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 of 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 or False

Urinary incontinence is one of the leading diagnosis among homebound persons?
1. True
2. False

True or 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

Cleveland Clinic

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