The challenges of continence promotion on the Stroke Unit

Helen Mann, Stroke CNS

6th October 2010

Session content

- Prevalence
- Patients’ and carers’ experience
- Aetiology
- Attitudes
- Guidelines
- Managment

BBC News, 14/09/2010

Incontinence services condemned by Drs

Millions in UK face "life sentence of suffering"

- **RCP audit >18,000 England, Wales & N.Ireland**
- **Diagnosis & treatment often non-existent or poor**
- **Services often fail to meet NICE standards**
- **Inadequate training**
- **Continence management given low priority.**

Prevalence of urinary incontinence

- Affects 1 in 5 over 65 (DH)
- Estimates after stroke vary according to methodology and definitions
- Patel et al (2001) immmediately - 40% 3/12 - 19%, 1yr - 15%, 2yrs - 10%
- Many studies include premorbid UI (17%)
- Containable urinary symptoms will cause post stroke incontinence

How does it feel to be incontinent?

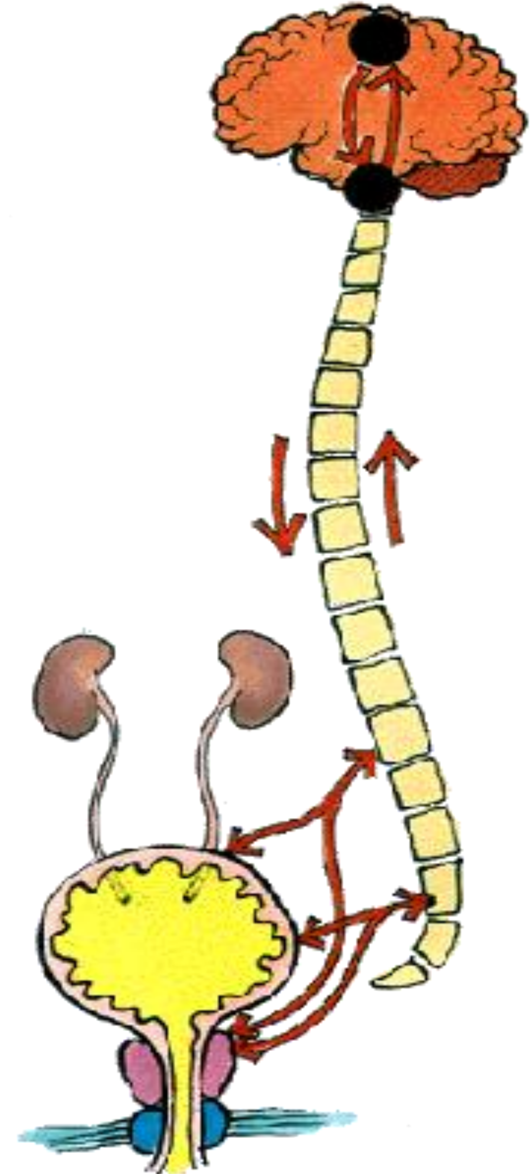
- The feeling of absolute horror as the urine flows..
- The feeling of despair as you try in vain to stop it..
- The hope that no-one will notice..
- The shame as you strip off your soiled clothes..
- The worry that you will smell before you have a shower..

The patients’ and carers’ experience

- ‘Most people I meet can manage their continence issues, so would not be classed as incontinent, nonetheless there has often been a change in their toileting habits or needs that makes life difficult.
- For example, some people with mobility problems have trouble getting out in and of or into bed. So if they need the toilet at night – and many do – they need help to get there. This disturbs their carer’s sleep as well as their own…

Aetiology

- Subsequent to any stroke except for occipital lobe
- **F**rontal lobe supplied by MCA, ACA ➜ urgency, frequency, nocturia -aware but ↓control
- Pons – co-ordinates muscle activity for voiding
- detrusor muscle hyperreflexia - No time to get to toilet



Aetiology of incontinence

- **Neurogenic** – frontal lobe, micturition pathway in pons
- **Physiological** - Urinary Tract Infection, high blood sugar levels ➔ polyuria, constipation, enlarged prostate
- Impaired **mobility**
- Impaired **cognitive function**

‘Competence, attitude & behaviour of health professionals’ (Ayres & Wells 2007)

- Medications (constipation), diuretics
- Lack of knowledge, lack of understanding
- Low priority
- Failure to implement appropriate strategies
- Environment (signposting, ↓ equipment)

Containment v. proactivity

- Continence care in older people - RCP audits revealed protocols re pad provision & delivery
- Lack of knowledge
- Negative attitudes
- Low attendance at continence courses
- UI viewed as ‘untreatable’
- Time management to facilitate continence promotion

Guidelines

- HC4L competencies:
- Knowledge of cause
- Effect on patients’ mood
- Privacy and dignity
- Practical management,bladder retraining
- Don’t specify need for assessment

- Cochrane Review (2007) – paucity of evidence re managment

RCP (2008) Nursing guidelines

- Assessment and management protocols in place
- 2/52 post stroke – re-assessment for other causes of incontinence
- Documented management plan
- Start with simpler treatments; bladder retraining, pelvic floor exercises, equipment
- Management plan for discharge

Management - Assessment

- Physical examination: identify reversible conditions
- Identify pre-morbid incontinence
- Voiding difficulties (hesitancy, straining, poor stream)
- Frequency, urgency, nocturia
- Constipation
- Eating and Drinking habits
- Medication
- Mobility
- Cognitive issues

MDT approach to facilitating continence

- Doctors – physical examination
- SALT, OT, PT – communication and cognitive issues, sitting balance, transfers, exercise tolerance
- Dietitian – fluids, fibre
- Nurses - inclusion of all of above in assessment and regular reviews
- Patients and family

Management

- Regular review (MDTM)
- Management of constipation / UTI
- Bladder Scanning
- Intermittent catheterisation rather than indwelling catheter
- Bladder training
- Depression / incontinence link
- Pads & pants design
- Vernagel
- Appropriate medication

7 day Bladder Record Chart

- Please put a check (✓) in B**lue** column each time urine is passed.
- Place a check (✓) in **Red** column each time you are wet.
- Add "D" for damp or "W" for Wet beside the check (✓)

	Mon	Mon
0600		
0700		
0800		
0900		
1000		

Equipment

- Enough hoists, commodes
- Tilt in space commode
- Male and female urinals
- Curtains that close properly
- Adequate space in toilet

Female Urinals

- **Bourdalon, or female urinal, English, c. 1805**

Local plan for improved continence promotion

- Awareness raising
- Questionnaire re knowledge, management, equipment, emotional effects
- Audit and educational programme
- Assessment and documentation
- Re-audit

Summary

- Knowledgeable staff
- Appropriate skills
- Commitment and empathy
- Adequate equipment
- High priority when organising workload

References

- www.continence-foundation.org.uk
- www.promocon.co.uk
- SGH NHS Trust (2010) Urinary Continence Policy
- Matthews, M, Mitchell, E, (2010) 'Causes and rehabilitation of urinary incontinence after stroke: a literature review'
- Marginal, J, (2008) 'Managing incontinence after a stroke'
- Ayres, T, Wells, M, (2007) 'Incontinence after stroke: Guidance to overcome shortcomings in management'
- Ayres, T, Wells, M, (2007) 'Making time to toilet: Caring for patients' bowel and bladder dysfunction after stroke'
- Gordon, C, Weller, C, (2006) 'A continence pathway for acute stroke care
- Brookes, W, (2004) 'The use of practice guidelines for urinary
- incontinence following stroke
- Patel et al (2001) 'natural history & effects on 2yr outcomes of urinary incontinence after stroke
- Miles, B (1984) 'Incontinence following stroke'

Continence Key Competencies

- Describe how stroke can affect continence
- Identify and highlight continence problems that occur with appropriate staff members
- Demonstrate the promotion and support of patients privacy and dignity in relation to incontinence (e.g. providing the patient with means of accessing help)
- Briefly describe the effect of incontinence on: moving and handling, pressure care, positioning,skin integrity, ADL’s
- Explain the principles of bladder re-training and toileting programmes

Continence Key Competencies

- Explain the principles of bladder re-training and toileting programmes
- Demonstrate how you would action the principles of bladder re-training and toileting programmes
- Describe knowledge of the psychological, social and emotional impact of continence
- Describe knowledge of other factors that may contribute to difficulties with continence (age, medical condition, beliefs and preferences, diet, mobility etc.)
- Demonstrate the encouragement of individuals to use recommended continence equipment, techniques and clothing