

# Contenance

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### March 2026

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### 1. Association between intrinsic capacity and urinary incontinence in community-dwelling octogenarians: Results from the iISIRENTE study

**Authors:** Cacciatore, Stefano;Schlögl, Mathias;Calvani, Riccardo;Russo, Andrea;Tosato, Matteo;Wagg, Adrian;Marzetti, Emanuele and Landi, Francesco

**Publication Date:** 2026

**Journal:** Maturitas 207, pp. 108871

**Abstract:** Background: Urinary incontinence (UI) is common in older adults. The construct of intrinsic capacity (IC) provides a multidimensional framework to assess functional reserves. This cross-sectional study examined the association between IC and UI in community-dwelling octogenarians from the Ageing and Longevity in the Sirente (iISIRENTE) study.; Methods: IC was computed as the mean of standardized (0-100) scores across five domains (locomotion, cognition, vitality, psychological well-being, and sensory function) derived from Minimum Data Set for Home Care (MDS-HC) instruments and supplementary tests. UI was defined as a score of 3 or more on MDS-HC item I1. Associations between IC and UI were examined using logistic regression models adjusted for sociodemographic and clinical covariates. Restricted cubic splines tested linearity.; Results: Among 320 participants (median age 83.9 years [81.7-88.5]; 67.2% women), 35 (10.9%) had UI. Incontinent individuals had a lower total IC score [60.2 (51.5-69.7) vs. 85.2 (76.1-92.7)];  $p < 0.001$ ) and lower scores in the locomotion, cognition, vitality, psychological well-being, and sensory domains. In fully adjusted models, higher IC score was associated with lower odds of UI (per 10-point increase: OR 0.34, 95% CI 0.24-0.48). High IC score was associated with markedly lower odds of UI compared with low IC score (OR 0.07, 95% CI 0.02-0.20). Restricted cubic spline analyses supported linearity ( $p$  for non-linearity = 0.701).; Conclusions: Lower IC scores were associated with higher odds of UI, particularly in locomotion, cognition, vitality, and sensory domains. These findings support UI as a marker of multidimensional vulnerability and highlight the value of IC-oriented assessment to guide multidomain interventions in geriatric care. (Copyright © 2026 The Authors. Published by Elsevier B.V. All rights reserved.)

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### 2. The 24-h pad test in the assessment of post-prostatectomy incontinence: is there still a role for counting pads per day?

**Authors:** Domínguez Argomedo, Raimundo;de Pablos-Rodríguez, Pedro;Palop Moscardó, Alicia;Gómez-Ferrer Lozano, Álvaro;Calvo Bernasconi, Isidora;Casanova Ramón-Borja, Juan Luis and Collado Serra, Argimiro

**Publication Date:** 2026

**Journal:** BJU International

**Abstract:** Objectives: To evaluate the correlation between the pad-per-day (PPD) count and the 24-h pad test (24 h-PT) during the first postoperative year after radical prostatectomy (RP), and to determine the clinical utility of the PPD count for quantitative urinary incontinence (UI) assessment.; Patients and Methods: We retrospectively analysed a prospectively maintained database of 2040 men who underwent RP between 2001 and 2025 at a tertiary referral centre. A total of 8787 paired measurements of PPD count and 24 h-PT were analysed. Urinary leakage was assessed at standardised timepoints (1 week, 6 weeks, 3, 6, and 12 months) using count of PPD and nurse-supervised 24 h-PT. UI severity was classified as mild (400 g). Correlations were calculated using Spearman's  $\rho$ .; Results: The correlation between the PPD count and 24 h-PT was strong across all timepoints and increased over the postoperative year, from  $\rho = 0.77$  at 1 week to 0.99 at 12 months. The overall correlation for all paired measurements was  $\rho = 0.94$  (95% confidence interval 0.93-0.94). The median (interquartile range) 24 h-PT values rose consistently with increasing PPD count categories: from 15 (7-38) g for 1 pad/day to 781 (478-1200) g for  $\geq 5$  pads/day. At 12 months, 94% of men using one pad had urine loss  $< 100$  g, whereas 85% of those using  $\geq 5$  pads/day exceeded 400 g. Intermediate categories (2-4 pads/day) showed wide variability, limiting their discriminative value.; Conclusions: The PPD count shows a strong correlation with 24 h-PT throughout the first postoperative year after RP. Use of 0-1 pad/day effectively excluded moderate-to-severe UI, whereas  $\geq 5$  pads/day reliably identified severe UI. The PPD count is a practical follow-up tool, while 24 h-PT remains necessary for patients using 2-4 pads/day. (© 2026 BJU International.)

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### 3. Which body region's fat accumulation increase the risk of stress urinary incontinence?

**Authors:** Dos Santos Sousa, Ana Jéssica;Mattiello, Stela Márcia;Rodrigues Rocha, Ana Paula;Danna-Dos-Santos, Alessander and Driusso, Patricia

**Publication Date:** 2026

**Journal:** European Journal of Obstetrics, Gynecology, and Reproductive Biology 319, pp. 114957

**Abstract:** The objective of this cross-sectional study was to examine the association between fat mass distribution and stress urinary incontinence (SUI) symptoms, as well as the impact of SUI on daily activities. We assessed sociodemographic characteristics, urinary symptoms, and fat mass (total, android, gynoid, and visceral adipose tissue VAT]). Descriptive statistics, independent t tests, and univariable and multivariable regression analyses were conducted. Women with SUI exhibited significantly higher total, android, gynoid, and VAT fat mass than women without urinary incontinence ( $p < 0.05$ ). Increases in total, android, gynoid, and VAT fat mass were associated with higher odds of SUI by 0.4%, 4.4%, 2.6%, and 31.4%, respectively. VAT fat mass was particularly influential, increasing the likelihood of SUI by 51% (odds ratio OR] 1.51; 95% CI). Greater VAT accumulation was also associated with a 16.0% increase in discomfort related to urinary symptoms and a 9.3% increase in the impact on daily activities among women with SUI. In summary, higher adiposity in the android, gynoid, and especially VAT regions are associated with an increased likelihood of SUI and with greater symptom-related discomfort and functional impact. (Copyright © 2026 The Author(s). Published by Elsevier B.V. All rights reserved.)

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### 4. The psychological impact of faecal incontinence

**Authors:** Fawkes, Emma

**Publication Date:** 2026

**Journal:** British Journal of Nursing (Mark Allen Publishing) 35(5), pp. 248–253

**Abstract:** Faecal incontinence is a distressing condition that has both physical and psychological impacts. Stigma surrounds the condition, which means it is often unreported by patients, and health professionals do not enquire about symptoms. People living with faecal incontinence can experience social isolation because of the unpredictable nature of the condition. This leads to the fear of having accidents in public, which creates anxiety and depression, as well as affecting relationships and having economic implications. Assessments and treatment options generally focus on the physical symptoms of faecal incontinence, which are important to provide patients with coping strategies. However, individuals with faecal incontinence also require support around the psychological impact to improve their quality of life. Thus, management options should include practical support as well as addressing the psychological impact through screening, questioning and signposting to support services. Continence training for health professionals will help to support them in asking questions around symptoms and encourage more patients to access support for faecal incontinence as awareness will help to reduce the stigma associated with it.

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### 5. Urinary incontinence management in patients with primary endometrial cancer: A cross-sectional study by the European Network of Young Gynaecologic Oncologists (ENYGO)

**Authors:** Gasimli, Khayal;Simon, Sophie;Hajj, Houssein El;Zwimpfer, Tibor A.;Kacperczyk-Bartnik, Joanna;Razumova, Zoia;Kahramanoglu, Ilker;Bizzarri, Nicolò;Theofanakis, Charalampos;Pletnev, Andrei;Blau-Schneider, Bettina;Shushkevich, Alexander;Strojna, Aleksandra Natalia and Bilir, Esra

**Publication Date:** 2026

**Journal:** European Journal of Obstetrics, Gynecology, and Reproductive Biology 320, pp. 114990

**Abstract:** Objective: Urinary incontinence is a common issue yet frequently overlooked in patients with endometrial cancer, especially post-treatment. Both advanced age and obesity as shared risk factors for endometrial cancer and urinary incontinence compound this burden. We hypothesized that there is insufficient awareness and suboptimal integration of urinary incontinence management into endometrial cancer care.; Methods: The European Network of Young Gynaecologic Oncologists (ENYGO) team conducted a cross-sectional online survey from February to November 2024 using SurveyMonkey, targeting healthcare professionals involved in gynecologic oncology care. The 31-item questionnaire covered demographics, diagnostics, treatment protocols, and urinary incontinence-related practices. Statistical analysis was performed using SPSS V28.0, including descriptive statistics, normality testing, and appropriate reporting of mean  $\pm$  SD or median with interquartile ranges.; Results: Our final analysis included 85 complete responses. Respondents were from 31 countries, with a median age of 38 years, and 55.3% of them were female. Although 65.9% of institutions had urogynecologists, only 3.5% of respondents had formal urogynecology training. Urinary incontinence was most frequently discussed before surgery (27.1%) and least before targeted therapy (9.4%). Radiation therapy was identified by 75.4% as the main contributor to urinary incontinence. While 96.5% asked about urinary incontinence during follow-up, only 14.1% managed it post-treatment. Major barriers included lack of training (54.1%) and resources (31.8%). Notably, 58.8% expressed interest in further training.; Conclusion: Despite high reported awareness of urinary incontinence, proactive assessment and management remain inconsistent in endometrial cancer care. Structured education, interdisciplinary collaboration, and guideline development are needed to optimize quality of life outcomes. (Copyright © 2026 Elsevier B.V. All rights reserved.)

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### 6. Urinary incontinence is common among people attending pulmonary rehabilitation, yet pulmonary rehabilitation has a small effect on urinary symptoms: A multicenter prospective cohort study

**Authors:** Gravier, Francis-Edouard;Combret, Yann;Parrot, Damien;Laporte, Fanny;Bocquet, Léna;Smondack, Pauline;Muir, Jean-François;Cuvelier, Antoine;Boujibar, Fairuz;Nze Ossima,

**Publication Date:** 2026

**Journal:** Pulmonology 32(1), pp. 2610131

**Abstract:** Introduction: Urinary incontinence (UI) is common among individuals with chronic respiratory diseases (CRDs) and may limit attendance, completion, and response to pulmonary rehabilitation (PR). This study aims to assess what is the prevalence of UI among individuals attending PR, and how does PR affect UI and other clinical outcomes, and if UI is associated with PR completion and response.; Methods: A multicenter prospective cohort study was conducted. UI was assessed using the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI-SF) questionnaire before and after an 8-week program. Completion was defined as attending at least 70% of sessions. Response was defined as achieving minimum clinically important differences (MCIDs) in any clinical outcome.; Results: Among 341 individuals with CRDs 48% female, mean age of 63 (SD 10)), UI prevalence was 38% (95% CI 32 to 44) and remained unchanged following PR. PR led to a positive effect on urinary symptoms (ICIQ-UI-SF mean change -1.8, 95% CI -2.5 to -1.1), although the magnitude of change was below the established MCID of 4 points. PR also led to a positive improvement on the Saint George's Respiratory Questionnaire total score (-4, 95% CI -7 to -2). The associations between UI and PR completion and response were imprecise due to wide confidence intervals.; Conclusions: UI is common among individuals attending PR, yet PR has a small effect on urinary symptoms. Despite this, individuals with UI may still achieve improvements from the program. Our findings suggest that UI should not delay PR initiation but should be screened and managed as part of the multidisciplinary care that defines PR.

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## 7. Quality of life in older adults with urinary incontinence and its impact on the stigma-care needs network: latent profile and network analysis

**Authors:** He, HaoChong;Chen, YuXuan;Liu, Jian and Yan, XiaoYing

**Publication Date:** 2026

**Journal:** BMC Geriatrics

**Abstract:** Background: Urinary incontinence is highly prevalent in older adults, imposing substantial physical, psychological, and economic burdens. Stigma and unmet care needs, particularly psychosocial support, are widespread and interact negatively, significantly compromising quality of life. However, the complex interrelationships among stigma, care needs, and quality of life remain unclear. This study employs network analysis to elucidate these intricate connections, identify key intervention targets, and inform precise strategies to improve outcomes for this population.; Purpose: To explore quality-of-life-based heterogeneous subgroups among older adults with urinary incontinence, analyze network structural characteristics of stigmatization and care needs across subgroups, and identify key intervention targets.; Methods: This cross-sectional study evaluated 448 older adults with urinary incontinence at three tertiary hospitals in Guangdong Province from December 2023 to February 2024. Latent profile analysis based on Urinary Incontinence Quality of Life scores was used for stratification. Network analysis constructed models of stigma and care needs for each subgroup. Node centrality and bridging centrality were calculated. Network comparison tests and computer-simulated intervention analyses evaluated intergroup differences and intervention effects.; Results: The study identified three subgroups: Low Distress Group (15.8%), Moderate Distress Group (63.5%), and High Burden Group (20.7%). Their network structures differed significantly, with Internalized Stigma and Health Education Needs forming the strongest connection and key bridges between systems. Computer simulations pinpointed the optimal intervention targets for each subgroup, such as Health Education Needs for the Moderate Distress group.; Conclusion: Older adults with urinary incontinence exhibit heterogeneous subgroups in quality of life, with distinct network structures and core drivers of stigma and care needs across subgroups. This study identifies core intervention targets for subpopulations, thereby providing both a theoretical basis for developing personalized precision care strategies and practical pathways for implementation. (© 2026. The Author(s).

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**8. Translating ICU IAD Risk Evidence to Long-Term Care: Mind the Context...Wang G, Wang X, Wang H, et al. Risk factors for incontinence-associated dermatitis in critically ill patients with incontinence: a systematic review and meta-analysis. J Wound Ostomy Continence Nurs. 2024;51(4):313-323**

**Authors:** Jiang, Yucen and Chen, Yan

**Publication Date:** Mar ,2026

**Journal:** Journal of Wound, Ostomy & Continence Nursing 53(2), pp. 153

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**9. Machine learning models for identifying urinary incontinence in women with a history of hysterectomy using basic demographic and clinical characteristics: A cross-sectional study**

**Authors:** Liu, Lu;Chen, Wei;Li, Lili and Zhang, Ping

**Publication Date:** 2026

**Journal:** International Journal of Medical Informatics 211, pp. 106334

**Abstract:** Background: Urinary incontinence (UI) in women with a history of hysterectomy represents a significant global health concern. It is crucial to clarify the association between hysterectomy for benign indications and UI to avoid unnecessary surgery.; Objective: This study aimed to develop a machine learning (ML) model to identify factors associated with UI in women with a history of hysterectomy.; Methods: We analyzed 2021 patients from the National Health and Nutrition Examination Survey (NHANES) database who underwent hysterectomy for benign indications as our derivation cohort. Thirteen demographic and clinical features were evaluated: age, educational, anthropometric measurements (height, weight, waist), medical history diabetes mellitus (DM), and reproductive history. Six ML algorithms were employed: logistic regression (LR), naïve Bayes (NB), multilayer perceptron (MLP), extreme gradient boosting (XGBoost), random forest (RF), and support vector machine (SVM). External validation was performed on a cohort consisting of 556 patients from the Second Qilu Hospital of Shandong University. To improve interpretability, the predictive process was graphically illustrated employing a nomogram and SHapley Additive exPlanations (SHAP). Finally, the model was deployed as an online clinical decision support platform for applications.; Results: A comparison of receiver operating characteristic (ROC) curves using LR as the reference model revealed no statistically significant differences across the six ML algorithms. In the internal validation cohorts, the models achieved area-under-the-curve (AUC) values of 0.753-0.763 and accuracies between 0.627 and 0.664. This predictive performance was sustained in the external-validation cohort, with AUC values ranging from 0.702 to 0.718 and accuracies ranging from 0.661 to 0.697.; Conclusion: Our findings demonstrated that ML models could effectively identify UI in women with a history of hysterectomy. This approach, facilitated by the nomogram and online tool, enhanced the feasibility and accessibility of identifying women at risk. (Copyright © 2026 Elsevier B.V. All rights reserved.)

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**10. A holistic approach to assessing adult urinary incontinence in primary care**

**Authors:** Mclaughlin, Leann

**Publication Date:** 2026

**Journal:** Practice Nursing 37(3), pp. 124–130

**Abstract:** Urinary incontinence is a common but often underreported experience, largely because of feelings of embarrassment and stigma associated with the condition. Urinary incontinence can be highly debilitating and isolating, with a significant impact on psychological, physical and social wellbeing. Yet, feelings of shame or misconceptions that incontinence is a normal part of the ageing process mean that patients often do not seek medical advice until they have been experiencing

symptoms for a long time. Therefore, holistic, patient-centred and compassionate assessment is vital. General practice nurses are often the first point of contact for the patient, and may already have a trusting relationships with them. They are thus well placed to identify, assess, educate and support patients experiencing urinary incontinence and to coordinate onward care or referrals. This article will explore some of the practical aspects of assessing patients, as well as holistic considerations. Challenges in management of urinary incontinence are also discussed, alongside the important role of primary care nurses.

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## 11. Predictive Factors for Complete Treatment Response in Structured Giggle Incontinence Treatment

**Authors:** Musaev, Araz;Daşkiran, Berat;Sicimli, Can;Soygür, Yakup Tarkan and Burgu, Berk

**Publication Date:** 2026

**Journal:** Neurourology and Urodynamics

**Abstract:** Objective: To compare different treatment options for giggle incontinence (GI) and to identify clinical and demographic factors associated with complete treatment response (CTR) to a structured management protocol.; Materials and Methods: We evaluated patients treated for GI in our outpatient clinic (2010-2025). Those who failed to achieve CTR and required methylphenidate were divided into two groups: Group 1 received standard urotherapy plus anticholinergics, and Group 2 received standard urotherapy plus biofeedback (BF).; Results: A total of 133 patients were included in the study, Group 1 n = 63 and Group 2 n = 70. Initially, characteristics of patients with CTR with partial and non-responders, multivariate analysis revealed that admission at post-pubertal age, female sex, and a positive family history were significantly associated with complete response for both Group 1&2. However, no significant association was found with body mass index (BMI), Dysfunctional Voiding and Incontinence Symptoms Score (DVISS), constipation or enuresis. As a secondary outcome, response to methylphenidate was assessed. CTR rates were similar at 1 and 3 months, but at 6- and 12-months Group 2 showed significantly higher CTR compared to Group 1 (57% vs. 83% and 51% vs. 91%,  $p < 0.05$ ).; Conclusions: For treatment of GI, post-pubertal age, female gender, and a positive family history were found to be associated with a CTR both for anticholinergics and BF. In refractory GI cases where methylphenidate was added to the treatment, a history of BF therapy was associated with long-term CTR. (© 2026 Wiley Periodicals LLC.)

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## 12. Association between urinary incontinence and device-measured physical activity: a cross-sectional study

**Authors:** O'Shea, Michele;Powell, Lynda H.;Karavolos, Kelly;Daniels, Bryce;Dugan, Sheila;Gabriel, Kelley Pettee;Karvonen-Gutierrez, Carrie;Suzuki, Sumihiro;Waetjen, L. E. and Janssen, Imke

**Publication Date:** 2026

**Journal:** American Journal of Obstetrics and Gynecology 234(3), pp. 668–675

**Abstract:** Objective: Determine the association between urinary incontinence and physical activity in a well-characterized and racially and ethnically diverse cohort of women. Secondly, we aimed to determine the association between the frequency of symptoms of urinary incontinence and urinary incontinence type (stress, urge, and mixed) and accelerometer-based measures of physical activity and sedentary behavior.; Study Design: A cross-sectional study of 1098 women who were enrolled in the Study of Women's Health Across the Nation, an epidemiologic study of community-dwelling women representing 5 racial/ethnic groups and 7 geographic sites across the United States. For the primary analysis, presence of urinary incontinence (<1 vs 1 leakage episode/month) was the primary predictor of selected measures of physical activity including moderate to vigorous physical activity minutes, number of moderate to vigorous physical activity bouts, duration of moderate to vigorous physical activity bouts, and sedentary minutes. Unadjusted models and models adjusted age, race, ethnicity, body mass index, parity, smoking status, mental health status, total comorbidity score, and

accelerometer wear time were performed using multivariate linear regression. The same analytic approach was repeated for frequency of episodes of urinary incontinence and urinary incontinence subtypes of stress, urge, and mixed incontinence.; Results: Average age was 65±2.7 years and was comprised of 23.5% Black, 12.5% Chinese, 11.3% Japanese, 4.9% Hispanic/Latina, and 47.8% White women. Prevalence of urinary incontinence was 65%. In unadjusted analyses, presence of any urinary incontinence was associated with increased sedentary minutes, decreased moderate to vigorous physical activity bouts, and decreased amount of time spent in moderate to vigorous physical activity bouts, but these associations were eliminated when accounting for covariates, particularly age and body mass index. However, the frequency of urinary incontinence episodes (1/week) was inversely related to the duration of moderate to vigorous physical activity bouts (beta coefficient: -3.0 minutes, 95% confidence interval: -5.77, 0.24 minutes). This association was strengthened for urgency urinary incontinence (beta coefficient: -3.70, 95% confidence interval: -6.64, 0.77). Any significant unadjusted associations in the remaining variables were primarily accounted for by body mass index.; Conclusion: Presence of urinary incontinence was not associated with physical activity estimates. More frequent urgency urinary incontinence episodes were associated with less time spent in moderate to vigorous physical activity. Longitudinal studies are needed to further understand impact of urgency urinary incontinence on achievement of physical activity guidelines. (Copyright © 2026 Elsevier Inc. All rights reserved.)

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### **13. Characteristics Associated With Fecal Incontinence Quality of Life in Older Adults: A Descriptive Correlational Study**

**Authors:** Sayilan, Samet;Aydin Sayilan, Aylin and Ak, Ezgi Seyhan

**Publication Date:** Mar ,2026

**Journal:** Journal of Wound, Ostomy & Continence Nursing 53(2), pp. 136–140

**Abstract:** PURPOSE: The purpose of this study was to determine the relationship between fecal incontinence-specific quality of life and the severity of fecal incontinence and sociodemographic and clinical characteristics in adults aged 65 years or older. DESIGN: Descriptive correlational study. SUBJECT AND SETTING: The sample comprised 102 participants; their mean age was 73.9 (SD 6.6) years; more than half were women. The study was conducted in the internal medicine and surgical clinics (general surgery, otolaryngology, eye) of Kirklareli Education and Research Hospital, Kirklareli, Turkey, between July 2020 and July 2021. METHODS: The Fecal Incontinence Quality of Life Scale (FIQLS) was used to assess fecal incontinence-specific quality of life, and the Fecal Incontinence Severity Index (FISI) was used to measure fecal incontinence severity. Multivariable regression analysis was performed to identify predictors of FIQLS, adjusting for sociodemographic and clinical characteristics. RESULTS: The average FIQLS score was 72.2 (SD = 18.3), while the mean FISI score was 40.56 (SD = 9.8). A moderate correlation was observed between FIQLS and FISI ( $r = -0.402$ , 95% CI  $-0.55$  to  $-0.22$ ,  $P < .00$ ), indicating that higher incontinence severity is associated with lower quality of life. In multivariable regression analysis, FISI was retained as the primary predictor, alongside urinary incontinence, marital status, coronary artery disease, and education level. The model accounted for 53.46 % of the variance in FIQLS ( $R^2 = 0.5346$ ), with an adjusted  $R^2$  of 0.4946 for FISI. CONCLUSIONS: The severity of fecal incontinence is inversely associated with quality of life among older adults. Urinary incontinence is an additional independent predictor of lower FIQLS. These findings highlight the importance of managing both fecal and urinary incontinence in older adults to improve their quality of life.

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### **14. Effects of Tibial Nerve Electrostimulation in Patients With Fecal Incontinence: A Systematic Review**

**Authors:** Sóstennes, Janaina,Dos Santos;Lacerda, Tainah Santos;Bentes do Nascimento, Marcos Venicius;Cunha, Katiane da Costa;Barbosa Rocha, Rodrigo Santiago;Simão de Melo Neto, João and Feio Carneiro, Erica

**Publication Date:** 2026

**Journal:** Physiotherapy Research International : The Journal for Researchers and Clinicians in Physical Therapy 31(2), pp. e70169

**Abstract:** Background and Objective: Fecal incontinence (FI) is a condition characterized by the involuntary loss of stool, resulting from the inability to control the sphincter and neuromuscular mechanisms responsible for continence. Percutaneous electrical stimulation of the posterior tibial nerve (posterior tibial nerve stimulation-PTNS) has been used as a therapeutic alternative in the treatment of FI. The objective of this study was to investigate the efficacy.; Methods: A systematic review was conducted according to the recommendations and criteria described in the PRISMA (Preferred Reporting Guide to Systematic Reviews and Meta-Analyses) items and in the Cochrane Manual. Experimental studies that evaluated the effects of posterior tibial nerve electrostimulation in adult patients with fecal incontinence were included. Case reports, literature reviews, and gray literature were excluded. The search was performed in the MEDLINE/PubMed, Cochrane Library, Scopus, Regional Portal of the VHL, Embase, CINAHL, and Web of Science databases.; Results: Seventeen studies were included, totaling 1248 participants. The average duration of treatment protocols was 12 weeks, with predominantly weekly interventions. The most frequently used stimulation parameters included frequencies between 10 and 20 Hz and pulse widths of 200  $\mu$ s.; Discussion: Most studies demonstrated a reduction of 50% or more in fecal incontinence episodes, as well as significant improvement in severity scores and quality of life. Randomized clinical trials presented a low risk of bias, while some observational studies demonstrated methodological limitations. PTNS is a minimally invasive intervention with a favorable safety profile and potential clinical applicability. (© 2026 The Author(s). Physiotherapy Research International published by John Wiley & Sons Ltd.)

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### 15. Incontinence-associated dermatitis: Not just babies

**Authors:** Sparling, Kennedy;Frieden, Ilona J. and Butler, Daniel C.

**Publication Date:** 2026

**Journal:** Journal of the American Academy of Dermatology 94(3), pp. 903–91

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### 16. Prevalence of Fecal Incontinence in Older Adults: A Systematic Review and Meta-Analysis

**Authors:** Zhong, Qiqing;Wu, Yifan;Fang, Shuyan;Zhi, Shengze;Li, Jiabin;Li, Mengyuan;Zhang, Huizhen;Lang, Jianing;Li, Daiyao and Sun, Jiao

**Publication Date:** 2026

**Journal:** Journal of the American Medical Directors Association 27(3), pp. N.PAG

**Abstract:** Fecal incontinence (FI) is a prevalent yet often overlooked condition in older adults, significantly impacting both quality of life and health care systems. This study aimed to explore the pooled prevalence of FI among older adults. Systematic review and meta-analysis. Ninety-five studies involving 595,019 older adults across community, hospital, and long-term care settings. A comprehensive literature search was conducted across 6 English and 4 Chinese databases. Two reviewers independently searched records and extracted data. A random-effects meta-analysis estimated pooled prevalence, 95% confidence intervals (CIs), 95% prediction intervals (PIs), and heterogeneity. Sources of heterogeneity were investigated via multivariable meta-regression and prespecified subgroup analyses (exploring region, population setting, case definition, frequency threshold, and mode of ascertainment). All statistical analyses used Stata 18.0. The pooled prevalence of FI was 14.1% (95% CI, 11.7%–16.7%), but this masked extreme heterogeneity ( $I^2 = 99.86\%$ ,  $\tau^2 = 0.125$ ,  $P < .001$ ; 95% PI, 7.6%–24.7%). Multivariable meta-regression identified long-term care settings adjusted odds ratio (OR), 3.55] and Australia and Oceania (adjusted OR, 2.48) as significant predictors. The model explained only 23.22% of heterogeneity, leaving extreme residual variance (Residual  $I^2 = 99.72\%$ ), strongly suggesting methodological inconsistencies (eg, definitions, ascertainment methods) are the predominant drivers of heterogeneity. FI affects approximately 1 in 7

older adults globally, with the greatest burden in long-term care settings. Extreme residual heterogeneity limits generalizability and is strongly suggestive of methodological inconsistencies as the predominant drivers. Improving detection and comparability necessitates harmonized case definitions (International Continence Society and International Urogynecological Association) and validated instruments (Fecal Incontinence Severity Index) in research. In clinical practice, particularly long-term care, a brief 2-step screening (eg, Bristol Stool Form, International Consultation on Incontinence Questionnaire-Bowel) at admission and regular reviews is advisable, with an electronic health record flag to trigger conservative bowel management and specialist referral as needed.

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**Sources Used**

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