

# Continence

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**April 2025**

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### 1. Trends in level of education and area of residence of users of a mobile app to support treatment of urinary incontinence

**Authors:** Asklund, Ina;Åhman, Stina;Lindam, Anna and Samuelsson, Eva

**Publication Date:** 2025

**Journal:** BMC Health Services Research 25(1), pp. 1–9

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### 2. Association Between Dietary Live Microbe Intake and Chronic Diarrhea and Fecal Incontinence: A Cross-Sectional NHANES 2005-2010 Study

**Authors:** Ding, Liang;Duan, Jinnan;Hou, Junjie;Yang, Tao;Yuan, Mengping;Ma, A. H. and Qin, Yuehua

**Publication Date:** 2025

**Journal:** Journal of the American Nutrition Association 44(4), pp. 342–352

**Abstract:** Objective: We explored potential relationships between dietary live microbe intake and chronic diarrhea (CD) and fecal incontinence (FI).; Methods: We conducted a cross-sectional retrospective study based on the National Health and Nutrition Examination Survey (NHANES) database. Participants were categorized into three groups according to the Sanders classification system (low, medium, and high dietary live microbe groups). CD and FI were defined using a bowel health questionnaire. Logistic regression and restricted cubic spline (RCS) analyses were performed on weighted data to explore potential relationships.; Results: In univariate logistic regression analyses, participants in the high dietary live microbe group exhibited a lower CD prevalence when compared to those in the low group (odds ratio (OR) = 0.58, 95% confidence interval (CI): 0.43-0.79). After adjusting for covariates, model 2 (OR = 0.69 95% CI: 0.49-0.96) and model 3 (OR = 0.66 95% CI: 0.45-0.96) data were consistent with model 1 data. No significant association was identified between dietary live microbe intake and FI. Withal, subgroup analyses revealed significant associations between high dietary live microbes and CD in males or participants without abdominal obesity, hypertension, diabetes, and sleep disorder (  $p < 0.05$ ).; Conclusions: In this cross-sectional study, consuming foods

rich in live microbes may exert positive effects on CD risk. This finding may facilitate new management strategies for CD.

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### **3. Pelvic floor muscle training by competitive rhythmic gymnasts at regular training sessions did not reduce urinary incontinence: a cluster-randomised trial**

**Authors:** Gram, Marte Charlotte Dobbertin;Fagerland, Morten Wang and Bø, Kari

**Publication Date:** 2025

**Journal:** Journal of Physiotherapy 71(2), pp. 117–124

**Abstract:** Question: What is the effect of an expanded warm-up program including pelvic floor muscle training (PFMT) compared with usual warm-up on bother and prevalence of urinary incontinence (UI) among rhythmic gymnasts? What is the self-perceived effect of PFMT, including its progression over time, assessed via the global rating of change?; Design: A cluster-randomised controlled trial with concealed allocation and intention-to-treat analysis.; Participants: Gymnasts had to be  $\geq 12$  years of age and training in rhythmic gymnastics  $\geq 3$  days/week. Twenty-three rhythmic gymnastics clubs were randomised to an experimental group (12 clubs, 119 gymnasts) or a control group (11 clubs, 86 gymnasts).; Intervention: The experimental group performed one set of 8 to 12 near-maximum pelvic floor muscle contractions and exercises for the knees, lower back and hip/groin as warm-up before each training session for 8 months. The control group continued rhythmic gymnastics training as usual without PFMT or additional lower back and lower limb exercises.; Outcome Measures: Primary outcomes were bother from UI (score 0 to 21) and prevalence of UI, each measured by the International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI-SF). The secondary outcome measure was the self-perceived effect and its progress over time, assessed using the global rating of change (-5 to 5).; Results: The difference between the groups in the ICIQ-UI-SF total score (ie, UI bother) was clearly negligible (MD -0.48, 95% CI -1.27 to 0.31). The prevalence of UI reduced from 46 to 41% in the experimental group and increased from 32 to 34% in the control group; despite this, the risk difference at 8 months was negligible (RD 0.07) and the confidence interval spanned mainly negligible effects (95% CI -0.08 to 0.21). Experimental group participants rated their global change at a mean of 2.1 (SD 1.7).; Conclusion: Eight months of warm-up before rhythmic gymnastics training sessions that included one set of 8 to 12 near-maximum PFM contractions did not reduce UI bother. The effect on UI prevalence was also likely to be negligible, despite experimental group participants perceiving benefit from the intervention.; Registration: ClinicalTrials.gov NCT05506579. (Copyright © 2025 Australian Physiotherapy Association. Published by Elsevier B.V. All rights reserved.)

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### **4. Treatment options for postoperative faecal incontinence after colorectal surgery**

**Authors:** Hamilton, Conor Thomas and McCloy, Oonagh

**Publication Date:** 2025

**Journal:** British Journal of Community Nursing 30, pp. S12–S18

**Abstract:** Postoperative faecal incontinence is a common and challenging complication following colorectal surgery, significantly impacting patients' quality of life. This article provides an overview of the types of colorectal surgical interventions that may contribute to faecal incontinence and explores various treatment options, ranging from conservative management to surgery. Conservative approaches include dietary modifications, bowel training and pharmacological treatments such as bulking agents, antidiarrhoeal medications and biofeedback therapy. For patients with persistent symptoms, advanced therapies such as sacral and tibial nerve stimulation are considered. Surgical options including sphincter repair, pouch formation, artificial anal sphincter implant or colostomy may be required for severe cases. The article reviews the most common treatment modalities, emphasising the importance of an individualised approach. Multidisciplinary care involving colorectal surgeons, physiotherapists and gastroenterologists is essential for optimising outcomes. Ultimately, the

management of postoperative faecal incontinence requires careful assessment of the underlying cause, severity of symptoms and patient preferences to guide treatment selection.

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## 5. Unravelling the Links Between Urine Leakage, Frequency, Types of Incontinence and Stigma in Older Adults: A Cross-Sectional Study

**Authors:** He, HaoChong;Zhou, LaiDi;Zhang, QiaoLing;Liu, Ye;Jiang, TianXiang;Tian, XiaoMiao and Yan, XiuMei

**Publication Date:** 2025

**Journal:** Journal of Advanced Nursing

**Abstract:** Background: Urinary incontinence, often perceived as embarrassing, perpetuates the stigma that delays treatment and encourages concealment. This stigma significantly diminishes quality of life and imposes both financial and medical burdens. Although prior research has examined stigma reduction in urinary incontinence, it persists as a widespread issue. Most studies have focused on interviews, primarily addressing urine leakage, with a limited understanding of the factors influencing urinary incontinence stigma and their interrelations. More in-depth quantitative studies are crucial to inform targeted interventions.; Aim: (1) To develop targeted interventions aimed at alleviating urinary incontinence-related stigma in older adults. (2) To identify factors that mitigate stigma in older adults with urinary incontinence. (3) To examine the associations between these factors and stigma.; Design: Cross-sectional survey.; Method: A cross-sectional survey was conducted with 510 older adults across three hospitals in Guangdong from July 2022 to January 2024, utilising the SSCI-24 and Incontinence Severity Index. Three multivariate linear regression models, adjusted for covariates based on directed acyclic graphs, were employed to explore the relationships between variables and stigma. Additionally, subgroup analyses were performed.; Results: Participants reported higher levels of self-stigma compared to perceived stigma. Multivariate analysis revealed significant associations between urinary incontinence type, severity, frequency of micturitions and stigma. Key factors contributing to stigma reduction include managing incontinence severity, reducing frequency of micturitions and preventing the progression to mixed incontinence.; Conclusion: The study identified associations between urinary incontinence characteristics-type, severity and frequency of micturitions-and stigma. Strategies for stigma reduction are proposed, underscoring the vital role of nurses in this process.; Impact: The findings of this study contribute to a deeper understanding of stigma surrounding urinary incontinence in older adults and provide insights for developing more effective interventions by healthcare professionals and community caregivers.; Reporting Method: This study adhered to the STROBE checklist for observational studies.; Patient or Public Contribution: No patient or public contribution. (© 2025 John Wiley & Sons Ltd.)

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## 6. Neural Mechanisms of Poststroke Urinary Incontinence: Results From an fMRI Study

**Authors:** Kreydin, Evgeniy I.;Abedi, Aidin;Morales, Luis;Montero, Stefania;Kohli, Priya;Ha, Nhi;Chapman, David;Abedi, Armita;Ginsberg, David;Jann, Kay;Harvey, Richard L. and Liu, Charles Y.

**Publication Date:** 2025

**Journal:** Stroke

**Abstract:** Background: Urinary incontinence after a stroke significantly affects patient outcomes and quality of life. It is commonly associated with uninhibited detrusor contractions, but the underlying neural mechanisms remain poorly understood. This study aimed to explore the brain activity patterns associated with volitional and involuntary bladder contractions in stroke survivors.; Methods: This cohort study enrolled 15 stroke survivors with documented urinary incontinence and 9 healthy controls. Participants underwent simultaneous blood oxygen level-dependent functional magnetic resonance imaging of the brain and urodynamics, capturing 25 involuntary and 23 volitional bladder emptying events in patients with stroke and 35 volitional voiding events in healthy individuals. We used general linear modeling in functional magnetic resonance imaging analysis to discern neural activity patterns

during these events and in the phases leading up to them, aiming to identify neural mechanisms underlying involuntary versus volitional urinary control. Statistical significance for neuroimaging analyses was set at  $P < 0.005$  with a minimum cluster size of 25 voxels.; Results: During volitional emptying events, both healthy controls and stroke survivors exhibited increases in activation in regions implicated in sensorimotor control and executive decision-making, such as the brainstem, cingulate cortex, prefrontal cortex, and motor areas. In contrast, involuntary emptying events were associated with minimal changes in brain activity, suggesting minimal cortical involvement. Bladder filling preceding volitional contractions was associated with activity in the salience network (insula, anterior cingulate gyrus) in stroke survivors and healthy controls. Conversely, although there was an increase in overall blood oxygen level-dependent signal, activation of the salience network was conspicuously absent during bladder filling preceding involuntary contractions.; Conclusions: The findings suggest that the salience network plays an important role in maintaining urinary continence in stroke survivors. The inability to activate the salience network may underpin the pathophysiology of poststroke urinary incontinence. Interventions aimed at modulating this network could potentially ameliorate lower urinary tract symptoms in this patient population.; Registration: URL: <https://www.clinicaltrials.gov>; Unique identifier: NCT05301335.

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## **7. Systemic sclerosis–related fecal incontinence: a scoping review focusing on a neglected manifestation**

**Authors:** Lescoat, Alain; Zimmermann, François; Murray, Charles D.; Khanna, Dinesh; Hughes, Michael and McMahan, Zsuzsanna H.

**Publication Date:** 2025

**Journal:** Rheumatology 64(4), pp. 1609–1626

**Abstract:** Objectives This scoping review sought to summarize the current knowledge on the epidemiology, pathogenesis and clinical presentation of, and the investigations that may help characterize faecal incontinence (FI) in patients with SSc. Methods The planned scoping review was based on the methodological framework proposed by Arksey and O'Malley. Two databases were screened: PubMed (Medline), (Web of Science), and data extraction was performed using a predefined template. Results A total of 454 abstracts were screened and 61 articles were finally included, comprising 32 original articles. The prevalence of FI was 0.4% to 77% in original articles that did not use FI among the mandatory inclusion criteria. Internal anal sphincter was reported as more impacted than external sphincter and vasculopathy of arterioles and extracellular matrix deposition with fibrous replacement of the internal sphincter were the key underlying pathogenic events. The most represented patient-reported outcome in original articles was the Wexner FI score (22% of original articles) followed by the UCLA SCTC-GIT 2.0 (16% of original articles). Although there is no validated diagnostic approach for FI in SSc, 47% of original articles used anorectal manometry to assess rectal physiology in SSc patients. Conservative measures to treat either liquid or hard stool including anti-diarrhoeal medications and dietary adjustments were the first step of proposed FI management in included narrative reviews and guidelines. Conclusion This is the first scoping review exploring FI in SSc. We propose a new research agenda which may help improve treatment strategies and foster research focusing on a neglected manifestation of SSc.

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## **8. App-Based Interventions for Fecal Incontinence: App Usability, User Engagement, and Global Improvement**

**Author:** Patel, U., Keyser, L., Brown, H. and Giles, D.

**Publication Date:** 2025

**Publication Details:** Obstetrics & Gynecology, 145, (5) pp.105S. , Baltimore, Maryland: Lippincott Williams & Wilkins.

**ISSN/ISBN:** 0029-7844

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### 9. 242 - Exploring physiotherapy management for urinary incontinence in postpartum women: a scoping review

**Authors:** Poloni, B. and Rowell, S.

**Publication Date:** 2025

**Journal:** Physiotherapy 126, pp. N.PAG

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### 10. Bulking Agents in Male Stress Incontinence

**Authors:** Przydacz, Mikolaj;Russo, Giorgio I.;Linder, Brian J. and Goldman, Howard B.

**Publication Date:** 2025

**Journal:** European Urology Focus

**Abstract:** Bulking agents have attracted interest as a minimally invasive treatment for postprostatectomy stress urinary incontinence (PPSUI). The efficacy of bulking agents is modest and success rates vary widely, with short-term improvements reported for some patients but with a decline in durability over time. In comparison to artificial urinary sphincters and male slings, bulking agents are associated with lower continence rates and higher risk of failure. Complication rates depend on the agent used, but most adverse effects are mild. Patient selection is critical, with better outcomes observed for mild to moderate incontinence. Although newer agents show promise, standardized protocols and long-term studies are needed to clarify the efficacy of new bulking agents in PPSUI management. **PATIENT SUMMARY:** Bulking agents can help temporarily with urine leakage after prostate surgery, but they are less effective than other treatments. Their benefits often fade over time, and more research is needed to assess their long-term usefulness. (Copyright © 2025 European Association of Urology. Published by Elsevier B.V. All rights reserved.)

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### 11. The impact of incontinence on mental health

**Authors:** Robson, Myra

**Publication Date:** 2025

**Journal:** British Journal of Community Nursing 30, pp. S39–S42

**Abstract:** Bladder and bowel issues, particularly those related to continence, can significantly impact an individual's mental health. These challenges often lead to isolation, anxiety, stress, depression and social anxiety, all of which can profoundly affect a person's quality of life. Healthcare professionals are uniquely positioned to recognise these concerns and incorporate them into assessments for bladder and bowel health. By actively listening, offering empathy and guiding patients toward further support- alongside providing practical treatment and management strategies- clinicians can play a vital role in delivering comprehensive care. This article explores common bladder and bowel issues, the psychological and social challenges they present, and the difficulties both patients and healthcare professionals face in addressing and managing them.

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### 12. Giggle incontinence and facial emotion recognition deficits: a rare condition with a new insight into management

**Authors:** Zhang, Yiyuan;Lu, Fang;Mao, Ruitao and Jin, Lihua

**Publication Date:** 2025

**Journal:** Neurocase , pp. 1–5

**Abstract:** Giggling incontinence(GI), although uncommon, can have a profound effect on a patient's quality of life, especially in adolescent females. A case study involving a 4-year-old girl who developed urinary incontinence symptoms following a traumatic brain injury from a motor vehicle accident and subsequent loss of her parents highlights the challenges in managing this condition after 4 months. Despite conventional treatments such as pelvic floor exercises and cognitive therapy, the patient's symptoms persisted. Unexpectedly, during facial expression recognition training, the guardian reported a notable improvement in the patient's symptoms. Following 45 days of specialized training in facial expression recognition, the patient experienced a complete resolution of GI symptoms. The initial objective of the intervention was to mitigate impairments in facial expression recognition, a social deficit that can have deleterious effects on development. However, the observed correlation between GI symptoms and regulation of brain areas was evident, compounded by the patient's concomitant frontoparietal brain injury and parental loss, which may have contributed to both GI symptoms and facial expression recognition impairments. This case report provides new insights into the intervention of GI symptoms and common emotional expression recognition disorders in the mental health field.

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### **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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