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Continence

Current Awareness Bulletin

July 2026

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  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
  Next sessions: 3rd August @ 1pm and 29th September @ 2pm

- **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.
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- **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.
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1. **ChatGPT Answers to Patient Questions Regarding Fecal Incontinence: Consideration**

Authors: Daungsupawong, Hinpetch and Wiwanitkit, Viroj

Publication Date: 2026

Journal: Diseases of the Colon and Rectum 69(8), pp. 2133

2. **Older people's and formal caregivers' perspectives of value-creating continence care: a qualitative study**

Authors: Göransson, Carina;Carlsson, Ing-Marie and Larsson, Ingrid

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2694833

Abstract: Purpose To explore the experiences of older people and formal caregivers of value-creating continence care, focusing on toileting and containment strategies, in relation to the Art of Connectedness framework. Method A qualitative, explorative design. The interviews were conducted with 14 older people. Individual interviews and focus groups were held with 14 formal caregivers. An abductive qualitative content analysis was conducted, alternating between deductive interpretation-

based on the three themes in the framework-and inductive analysis of the interview data. Results In relation to the co-created care theme, establishing a relationship and respecting preferences were highlighted by the participants and aligned with the framework, while trust was less prominent. In personalized care, meeting individual needs were described in ways that extended the framework: older people stressed the importance of time, while formal caregivers highlighted incontinence pads being individualized. Maintaining self-determination was emphasized by formal caregivers, as in the framework, but varied among older people. In the reflective care theme, showing empathy and upholding dignity were valued by older people in nursing homes and by formal caregivers, which was consistent with the framework. Conclusions The findings reveal aspects of care that contribute to value-creating continence care for older people receiving toileting assistance and containment strategies. While the framework provided a useful structure, variations emerged between older people and formal caregivers what they considered important. This indicates the importance of developing a self-reported instrument to evaluate older people's satisfaction with the assistance they receive. The findings provide insights that can help increase awareness of the value of how promoting well-being for older people in daily continence care practice. The findings could inform community care policy aimed at improving continence care for older people.

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3. **Managing the silent burden: a grounded theory study on urinary incontinence in older women**

Authors: Javanmardifard, Sorur;Gheibizadeh, Mahin;Shirazi, Fatemeh;Zarea, Kourosh and Ghodsbin, Fariba

Publication Date: 2026

Journal: BMC Geriatrics

Abstract: Introduction Urinary incontinence (UI) is a significant and common health problem among older women. Exploring their experiences in managing their condition can be an effective way to improve the care process for these patients. Therefore, this study was conducted with the aim of explaining the process of managing urinary incontinence in older women. Materials and Methods This qualitative study, employing a grounded theory approach, was conducted from 2019 to 2022 among older women with urinary incontinence. Purposive and theoretical sampling were used, and the participants were selected from older women who referred to comprehensive health centers in Ahvaz. Data were collected using in-depth, unstructured interviews, field notes, and memo writing. A total of 40 interviews were conducted with 37 participants, with each interview lasting approximately 20 to 70 min. The interviews continued until category saturation was reached. Data analysis was performed using the Corbin and Strauss (2008) method, and MAXQDA version 10 software was used to facilitate data management. Findings Through data analysis, 35 initial categories, 10 subcategories, and three main categories were extracted, including: " Inadequacy in the provision of healthcare services," " Psycho-social burnout," and " Adaptive Interaction with the Condition." The main concern of the participants in this study was "A deficit in organizing life threatened by the disease." Ultimately, the core category that emerged from the combination of the categories was " Striving for adaptation and regaining control over the condition," which was the connecting factor for all categories and concepts derived from the research. Conclusion This study provided valuable findings about the process of managing UI in older women with this condition within our Iranian-Islamic culture, which is significant in the field of providing specialized care to older people in our society. The discovery of concepts that were previously hidden in the lives of these older women due to the nature of the disease seems necessary to provide them with proper and safe care, as well as to help them manage their disease more effectively before it disrupts their natural life process.

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4. **Persistent Urinary Incontinence in Female Patients with Chronic Cough: A 6-month Longitudinal Analysis**

Authors: Lee, Hwa Young;Lee, Seung-Eun;Kang, Noeul;Lee, Byung-Jae;Jo, Eun-Jung;Kim, Sae-Hoon;Chang, Yoon-Seok;Lee, Ji-Ho;Shim, Ji-Su;Kim, Min-Hye;Ahn, Kyung-Min;An, Jin;Kang, Sung-Yoon;Yoo, Youngsang;Kim, Sang-Heon;Park, Han-Ki;Won, Ha-Kyeong;Kim, Byung-Keun;Kim, Mi-Yeong;Park, So-Young, et al

Publication Date: 2026

Journal: Lung 204(1)

Abstract: Introduction Urinary incontinence (UI) is common among female patients with chronic cough; however, factors associated with persistent UI and related clinical outcomes remain insufficiently defined. Methods Longitudinal data were analyzed from female patients with chronic cough enrolled in the Korean Chronic Cough Registry. Study participants received cough guideline-based management. Cough-associated UI status and patient-reported outcome (PRO) measures were evaluated at baseline and at 6 months. UI status was categorized as persistent, resolved, or absent based on findings at both time points. Baseline clinical characteristics were compared across groups, and regression analyses were conducted to identify factors associated with persistent UI and to estimate longitudinal changes in PROs. Results Among 206 female study participants, 24.3% had persistent UI, 22.3% showed improvement, and 50% had no UI. At the 6-month assessment, 11 (16.7%) subjects with minimal cough severity (cough Visual Analog Scale VAS] ^{2}, P = 0.018). Multiple correspondence analysis showed that age ≥ 60 years and BMI ≥ 25 kg/m^{2} were associated with persistent UI. Regression analyses indicated that improvements in Cough Hypersensitivity Questionnaire scores at 6 months were significantly smaller in the persistent UI group than in the resolved UI group after adjustment for confounders, including cough severity VAS. Discussion UI may persist in one-quarter of female patients despite treatment for chronic cough. Persistent UI was associated with older age, higher BMI, and less improvement in cough hypersensitivity symptom scores. These findings indicate heterogeneity in UI outcomes during chronic cough management and underscore the need for clinical attention to patients with persistent UI.

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5. **Can ChatGPT Be Trusted for Urologic Patient Education? A Comparative Study of Stress Urinary Incontinence-Related Information From Versions 3.5 and 4**

Authors: Lin, Chuan;Kim, Myung Ki;Kam, Sung Chul;Luo, Zhao and Shin, Yu Seob

Publication Date: 2026

Journal: International Urogynecology Journal

Abstract: Introduction and Hypothesis The application of artificial intelligence tools such as ChatGPT in patient education is expanding rapidly. Female stress urinary incontinence (SUI) is a common yet often overlooked urological condition. However, the accuracy, comprehensiveness, and evidence-based reliability of ChatGPT's responses to common SUI-related questions remain unclear. Methods On the basis of the AUA/SUFU clinical practice guidelines, 22 frequently asked questions regarding female SUI were developed and input into ChatGPT-3.5 and ChatGPT-4, respectively. Two senior urologists independently evaluated the responses using a 5-point Likert scale for accuracy, comprehensiveness, and relevance. Additionally, the word count of each response was recorded, and the validity of any cited references was verified. Results A total of 44 AI-generated responses were analyzed for the 22 SUI-related questions. Both ChatGPT-3.5 and ChatGPT-4 provided high-quality medical information, with accuracy scores of 4.09 and 4.45, respectively (p = 0.097). ChatGPT-4 offered significantly more concise responses (200.55 ± 48.21 words) compared to ChatGPT-3.5 (515.68 ± 198.13 words; p < 0.001). Furthermore, ChatGPT-4 demonstrated a significantly higher proportion of valid citations (72.06% vs. 24.27%, p < 0.001). Conclusions ChatGPT-4 demonstrated strong performance in delivering accurate, concise, and evidence-supported information on female SUI. Future research should expand the scope of evaluation, incorporate patient perspectives, and validate the practical utility and safety of AI tools in real-world clinical settings.

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6. **Urinary Incontinence Knowledge and Information Sources Among College Women: A Cross-Sectional Survey**

Authors: Patel, Ria;Aziz, Zoha and Eswara, Jairam R.

Publication Date: 2026

Journal: Neurourology and Urodynamics

Abstract: Objective Although urinary incontinence (UI) is highly prevalent among women, treatment seeking remains low, in part due to limited knowledge of the condition. Awareness and knowledge of pelvic floor dysfunction (PFD) among young women in the United States remains poorly characterized despite growing interest in early pelvic floor health education. This study aimed to assess baseline knowledge of UI, identify sources of information, and evaluate predictors of higher knowledge among female undergraduate students. Materials and Methods We administered an online survey to 175 female undergraduates at a single institution that included year in school, background knowledge items, and the validated Prolapse and Incontinence Knowledge Quiz (PIKQ-UI). Responses were analyzed using descriptive statistics, one-way analysis of variance (ANOVA), and multivariable linear regression. Results Although 54.9% of respondents reported prior awareness of PFD, we found that overall knowledge was poor (57.7% correct), significantly below the 80% competency threshold ($p < 0.001$). Online and social media platforms were the most reported sources of information (42.9%). Prior knowledge of UI was independently associated with higher PIKQ-UI scores ($p = 0.03$), whereas advancing year in school, personal UI history, and familiarity with someone affected by UI were not associated with higher performance. Knowledge gaps were most pronounced regarding age-related risk, treatment, and diagnostic testing (43%, 49%, 48% correct, respectively). Nearly all participants (91.4%) expressed interest in learning more about PFD. Conclusion Despite widespread exposure to pelvic floor health information through online and social media sources, knowledge of UI among female undergraduate students remained low. Although prior awareness of UI was associated with higher knowledge scores, substantial gaps persisted, suggesting that exposure alone does not translate into understanding. Leveraging online platforms to deliver accurate, evidence-based education may improve pelvic floor health literacy and reduce the burden of untreated UI.

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7. **The mechanisms and management of fecal incontinence in geriatric neurological diseases**

Authors: Sakakibara, Ryuji

Publication Date: 2026

Journal: Clinical Autonomic Research : Official Journal of the Clinical Autonomic Research Society

Abstract: Two mechanisms underlie the development of fecal incontinence (FI), which poses a significant autonomic burden among individuals with neurological disease: neurogenic FI, in which neural lesions innervate the bowel/sphincter, and functional FI, without such lesions but occurring secondarily to cognitive decline and/or immobility. Both neurogenic FI and functional FI hinder a person's toiletings. Neurogenic FI is further divided into two mechanisms: overflow FI due to neurogenic constipation, which is common in older individuals, and sphincter FI caused by neurogenic sphincter weakness due to a lesion in the sacral Onuf's nucleus or its periphery, which is rare among older individuals. This paper reviews (i) autonomic (bowel) and somatic (sphincter) innervation and how to assess them, (ii) geriatric brain diseases and cognitive/gait functions relevant to toileting and how to assess them, and (iii) the management of patients with FI. The current treatments for FI not only maximize patients' quality of life but they also help patients avoid gastrointestinal emergencies, as FI is commonly associated with severe constipation. Collaborations between neurologists and gastroenterologists are recommended to achieve the optimal outcomes for individuals with FI.

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8. **Preventing deconditioning and incontinence in older people in acute care settings**

Authors: Yates, Ann

Publication Date: 2026

Journal: Nursing Standard (Royal College of Nursing (Great Britain) : 1987)

Abstract: Hospital-associated deconditioning is a recognised and well-known condition. It refers to a loss of physiological fitness and functional ability in a patient resulting from prolonged immobility, inactivity or bed rest during a period of hospitalisation. Many patients who experience deconditioning also have new or existing continence issues, although the link between deconditioning and incontinence is not well understood. This article explores deconditioning and incontinence among older people in acute care settings. It outlines the multifactorial links between the two conditions and reviews current practice with regards to continence care. The author also suggests some preventative strategies to reduce the risk of deconditioning and promote continence, thereby supporting patients to remain as independent as possible after their discharge from hospital.

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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