**INTRODUCTION**

Incontinence is the second leading cause among aging adults for placement in senior care facilities. On average, women wait 6½ years to seek help for incontinence. Many patients with incontinence are consequently placed on medication or referred to the urologist without the benefit of simple continence care. Incontinence in the geriatric patient is typically caused by weak pelvic floor muscles and lifestyle habits that are easily identified and reversed with interventions and treatment by knowledgeable clinicians. Home health nurses and therapists have the unique opportunity to provide non-invasive continence care, which can greatly improve quality of life, reduce fall risk, and decrease expenses. Nonetheless, incontinence is often untreated.

**CLINICAL PROBLEM**

- 50% of non-institutionalized seniors have urinary incontinence, yet incumbent home health patients often do not receive exercises or instruction to treat incontinence.
- Urinary incontinence can be reversed or improved in 80% of affected individuals.
- Patients with issues associated with incontinence have a 26% increased risk for falls and a 34% increase in hospitalizations.
- Patients with incontinence are also at increased risk for urinary complications, depression, isolation, and placement in alternative care settings, as well as additional expenses associated with managing incontinence.
- It has been shown that pelvic floor exercises and bladder training are as effective as anticholinergics in resolving urinary incontinence in women, yet patients reporting incontinence to physicians are often given medication or referred to the urologist without receiving basic continence care first.

**CLINICAL APPROACH**

- Basic Continence Care Education was provided via instruction by the continence care specialist (WOC Nurse) to over 175 nursing and therapy staff in 9 offices throughout Maryland.
- Instruction included:
  - Simple Pelvic Floor Exercises (PFEs), not Kegels
  - Lifestyle Interventions
  - Medications
  - Diet
  - Medical/Management
- Responsibilities of nurses and therapists related to continence care, and instruction on how to implement the interdisciplinary approach should work were clearly identified.
- The WOC Nurse prepared a double-sided handout that contained pelvic floor exercises on one side, and continence interventions on the reverse side. These sheets were placed in admission packets for clinician convenience.
- The Home Health Agency provided a patient kit* for PFEs and relaxation containing:
  - Ball
  - Stretch Band
- CD that takes the patient through steps to calm bladder urges
- 14-week times nightly, with leakage each time. Nighttime trips were reduced to 2 with no leaking.

**OUTCOMES**

- After the education sessions, clinicians reported increased confidence in teaching simple continence care to patients
- Some clinicians followed the recommendations and reported improved continence for themselves
- Outcomes were assessed on 34 patients using 2 scales:
  - 22 patients were tracked using the GSE-UI scale
  - 12 patients were asked to rate their progress as “Deteriorated”, “No Change”, “Mild Improvement”, “Moderate Improvement”, “Significant Improvement”
- The improvement was also statistically significant with p<.001 signifying a clinically significant change

**GROUP 2:**

- 12 patients: all improved
- 9 patients: markedly improved
- 3 patients: improved
- 0 patients: no change

**CONCLUSIONS**

Incontinence can have significant adverse effects on geriatric patients and it is often not treated. Incontinence can be easily and effectively treated in the home care setting with non-invasive techniques that can be easily taught to clinicians, and implemented in the home. These simple interventions and exercises, when provided collaboratively by nurses and therapists, can significantly reduce incontinence and improve quality of life for our geriatric patients.

**REFERENCES**


**CASE STUDIES**

1. Elderly female, using the bathroom 8 times nightly, with leakage each time. Nighttime trips were reduced to 2 with no leaking.
2. An ALS patient who had received several unsuccessful urological treatments, including botox, said PFEs were the only treatment that helped. GSE score improved 28 points.
3. 77 year old male with constant dribbling that stopped after 2 weeks of PFEs.

**GROUP 1:**

- 22 patients: all improved final GSE-UI scores compared to initial scores
- Score improvements ranged from 2 to 83 points
- Mean improvement after 3 to 8 weeks of treatment was 31.32 points/26%
- The authors gratefully acknowledge the many HomeCall clinicians who significantly improved the lives of our patients by providing continence care.

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