

# Continence

## Current Awareness Bulletin

December 2025

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

**Please contact the Academy Library to request any articles:**

 [ruh-tr.library@nhs.net](mailto:ruh-tr.library@nhs.net)

 [01225 82 4897/4898](tel:01225824897/4898)



Carry out basic searches using the Knowledge and Library Hub.



Sign up to NHS OpenAthens to access our subscriptions.



Contact us to receive our bulletins via email each month.



Get personalised alerts via our KnowledgeShare service.

[ruh.nhs.uk/library](http://ruh.nhs.uk/library)

## New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**  
45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.  
**Next sessions: 22<sup>nd</sup> January 2026 @ 2pm and 13<sup>th</sup> February 2026 @ 3pm**
- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**  
30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.  
**Next sessions: 16<sup>th</sup> January 2026 @ 10am and 2<sup>nd</sup> February 2026 @ 11am**
- **Quickfire health literacy: communicating with patients more effectively**  
30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.  
**Next sessions: 7<sup>th</sup> January 2026 @ 2pm and 19<sup>th</sup> February 2026 @ 3pm**

Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

---

Pinderfields Hospital is first NHS organisation to pilot new rapid urine testing system - A locally developed test for adults presenting with symptoms which could be a UTI promises to provide faster and more accurate results. With results provided within an hour, clinicians are able to make quicker, evidence-based decisions on treatment and management.

---

### 1. Effects of Training Interventions to Treat Postpartum Urinary Incontinence: A Meta-Analysis

**Authors:** Gallego-Gómez, Cristina; Núñez de Arenas-Arroyo, Sergio; Torres-Costoso, Ana; Rodríguez-Gutiérrez, Eva; Martínez-Vizcaíno, Vicente; Martínez-Bustelo, Sandra; Quezada-Bascuñán, Claudia Andrea; Basco-López, Julián Ángel and Ferri-Morales, Asunción

**Publication Date:** 2026

**Journal:** BJOG: An International Journal of Obstetrics & Gynaecology 133(2), pp. 243–252

---

### 2. Assistive technology products for toilet-use and continence containment problems in the home setting: A mapping review

**Authors:** Woodhouse, Marjolein; Avery, Miriam; Woods, Lois; Scott, David Alexander; Fader, Mandy; Macaulay, Margaret; Ashton, Karen and Murphy, Catherine

**Publication Date:** 2026

**Journal:** International Journal of Nursing Studies 173, pp. N.PAG

**Abstract:** This study aimed to identify common toilet-use and continence containment problems among community-dwelling adults, explore the range of assistive products available for these issues, and map the products identified to the problems they address. A mapping review methodology was employed,

modified to include grey literature, to identify the full range of toilet-use and continence containment assistive products that are designed for use in the home setting. An initial inventory of toilet-use and continence containment problems was derived from toilet-use task sequence analysis and commonly occurring containment challenges. This was supplemented by scoping searches of grey literature and refined with feedback from partner representatives. Assistive products were identified through structured online searches and review of seminal texts. A nurse researcher with community health experience then mapped the categories of assistive products to the identified problems. Thirty-three toilet-use and containment problems were identified, stratified into 295 subproblems based on end-user characteristics, including physical and cognitive function, and urinary or faecal voiding needs. The search revealed 163 categories of assistive products and mapping these to the subproblems resulted in more than 1500 product-to-problem links. No suitable assistive product options were identified for six sub-problems. Given the diversity of toilet-use and containment challenges faced by community-dwelling individuals and the array of available assistive products, this novel study highlights the complexity of matching products to individual needs. These findings emphasise the need for better resources to support individuals, caregivers and healthcare professionals in optimising decision-making on and selection of toilet-use and continence containment products.

---

### **3. The incontinence tool kit**

**Publication Date:** 2025

**Journal:** Harvard Health Letter 51(2), pp. 6–7

**Abstract:** The article focuses on various tools and strategies to manage urinary incontinence, a condition that can develop gradually and may require medical consultation when it becomes frequent. It discusses medications, such as anticholinergics and beta-3 agonists, which can help reduce urine leaks, as well as standard supplies like adult briefs, protection pads, and adaptive clothing designed for ease of use. Additionally, it highlights the importance of lifestyle changes, pelvic floor training, and the use of gadgets like bed-wetting alarms and bathroom locator apps to enhance comfort and control. The article emphasizes the need for open discussions about incontinence to improve awareness and treatment options.

---

### **4. The contribution of advanced practitioners to equitable and person-centred continence care**

**Authors:** Alsararatee, Hasan H.

**Publication Date:** 2025

**Journal:** British Journal of Nursing 34(22), pp. 1110–1116

**Abstract:** Continence problems remain widespread across community and secondary care, yet provision in the UK continues to be shaped by inequities, fragmented commissioning, stigma and variation in workforce capability. This article examines the contribution of advanced practitioners (APs) to continence care through the four pillars of practice and considers how their clinical expertise, leadership influence, educational role and engagement with research can strengthen assessment, co-ordination and person-centred support. Evidence from national reports and existing studies demonstrates the need for improved pathways, enhanced staff capability and dignity-focused practice, particularly for populations affected by frailty, cognitive impairment, or cultural and communication barriers. By integrating comprehensive assessment, sensitive communication, culturally responsive engagement and informed use of innovation, APs can advance equitable continence provision and improve the lived experience of individuals with bladder and bowel needs. The article concludes that AP-led practice is essential for progressing continence care within a system that requires greater consistency, stronger evaluation and sustained attention to wellbeing and quality of life.

---

### **5. What is currently known about female genital mutilation and incontinence: a narrative literature review**

**Authors:** Kingston, Charlotte; Hassan, Amira; Kaur, Harjinder and Cotterill, Nikki

**Publication Date:** 2025

**Journal:** Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 45(1), pp. 2508980

**Abstract:** Background: An estimated 230 million girls and women are living with female genital mutilation (FGM) which causes ongoing physical and psychological harm. This review aims to explore what is known about FGM and incontinence, including the underexamined implications for women's health, and identify gaps in the literature.; Methods: A comprehensive database search was conducted using MEDLINE, CINAHL Plus, APA Psych Info, AMED, Child Development and Adolescent Studies, and PubMed. To gather all relevant complications of FGM, no restrictions were imposed on date or study type. Themes were identified by organising the 20 eligible articles by symptom type.; Results: The findings indicate that urological symptoms such as dribbling incontinence, slow micturition, urgency, stress incontinence and overactive bladder are prevalent among women who have undergone FGM. Additional complications include fistulas, pelvic organ prolapse, somatic symptoms, and urinary tract infections. The impact of FGM and incontinence on quality of life and daily activities remains under-explored, with the lived experiences of affected women largely unreported.; Conclusions: FGM has multiple urogynaecological consequences, with more severe forms causing increased symptoms and associated complications. This review highlights the need for further research into the biopsychosocial impacts of FGM and incontinence to provide evidence-based support for affected women.

---

## 6. Educational Animation Video Improves Knowledge and Health-Seeking Behavior in Women With Urinary Incontinence: A Randomized Controlled Trial

**Authors:** Komon, Wanchat; Aimjirakul, Komkrit; Chinthakanan, Orawee; Wattanayingcharoenchai, Rujira and Manonai, Jittima

**Publication Date:** 2025

**Journal:** Neurourology and Urodynamics

**Abstract:** Background: Urinary incontinence (UI) is a prevalent condition among women, yet many do not seek care due to limited knowledge and stigma.; Objective: To evaluate the effectiveness of a culturally tailored educational animation video in improving UI-related knowledge, health-seeking behavior, and quality of life.; Methods: A randomized controlled trial was conducted among 354 community-dwelling women with UI in Sing Buri, Thailand. Participants were randomized to receive a 4.5 min UI animation video or a control health education session. The primary outcome was UI knowledge proficiency (PIKQ-UI), assessed immediately and at 2-month follow-up. Secondary outcomes included quality of life (IIQ-7) and health-seeking behavior.; Results: The intervention group demonstrated significantly higher UI knowledge proficiency post-intervention (89% vs. 13%, RR 6.67,  $p < 0.001$ ) and at 2 months (42% vs. 13%, RR 3.18,  $p < 0.001$ ). They also reported improved health-seeking behavior (mean score 40.16 vs. 36.33,  $p < 0.001$ ) and better quality of life (IIQ-7 score 25.67 vs. 31.20,  $p = 0.002$ ).; Conclusion: A brief, culturally adapted animation video significantly improved UI knowledge and health-seeking behavior, and was associated with better quality of life compared with controls, although no significant within-group improvement was observed from baseline. This low-cost, scalable intervention may be valuable in resource-limited settings.; Trial Registration: Thai Clinical Trials Registry TCTR20220601002 (retrospectively registered). (© 2025 The Author(s). Neurourology and Urodynamics published by Wiley Periodicals LLC.)

---

## 7. Rehabilitation effect of magnetic stimulation on female stress urinary incontinence: A systematic review and meta-analysis

**Authors:** Li, Na; Li, Li; Zang, Yuantong; Wang, Tiantian; Du, Huiming and Yan, Guanzhong

**Publication Date:** 2025

**Journal:** International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics

**Abstract:** Background: Stress urinary incontinence (SUI) is the predominant form of urinary incontinence in women. While not life-threatening, this condition significantly affects quality of life through social embarrassment, withdrawal, and anxiety. Magnetic stimulation, a non-invasive and convenient intervention, has gained considerable attention. However, its efficacy in SUI is still controversial. Hence, its clinical value needs to be further explored through systematic reviews and meta-analyses.; Objective: To clarify the efficacy of magnetic stimulation therapy for SUI in women.; Search Strategy: Chinese and English studies were searched in PubMed, EMBASE, Cochrane Library, Web of Science, CNKI, and Wanfang Databases up to August 2024.; Selection Criteria: Randomized controlled trials of female SUI were included, focusing on urinary incontinence status, quality of life, urine pad test, urodynamics, pelvic floor muscle strength, and poor pelvic floor electromyographic signal.; Data Collection and Analysis: Information, such as author, study period, study type, age, intervention measures, intervention time, intervention frequency, and outcome indicators was extracted. Review Manager 5.4 and StataSE15.0 were adopted for data analyses. Sensitivity analyses and subgroup analyses were also implemented.; Main Results: In total, 17 studies with 1389 patients were included. The results demonstrated that magnetic stimulation-centered treatment significantly improved urinary incontinence, quality of life, 1-hour pad test results, maximum urethral closure pressure, and fast-twitch contraction potential difference of the pelvic floor muscles. However, the therapy did not show a statistical difference in the 24-hour pad test and pelvic floor muscle strength compared with the control measure.; Conclusion: Magnetic stimulation-based therapeutic strategy can be used to improve SUI in women. However, it could not significantly improve pelvic floor muscle strength. In addition, the limited number and high heterogeneity of some research indicators may undermine the accuracy of the results. Therefore, caution is needed when translating the conclusions into clinical practice. These findings can be further corroborated through large-scale, high-quality multicenter randomized controlled trials. (© 2025 International Federation of Gynecology and Obstetrics.)

---

## 8. Application of Skin Barrier Monitoring Technology in the Early Prediction of Incontinence-Associated Dermatitis: A Prospective Observational Study

**Authors:** Lin, Lulu; Wang, Yuxin; Jin, Jijie; Wang, Yingyu; Lou, Jiaying; Huang, Pan; Jiang, Xiaoqiong; Zhang, Qixia and Cai, Fuman

**Publication Date:** 2025

**Journal:** Dermatology (Basel, Switzerland) , pp. 1–17

**Abstract:** Background: Assessing the risk of incontinence-associated dermatitis (IAD) in clinical settings can be subjective, which makes early detection difficult. We aim to verify the ability of skin barrier monitoring technology (SBMT) in predicting IAD.; Methods: This was a cohort study. Using a convenience sampling method, 330 patients who were admitted to adult intensive care units were included in the study and were monitored for 7 days. The risk of IAD was assessed with the perineal assessment tool (PAT), and skin barrier indicators (SBIs) of the perianal area were measured with a skin barrier instrument once a day.; Results: Skin barrier monitoring technology was better at predicting early incontinence-associated dermatitis than the perineal assessment tool. Relative transepidermal water loss (R-TEWL) was positively correlated with the risk of IAD. Based on the optimal cut-off value for R-TEWL (47.5 g/m<sup>2</sup>h), the Kaplan-Meier survival curve showed that the incidence of IAD in the high-risk group was 9.701-fold higher than that in the low-risk group (hazard ratio: 9.701, 95% confidence interval: 4.560-20.640; P < 0.001).; Conclusion: Skin barrier monitoring technology can objectively and accurately predict incontinence-associated dermatitis. (S. Karger AG, Basel.)

---

## 9. Development of the Pelvi-Fit app for women with urinary incontinence

**Authors:** Niazi, Yusra Mahreen;Riaz, Huma;Naeem, Maria and Saeed, Aruba

**Publication Date:** 2025

**Journal:** European Journal of Obstetrics & Gynecology & Reproductive Biology 315, pp. N.PAG

---

### **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

### **Disclaimer**

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.