

# Continence Current Awareness Bulletin

March 2021

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**Title: The influences of prompted voiding for urinary incontinence among older people in nursing homes.**

**Citation:** International Journal of Urological Nursing; Mar 2021; vol. 15 (no. 1); p. 27-32

**Author(s):** Department of Medical Surgical Nursing, Faculty of Nursing, Universitas Jember, Jember Jawa Timur,, Indonesia; Lestari, Cicik; Susanto, Tantut; Rasni, Hanny; Hakam, Mulia; Ridla, Ahmad Zainur

**Abstract:** Research question: What are the influences of prompted voiding (PV) for urinary incontinence (UI) among older people in nursing homes? Research problem: This study aims to evaluate the effects of PV for UI of older people's subjects in nursing homes. Management of UI among older people is needed to overcome the possibility of new problem for older people. A randomized controlled study was performed of pre-test post-test design for 12 subjects (6 of control and 6 of intervention group). An intervention group followed PV instructions for 24 hours during 28 days, while the control group was instructed to urinate in toilet or to use diapers. Outcome variables were measured using incontinence severity index (ISI). There was statistically significant main effect across ISI among intervention group pre- ( $8.67 \pm 1.97$ ) and post- ( $6.67 \pm 2.73$ ) intervention of PV ( $P = .007$ ). While there was statistically significant difference ISI between control and intervention group ( $9.67 \pm 1.86$  vs  $6.67 \pm 2.73$ ) post-intervention of PV ( $P = .005$ ). There was higher reduced ISI in the intervention group ( $\Delta M -2.00 \pm 1.09$ ) after 28 days of PV ( $P = .001$ ). PV could be used to increase the older people's initiative to go to toilet and decrease incontinence episodes during a short time by their self in the nursing home.

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**Title: Which Characteristics of Fecal Incontinence Predispose Incontinence-Associated Dermatitis? A Classification and Regression Tree Analysis.**

**Citation:** Advances in Skin & Wound Care; Feb 2021; vol. 34 (no. 2); p. 103-108

**Author(s):** Hoedl, Manuela; Eglseer, Doris

**Objective:** To investigate which characteristics of fecal incontinence (FI) are predictors for incontinence-associated dermatitis (IAD) using the Classification and Regression Tree method.

**Design and setting:** Data collected from 2014 to 2016 during the Austrian Nursing Quality Measurement 2.0, an annually conducted, cross-sectional, multicenter prevalence study, were merged and analyzed.

**Main outcome and measures:** The duration, frequency, and amount of FI were used as predictors for IAD. Nurses were asked if the participants suffered from IAD based on their clinical judgment (yes/no).

**Main results:** In total, 1,513 participants with FI were included in this analysis. More than 75% of the participants with FI were to a great extent or completely care dependent. Of all FI participants, nearly 6% suffered from IAD, and more than 70% received special skin care for IAD prevention. Participants with FI had the highest risk of developing IAD if they experienced FI every day, had FI for less than 3 months, and had developed the FI in their current institution.

**Conclusions:** Nurses face many challenges while helping patients with FI maintain healthy skin. Knowledge of the results of this study and accumulated knowledge about the specific characteristics of FI that are associated with the development of IAD can help healthcare personnel prevent IAD. Based on these results, improving patient education for persons with newly

diagnosed FI to prevent IAD is recommended. Research studies should use the definition of FI established by the International Continence Society.

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**Title: Management of incontinence-associated dermatitis: A systematic review of monetary data.**

**Citation** International Wound Journal; Feb 2021; vol. 18 (no. 1); p. 79-94

**Author(s):** Raepsaet ; Fourie, Anika; Van Hecke, Ann; Verhaeghe, Sofie; Beeckman, Dimitri

**Abstract:** The objective was to systematically review monetary data related to management of incontinence-associated dermatitis (IAD) in an adult population. Six electronic databases were searched: MEDLINE, CINAHL, Web of Science, EMBASE, The Cochrane Library and EconLit. The search string combined index terms and text words related to IAD and monetary data. The quality of the articles was assessed using the consensus on Health Economic Criteria. Results were synthesised narratively because of methodological heterogeneity. Nine studies were included. Only direct medical costs were reported. The product cost per application for prevention ranged between \$0.05 and \$0.52, and for treatment between \$0.20 and \$0.35. The product cost per patient/day for prevention ranged between \$0.23 and \$20.17. The product cost of IAD prevention and treatment per patient/day ranged between \$0.57 and \$1.08. The cost to treat IAD did not consider the treatment of secondary infection. The calculation of labour cost and total cost differed considerably between studies. Summarising monetary data is a challenge because of heterogeneity in currencies, settings, samples, time horizons, health- and cost outcome valuation, IAD definition and measurements, and included costs. Procedures for health economic evaluations are to be clarified to guarantee valid interpretation and comparison with other studies.

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**Title: Part 1: Continence issues: an overview.**

**Citation:** Journal of Community Nursing; Feb 2021; vol. 35 (no. 1); p. 22-26

**Author(s):** Yates

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**Title: Implementing best available evidence into practice for incontinence-associated dermatitis in Australia: A multisite multimethod study protocol.**

**Citation:** Journal of Tissue Viability; Feb 2021; vol. 30 (no. 1); p. 67-77

**Author(s):** Barakat-Johnson ; Basjarahil, Shifa; Campbell, Jayne; Cunich, Michelle; Disher, Gary; Geering, Samara; Ko, Natalie; Lai, Michelle; Leahy, Catherine; Leong, Thomas; McClure, Eve; O'Grady, Melissa; Walsh, Joan; White, Kate; Coyer, Fiona

**Abstract:** Incontinence-associated dermatitis (IAD) is an insidious and under-reported hospital-acquired complication which substantially impacts on patients' quality of life. A published international guideline and the Ghent Global IAD Categorisation Tool (GLOBIAD) outline the best available evidence for the optimal management of IAD. This study aims to implement the guideline and the GLOBIAD tool and evaluate the effect on IAD occurrences and sacral pressure injuries as well as patient, clinician and cost-effectiveness outcomes. The study will employ a multi-method

design across six hospitals in five health districts in Australia, and will be conducted in three phases (pre-implementation, implementation and post-implementation) over 19 months. Data collection will involve IAD and pressure injury prevalence audits for patient hospital admissions, focus groups with, and surveys of, clinicians, patient interviews, and collection of the cost of IAD hospital care and patient-related outcomes including quality of life. Eligible participants will be hospitalised adults over 18 years of age experiencing incontinence, and clinicians working in the study wards will be invited to participate in focus groups and surveys. The implementation of health district-wide evidence-based practices for IAD using a translational research approach that engages key stakeholders will allow the standardisation of IAD care that can potentially be applicable to a range of settings. Knowledge gained will inform future practice change in patient care and health service delivery and improve the quality of care for patients with IAD. Support at the hospital, state and national levels, coupled with a refined stakeholder-inclusive strategy, will enhance this project's success, sustainability and scalability beyond this existing project. • Incontinence-associated dermatitis (IAD) is a common, underreported skin condition. • This study will implement both IAD best practice guidelines and the GLOBIAD tool. • No study, to date, has implemented the guidelines and tool as a bundled approach. • This study aims to translate evidence into practice to prevent and manage IAD. • This study will be carried out in six acute care hospitals in one Australian state.

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**Title: Physical Therapy Management in Recurrent Urinary Tract Infections: A Case Report.**

**Citation:** Journal of Women's Health Physical Therapy; Jan 2021; vol. 45 (no. 1); p. 27-33

**Author(s):** Divine ; McVey, Lisa

**Objective:** Pelvic floor dysfunction is linked to urinary incontinence (UI) and urinary tract infections (UTIs). Recurrent UTIs can affect an individual's quality of life, especially emotionally. Literature examining the conservative management of recurrent UTI is mostly in the pediatric and neurologic populations, not the general adult population. Therefore, the purpose of this case report is to describe the physical therapy (PT) management of a patient with a 10-year history of uncomplicated UTIs and UI.

**Case Description:** This case describes the management for a 50-year-old woman referred to PT for UI, UTIs, urinary urgency/frequency, and pelvic pain. PT interventions included bladder retraining, surface electromyography biofeedback, electrical stimulation, therapeutic exercises, patient education, and a progressive home exercise program.

**Outcomes:** Following 6 PT sessions over a 6-week period, the patient reported decreased urinary symptoms and resolution of UI. The Urinary Impact Questionnaire (UIQ) improved by 18% and the Focus on Therapeutic Outcomes Pelvic Floor Dysfunction Questionnaire (FOTO PFDI) improved by 8%. The patient reported no recurrence of UTIs at 3 months post-discharge.

**Discussion:** A PT program designed to improve pelvic floor strength and coordination may have contributed to a decrease in UTI frequency and elimination of UI within a 3-month time frame. PT could provide a conservative treatment option for uncomplicated recurrent UTI and UI to improve the social/emotional impacts of symptoms and reduce antibiotic use. Future studies are needed to see the long-term effects of PT on UTI frequency.

**Title:** Urinary incontinence 'significantly associated with poor quality of life'.

**Citation:** Practice Nursing; Jan 2021; vol. 32 (no. 1); p. 38-38

**Author(s):** Winter

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**Title:** Burdens and Educational Needs of Informal Caregivers of Older Adults With Urinary Incontinence: An Internet-Based Study.

**Citation:** Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses; Feb 2021

**Author(s):** Davis, Nicole J; Parker, Veronica G; Lanham, Janice; Love, Christina R; Christy, Margaret R; Poetzschke, Eve; Wyman, Jean F

**Objective:** The purpose of this study was to describe the burden and educational needs of informal caregivers of care-dependent older adults with urinary incontinence (UI).

**Design:** A cross-sectional, descriptive survey of informal caregivers recruited through Google Ads was performed.

**Methods:** An online survey, including the Overactive Bladder-Family Impact Measure, was used to assess five areas of the experience of the informal caregiver that may be affected by caring for a person with UI and their educational needs.

**Findings:** Respondents (n = 77) reported a substantial impact of their care recipients' UI on their lives, with concern, travel, and social subscales most affected. However, 42% never sought treatment on behalf of their care recipient. Educational needs included UI treatment strategies and guidance to select appropriate supplies.

**Conclusions:** Caregivers underreported their care recipient's UI and need substantially more support from healthcare providers to manage the condition.

**Clinical relevance:** Nurses should assess for UI among care-dependent older adults and, if present, provide information and strategies to lessen the impact on caregiver lives.

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**Title:** Problems people with spinal cord injury experience accessing help with bowel care when hospitalised outside a specialist spinal injury service.

**Citation:** Journal of clinical nursing; Feb 2021

**Author(s):** Pryor, Julie; Haylen, Denise; Fisher, Murray

**Objectives:** To examine the nature of problems experienced by people with spinal cord injury when accessing help to maintain recommended bowel regimes while hospitalised outside a specialist spinal injury service.

**Background:** Bowel dysfunction is one particularly undesirable aspect of life with a spinal cord injury, with constipation and incontinence common.

**Design:** Descriptive qualitative

**Methods:** Accounts of problems encountered in hospitals in New South Wales Australia collected during interviews with 11 people living with spinal cord injury and 12 responses provided by spinal

clinicians via an online survey were subjected to thematic analysis. The COREQ guidelines were followed for reporting.

**Results:** There were similarities across data collected from both sources. Individuals with spinal cord injury described instances where their bowel care needs did not fit with the pace and processes in acute hospitals. The clinician' data pointed to a failure of healthcare professionals to assist people with spinal cord injury to maintain bowel care regimes recommended by specialist spinal services. Both groups described times when bowel care received was unreliable and fragmented, along with reports of staff who were unwilling and/or unable to provide the assistance required. Many and varied physical and psychosocial repercussions for individuals were associated with these system failures. In some instances, rather than restoring health, being admitted to hospital represented a significant health risk.

**Conclusion:** A failure of hospital systems to meet the bowel care needs of people with spinal cord injury when hospitalised outside a specialist spinal unit was identified. System and individual factors contributed to these problems, hence addressing them requires both system and individual responses.

**Relevance to clinical practice:** If this problem is left unaddressed, the health and quality of life of people with SCI will continue to be compromised. Nursing scope of practice needs to be clarified and communicated to nurses outside specialist spinal injury units in relation to their role in maintaining bowel care regimes recommended for their patients by spinal specialists, and nurses need to ensure they possess the skills required. To allocate the time needed to provide this care individual nurses need the support of the whole nursing team, including managers who are prepared to arrange additional staff when needed.

## 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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