

Psycho-Social Issues of Adult Incontinence

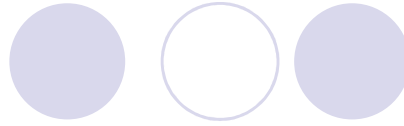
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Incontinence

Not a disease but symptom of an underlying problems

- Affects both bowel and bladder
- Viewed as a hidden condition that is secreted by many and often feared due to loss of independence and quality of life .
(Leung and Schnelle)
- Often underreported

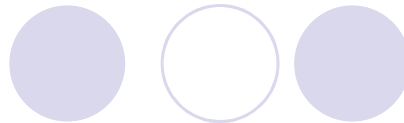
True or False



Patients feel comfortable discussing problems with incontinence?

1. True
2. False

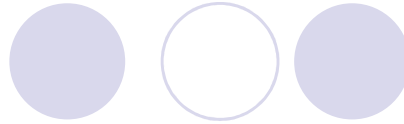
True or False



Health care providers feel comfortable discussing incontinence/continence issues?

1. True
2. False

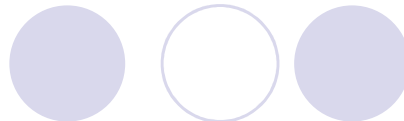
True or False



Can medication use lead to incontinence?

1. True
2. False

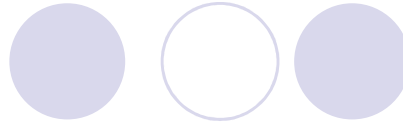
True or False



From the patient perspective, the best way to manage incontinence is with medications.

1. True
2. False

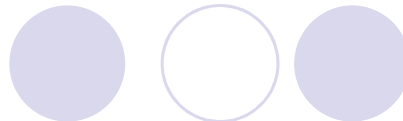
True of False



Urinary incontinence is one of the leading diagnosis among homebound persons?

1. True
2. False

True of False



Men are affected more than women with incontinence?

1. True
2. False



What percentage of patients report that they have adapted to living with bladder problems?

1. 25%
2. 56%
3. 78%
4. 89%



What percentage of patients use absorbent products to keep dry?

1. 25%
2. 50%
3. 68%
4. 90%



- Incontinence is associated with a social stigma.
- The stigma tends to be negative rather than positive.
- Many individuals are embarrassed to talk about the problem.

Facts

In North America incontinence is the major reason for nursing home placement.

-Approximately 45-70% of residents in nursing home have incontinence.

- Affects 15-30% in the community setting
- Affects up to 50% in long-term care

Often goes unreported

Facts

- Only 25% of the population will discuss this problem with a provider.
- 60% of this individuals will avoid physical activity
- One study cited 2-64% had sexual dysfunction.
- 28% will not seek treatment

Concerns

- Embarrassment
- Anxiety
- Irritability
- Depression
- Anger
- Low self esteem
- Shame
- Increased stress



Concerns

- Social disapproval and isolation
- Altered relationships
- Sleep disturbances
- Decline to seek treatment
- Loss of independence
- Leads to health problems
- Disappointment in treatment
- Supply management



Quality of Life Factors

- Shame/decreased self worth
- Fear of odor
- Altered physical exercise
- Lifestyle changes
- Body image/ personal appearance
- Clothing choices
- Anxiety
- Economic costs

Define the Problem

How can WOC nurses help patients and caregivers with incontinence ?

Define the problem

- Comprehensive Health History Assessment, physical, and Medication review–
- **Providers can easily under assess-** questions to start with
 - In the past year, have you had any loss of your bowels or urine, even a small amount that stained your underwear?
 - Have you ever had trouble getting to the bathroom on time?
 - Do you avoid going to social gatherings or shopping due to losing control of bowels or urine?
 - Patients do not want to discuss or give information about problem



Define the problem

- Assess psychological impact of incontinence on patient and caregiver.
- Assess the goals for improving continence.



the problem

- Refer patient to continence experts
- Refer for home care to evaluate functional needs and equipment – PT, OT, Nursing.
- Provide support and encouragement with treatment regime and time management.
- Provide information on companies that provide supplies.
- Provide caregivers information for support groups.

Case Study



76 y.o. male dx with Alzheimer's disease.

2 weeks later has a (R) cva and then develops urinary incontinence.

Physician starts Donepezil (Aricept).

Patient now has urinary and bowel incontinence. Managed with containment products and MBO.

What psychosocial issues could this patient have?

References

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