Quality of Life Scale, reduction in incontinence episodes or reduction in bothersomeness of incontinence as measured on the Overactive Bladder Symptom and Quality of Life-Short Form at eight weeks. The study did not report on adverse effects.

**Authors’ conclusions:** We identified few trials on yoga for incontinence, and the existing trials were small and at high risk of bias. In addition, we did not find any studies of economic outcomes related to yoga for urinary incontinence. Due to the lack of evidence to answer the review question, we are uncertain whether yoga is useful for women with urinary incontinence. Additional, well-conducted trials with larger sample sizes are needed.

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**Title:** Association of Physical Activity With Urinary Incontinence in Older Women: A Systematic Review.

**Citation:** Journal of aging and physical activity; Mar 2019; p. 1-26

**Author(s):** Faleiro, Deise J A; Menezes, Enaiane C; Capeletto, Eduordo; Fank, Felipe; Porto, Rafaela M; Mazo, Giovana Z

**Objective:** To analyze the scientific evidence on the association of physical activity with urinary incontinence in older women.

**Design:** Searches were performed in MEDLINE, PubMed, CINAHL, Web of Science, SCOPUS, and Science Direct. Observational studies were included. The following search terms were used: urinary incontinence, older adult and physical activity. Methodological quality was assessed using the checklist proposed by Downs and Black (1998).

**Results:** Ten articles were included. Sedentary lifestyle and less 150 minutes/week of physical activity are at risk of developing urinary incontinence. Walking for at least 30 minutes, 600-1500 METs/minutes/week and 600 METs/minutes/week of activities prevent urinary incontinence. Seven studies indicating a good level of methodological quality.

**Conclusions:** Sedentary lifestyle is at risk of urinary incontinence, and walking, moderate and vigorous physical activity are associated with prevent of urinary incontinence.
Title: The CAUTI Prevention Tool Kit: A Professional Practice and Collaborative Project of the Wound, Ostomy and Continence Nurses Society.

Citation: Journal of wound, ostomy, and continence nursing: official publication of The Wound, Ostomy and Continence Nurses Society; vol. 46 (no. 2); p. 154-157

Author(s): Lawrence, Kathleen G; Bliss, Donna Z; Dailey, Maureen; Trevellini, Chenel; Pontieri-Lewis, Vicky

Abstract: In order to address the need for a tool to support hospital-based nurses in catheter-associated urinary tract infection (CAUTI) prevention, the American Nurses Association (ANA) was asked to convene a Technical Expert Panel of stakeholders in CAUTI prevention. The Technical Expert Panel was chaired by the ANA’s Senior Policy Fellow, a certified wound, ostomy and continence (WOC) nurse. The panel comprised 23 representatives, including nurses from specialty practice organizations, nursing affiliated with the ANA, infection control specialists, patient safety authorities, award-winning hospitals using the National Database of Nursing Quality Indicators, and content experts. The Wound, Ostomy and Continence Society appointed 2 representatives to this panel, a key nurse researcher with expertise in this area of care and a former Society President. The CAUTI Prevention Tool Kit, combined with supplemental guidance documents developed, supports WOC nurses and Society members in achieving quality clinical outcomes for their patients.

Title: Validation and Testing of an E-Learning Module Teaching Core Urinary Incontinence Objectives in a Randomized Controlled Trial.

Citation: Female pelvic medicine & reconstructive surgery; vol. 25 (no. 2); p. 188-192

Author(s): Parker-Autry, Candace Y; Shen, E; Nance, Andrea; Butler, Timberly; Covarrubias, Julie B; Varner, Robert E; Richter, Holly E

Objectives: To evaluate the efficacy of a urinary incontinence (UI) e-learning module (ELM) in undergraduate medical education.

Methods: An ELM was developed and validated to teach on UI learning objectives. A 21-item assessment was developed to test knowledge gained. A randomized-controlled trial and parallel nested-cohort study were performed to test the effectiveness of the validated UI-ELM compared with standard methods of UI learning. Students were recruited and enrolled at the onset of their obstetrics and gynecology clerkship. Assignments to either a week-long rotation of gynecologic (GYN) or urogynecologic (UroGyn) surgery were made independent of the study protocol. On the GYN rotation, students were randomly assigned to the UI-ELM intervention or no intervention (control group). The nested-cohort comprised students assigned to the UroGyn rotation. Parametric statistics were applied assessing score changes between the UI-ELM versus control/UroGyn groups.

Results: Eighty-three students rotated between June 2015 and February 2016. Fifty-five were assigned to GYN and randomized: 35 UI-ELM versus 20 no intervention; 28 were assigned to UroGyn. Students randomized to the UI-ELM had greater score improvement compared with controls (between group difference of +2.73; 95% confidence interval, 0.53-4.93; P = 0.02). Knowledge improvement was similar between students exposed to the UI-ELM compared with
those with UroGyn exposure (between group difference, +0.91; 95% confidence interval, -1.05 to 2.88; P = 0.35).

Conclusions: The UI-ELM resulted in greater improvement in UI knowledge among third year medical students compared with traditional methods of learning and similar to those exposed to a UroGyn rotation.

Title: Post-stroke lower urinary system dysfunction and its relation with functional and mental status: a multicenter cross-sectional study.

Citation: Topics in stroke rehabilitation; Mar 2019; vol. 26 (no. 2); p. 136-141
Author(s): Akkoç, Yeşim; Bardak, Ayşe Nur; Ersöz, Murat; Yılmaz, Bilge; Yıldız, Necmettin; Erhan, Belgin; Tunç, Hakan; Koklu, Kurtulus; Alemdaroğlu, Ebru; Doğan, Asuman; Ozisler, Zuhal; Koyuncu, Engin; Şimşir Atalay, Nilgün; Gündüz, Berrin; İşik, Rıdvan; Güler, Ayse; Sekizkardes, Merve; Demir, Yasin; Yaşar, Evren; Sasmaz, Ezgi; Şatır, Özlem

Objective: Review of the literature clearly reveals that little is known about the association between functional and mental status, and Lower Urinary Tract Dysfunction (LUTD) in patients with stroke. The aim of this study was to assess functional and mental status in stroke patients and to identify possible associations with the prevalence, severity and bother of LUTD.

Material and methods: This study was designed as a cross-sectional study and included 260 stroke patients enrolled from six different hospitals in Turkey. The patients were questioned using the Danish Prostatic Symptom Score (DAN-PSS) Questionnaire to evaluate LUTD, and evaluated using the Modified Barthel Index (MBI), Incontinence Quality of Life Questionnaire (I-QoL), and the Mini Mental State Examination (MMSE).

Results: At least one LUTD finding was reported in 243 (93.5%) patients; the most commonly encountered complaint in these patients was nocturia (75.8%). The mean MBI, MMSE, and I-QoL scores were found to be significantly lower in LUTD (+) patients compared to LUTD (-) patients (p = 0.000, p = 0.005, and p < 0.01, respectively). Similarly all parameters (MBI, MMSE, and I-QoL scores) assessed were found to be significantly lower for patients with urinary incontinence than those without incontinence (p = 0.000, p = 0.000, and p < 0.01, respectively).

Conclusion: LUTD is a common problem in patients with stroke. LUTD is associated with poorer cognitive and functional status and the quality of life in these patients. We, therefore, suggest that bladder dysfunction should not be overlooked during rehabilitation of stroke patients.

Title: Causes of and factors that exacerbate faecal incontinence in older people.

Citation: British journal of community nursing; Mar 2019; vol. 24 (no. 3); p. 134-138
Author(s): Butcher, Lesley

Title: Design and psychometric testing of the attitude towards the prevention of incontinence-associated dermatitis instrument (APrlAD).

Citation: International Wound Journal; Apr 2019; vol. 16 (no. 2); p. 492-502
Author(s): Van Damme, Nele; Van Hecke, Ann; Himpens, Annelies; Verhaeghe, Sofie; Beeckman, Dimitri

Abstract: Despite the availability of a range of skin care products for the prevention of incontinence-associated dermatitis (IAD), prevalence remains high. Nurses' attitude is an important determinant to take into account in quality improvement projects. This study aimed to design a psychometrically test the attitude towards the prevention of incontinence-associated dermatitis instrument (APrIAD). A prospective psychometric instrument validation study was performed in a convenience sample of 217 Belgian nurses. Construct validity and reliability (internal consistency, stability) were tested. The exploratory factor analysis demonstrated a model consisting of four factors and 14 items: (a) beliefs about the impact of IAD on patients, (b) beliefs about team responsibility to prevent IAD, (c) beliefs about personal responsibility to prevent IAD, and (d) beliefs about the effectiveness of IAD prevention products and procedures. Cronbach's $\alpha$ was 0.72 for factor 1, 0.65 for factor 2, 0.63 for factor 3, and 0.47 for factor 4. The intra-class correlation coefficient was 0.689 (95% confidence interval [CI] 0.477-0.825) for the total instrument, 0.591 (95% CI 0.388-0.764) for factor 1, 0.387 (95% CI 0.080-0.626) for factor 2, 0.640 (95% CI 0.406-0.795) for factor 3, and 0.768 (95% CI 0.597-0.872) for factor 4. Psychometric testing of the APrIAD demonstrated adequate validity and reliability measures.

Title: Promoting evidence-based urinary incontinence management in acute nursing and rehabilitation care—A process evaluation of an implementation intervention in the orthopaedic context.

Citation: Journal of Evaluation in Clinical Practice; Apr 2019; vol. 25 (no. 2); p. 282-289

Author(s): Häleberg Nyman, Maria; Forsman, Henrietta; Wallin, Lars; Ostaszkiewicz, Joan; Hommel, Ami; Eldh, Ann Catrine

Objective: Rationale, aims, and objectives: The risk of developing urinary incontinence (UI) is associated with older age and hip surgery. There has been limited focus on factors that promote evidence-based UI practice in the orthopaedic context. The aim of this study was to evaluate an implementation intervention to support evidence-based practice for UI in patients aged 65 or older undergoing hip surgery.

Methods: A 3-month intervention was delivered in 2014 to facilitate the implementation of UI knowledge in orthopaedic units in 2 hospitals in Sweden. Each unit appointed a multidisciplinary team of nurses and physiotherapists or occupational therapists to facilitate the implementation. The teams were supported by external facilitators who shared knowledge about UI and implementation science. Interviews, nonparticipant observations, and audits of patient records were performed.

Results: Prior to the intervention, there was no use of guidelines regarding UI. The intervention raised the internal facilitators' awareness of UI risks associated with hip surgery. As internal facilitators shared this information with their peers, staff awareness of UI increased. The teams of internal facilitators described needing additional time and support from managers to implement evidence-based UI care. A management initiative triggered by the intervention increased the documentation of UI and urinary problems in 1 unit.

Conclusion: To promote evidence-based practice related to safe procedures for older people in hospital care, there is a need to better understand strategies that successfully facilitate knowledge
implementation. This study suggests that a multiprofessional team approach is promising for instigating a process towards evidence-based management of UI.

Title: Reducing negative feelings around continence care.

Citation: Nursing & Residential Care; Apr 2019; vol. 29 (no. 4); p. 202-204
Author(s): Holroyd, Sharon

Title: Pharmacologic and Nonpharmacologic Treatments for Urinary Incontinence in Women: A Systematic Review and Network Meta-analysis of Clinical Outcomes.

Citation: Annals of internal medicine; Mar 2019
Author(s): Balk, Ethan M; Rofeberg, Valerie N; Adam, Gahlen P; Kimmel, Hannah J; Trikalinos, Thomas A; Jeppson, Peter C

Objective: Background Urinary incontinence (UI), a common malady in women, most often is classified as stress, urgency, or mixed. This study aims to compare the effectiveness of pharmacologic and nonpharmacologic interventions to improve or cure stress, urgency, or mixed UI in nonpregnant women.

Data Sources: MEDLINE, Cochrane Central Register of Controlled Trials (Wiley), Cochrane Database of Systematic Reviews (Wiley), EMBASE (Elsevier), CINAHL (EBSCO), and PsycINFO (American Psychological Association) from inception through 10 August 2018.

Study Selection: 84 randomized trials that evaluated 14 categories of interventions and reported categorical cure or improvement outcomes.

Data Extraction: 1 researcher extracted study characteristics, results, and study-level risk of bias, with verification by another independent researcher. The research team collaborated to assess strength of evidence (SoE) across studies.

Data Synthesis: 84 studies reported cure or improvement outcomes (32 in stress UI, 16 in urgency UI, 4 in mixed UI, and 32 in any or unspecified UI type). The most commonly evaluated active intervention types included behavioral therapies, anticholinergics, and neuromodulation. Network meta-analysis showed that all interventions, except hormones and perirethral bulking agents (variable SoE), were more effective than no treatment in achieving at least 1 favorable UI outcome. Among treatments used specifically for stress UI, behavioral therapy was more effective than either α-agonists or hormones in achieving cure or improvement (moderate SoE); α-agonists were more effective than hormones in achieving improvement (moderate SoE); and neuromodulation was more effective than no treatment for cure, improvement, and satisfaction (high SoE). Among treatments used specifically for urgency UI, behavioral therapy was statistically significantly more effective than anticholinergics in achieving cure or improvement (high SoE), both neuromodulation and onabotulinum toxin A (BTX) were more effective than no treatment (high SoE), and BTX may have been more effective than neuromodulation in achieving cure (low SoE). Limitation: Scarce direct (head-to-head trial) evidence and population heterogeneity based on UI type, UI severity, and history of prior treatment.

Conclusion: Most nonpharmacologic and pharmacologic interventions are more likely than no treatment to improve UI outcomes. Behavioral therapy, alone or in combination with other
interventions, is generally more effective than pharmacologic therapies alone in treating both stress and urgency UI.

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline, King’s Fund & Health Foundation

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