



**“WE DON’ T ASK, THEY DON’ T TELL”
MANAGING INCONTINENCE**

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Learning objectives



Why do we not talk about incontinence?

- Explore barriers to talking about urinary incontinence and its impact on older adults.




What is causing urinary incontinence?

- Identify common types of urinary incontinence and their contributing factors.



What can I do to help manage incontinence?

- Learn practical strategies for managing urinary incontinence.



I'm worried that I won't be able to find a bathroom while I'm out.

Most of the time, I just don't want anyone to know.


Is it going to get worse as I get older?

I don't think I smell, do I?

I don't know if I can still be intimate with my partner.

I'm worried that my family and friends will look at me differently.

(Javanmardifard et al., 2022)



We don't ask,
They don't tell

- Helplessness
- Feeling of shame
- Embarrassment
- Self- blame
- Not wanting to be a burden
- Believing it is a normal part of ageing
- Cultural beliefs

(Norton, 2012)

- Insufficient time
- Not feeling confident on how to manage
- Lack of privacy during assessment
- Offering containment
- Cultural beliefs

(Rolnick et al., 2013)

We don't ask,
They don't tell



What can we do??

Do you find that it is difficult to pee, have a very slow stream, or feel you have not emptied your bladder after peeing?



Do you leak urine when you laugh, cough, or sneeze?

Do you ever leak urine on your way to the washroom?

Just ASK!

Requirements for continence

01 Store urine.

02 Sense the urge.

03 Suppress the urge until able to reach the toilet.

04 Recognize toileting needs and ability to find toilet.

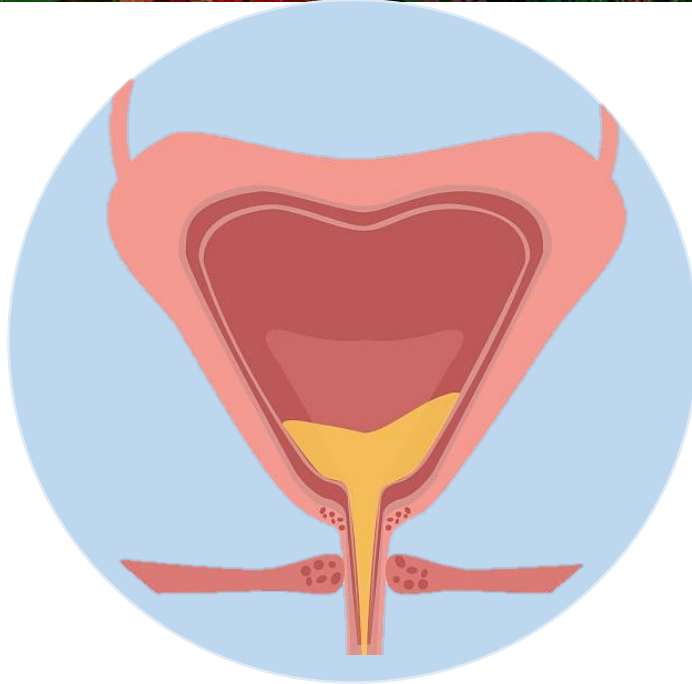
05 Manage toileting needs.

06 Empty completely.

(Cowie, 2014)

What's age got to do with it?

- Decreased elasticity in detrusor muscles.
- Decreased urine concentrating ability.
- Uninhibited bladder contractions.



- Diurnal urine output occurs later in the day.
- Urethral closure pressure decreases.
- Vaginal atrophy.
- Prostate hypertrophy.

(American Geriatric Society, 2014).

Past Medical History

- Diabetes
- Heart Failure
- Depression
- Osteoarthritis
- History of Constipation

Medications

- Lasix 40 mg BID
- Metformin 500 mg BID
- Citalopram 10mg daily

Parity

- 3 Vaginal births



Functional Status

- Ambulates independently with 4WW
- Independent with IADLs and ADLs

Substance use

- Smoking 1 pack a week
- 1 glass of wine with dinner

Fluid Intake

- 1L of water per day
- 2 cups of coffee a day

We don't talk about Incontinence Or do we?

- Stress
- Urge
- Overflow
- Functional





Reversible causes

- D** elirium
- I** ntake of fluid
- S** tool impaction and constipation
- A** trophic vaginitis
- P** sychological problems
- P** harmaceuticals
- E** xcess urine output
- A** bnormal lab values
- R** estricted mobility

(Skelly et al., 2006).

24 HOUR VOIDING RECORD

TRY TO HOLD 200-400 ML IN YOUR BLADDER BEFORE YOU GO TO THE BATHROOM. TRY NOT TO HOLD MORE THAN 800 ML AT ONE TIME.

Time	Urine volume	Drink Type & amount	Wet Event checkmark (√)	Pad/brief change (√)	Time	Urine volume	Drink Type & amount	Wet Event checkmark (√)	Pad/brief change (√)
6:00am morning					6:00 pm evening				
6:30 am					6:30 pm				
7:00 am					7:00 pm				
7:30 am					7:30 pm				
8:00 am					8:00 pm				
8:30 am					8:30 pm				
9:00 am					9:00 pm				
9:30 am					9:30 pm				
10:00 am					10:00 pm				
10:30 am					10:30 pm				
11:00 am					11:00 pm				
11:30 am					11:30 pm				
12:00 am afternoon					12:00 pm night				
12:30 am					12:30 am				
1:00 pm					1:00 am				
1:30 pm					1:30 am				
2:00 pm					2:00 am				
2:30 pm					2:30 am				
3:00 pm					3:00 am				
3:30 pm					3:30 am				
4:00 pm					4:00 am				
4:30 pm					4:30 am				
5:00 pm					5:00 am				
5:30 pm					5:30 am				

Stress incontinence

Requirement Challenge

Store urine

In a Nutshell

Involuntary leakage of urine that occurs with increased intra abdominal pressure, i.e. laughing, coughing, sneezing.

Why it Happens

Intrinsic sphincter opens due to insufficient urethral support to remain closed

Do you leak urine when you laugh, cough, or sneeze?

What To Do

Fluid management and Scheduled voiding
Weight loss
Pelvic floor muscle training

(Doughty & Burns, 2006)

Pelvic floor strengthening

"The Wave"

While lying on your back with knees bent, try to tighten your pelvic floor muscles one section at a time.

Begin by contracting the anus as if you wanted to prevent the passage of gas. Hold for 5 seconds and relax. Contract the vagina as if you wanted to stop urine flow. Hold again for 5 seconds and relax. Finally contract in the front as if you wanted to hold urine. Hold for 5 seconds and relax. Wait for 10 seconds before starting another contraction.

Do this exercise 5-10 times, 3 times a day.

DON'T

- Hold your breath!
- Use muscles other than those of the pelvic floor such as the buttocks and abdominals. A hand on the abdominals can act as a reminder to keep this area relaxed.
- Get discouraged, improvement usually takes 6-8 weeks of consistent exercise!



Urge incontinence

• Insert table

Requirement Challenge	In Nutshell	Why it Happens
Suppress the Urge	The urge to void immediately preceding or accompanied by involuntary leakage of urine.	Bladder muscle over activity

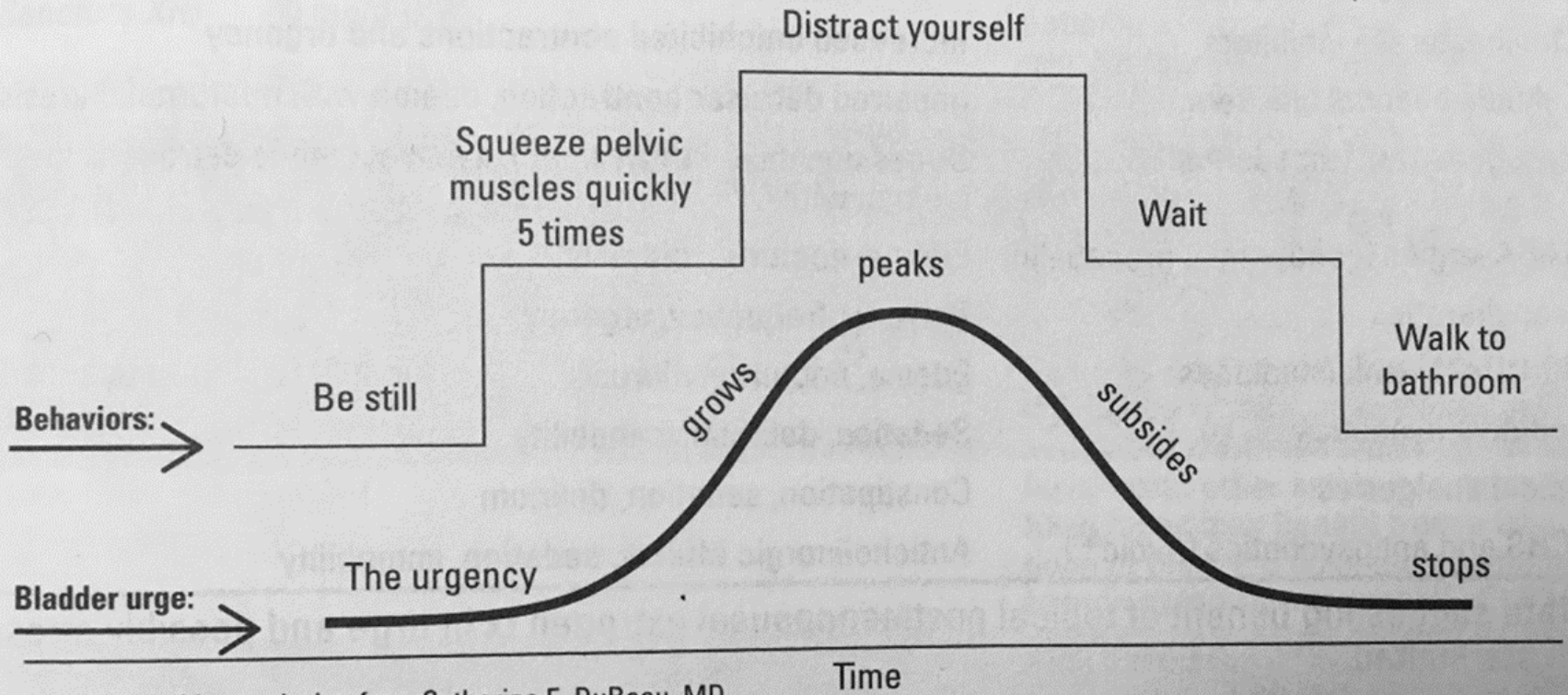
What to Do

Quit smoking
Fluid Management
Pelvic floor exercises
Urge suppression aka Bladder Training

Do you ever leak urine on your way to the washroom?

(Krissovich, 2006)

Figure 9. Urge Suppression



Note: Used with permission from Catherine E. DuBeau, MD

(American Geriatrics Society, 2016).

Overflow incontinence

Do you find that it is difficult to pee, have a very slow stream, or feel you have not emptied your bladder after peeing?

Requirement Challenge	In Nutshell	Why it Happens
Empty completely	Urine leakage in the setting of incomplete bladder emptying	Urethral obstruction or an underactive bladder muscle
What to Do		
Encourage pt to take their time voiding Double voiding Treat any constipation Address causes of retention		

(Moore, 2006)

Functional incontinence

Requirement Challenge	In Nutshell	
Ability to get to the toilet and manage toileting needs	Multisystem and multidimensional impairments outside of the GU system that impair voiding	Such as: <ul style="list-style-type: none">- Altered Cognition- Low motivation to be continent- Environmental barriers- Physical function
What to Do		
Modification of barriers to Incontinence Scheduled voiding		

(Thompson, 2006)

Key Take Aways

- Interventions do not need to be grandiose! Sometimes just making sure bowels are moving and appropriate fluids are being consumed is a perfect start.
- Recommend small interventions and slowly, they can then build on each other.
- Provide patient education in various formats- i.e. verbal and written

Where to get help

- Publically funded physiotherapy clinics- for pelvic physiotherapy
- Cnca.ca – Canadian Nurses' Continence Advisor
- Mount Sinai Healthy Ageing and Geriatrics website- PDFs for Managing Incontinence and Managing Constipation
- yourpelvicfloor.org

Thank you!

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Question & Answer

Also- What challenges/successes do you experience in your workplace when managing urinary incontinence?