

INCONTINENCE AND FRAILTY

Emily Hoile (emilyhoile@nhs.net)

Pelvic Health Physiotherapist

Charlotte Bell

Deputy Clinical Pharmacy Manager and Care of the Elderly Pharmacist

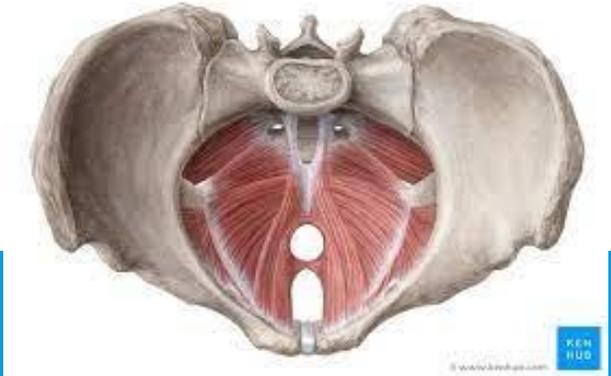
MY BLADDER AND BOWEL RULE MY LIFE

- UI and FI affect one in three people living in residential care, and two in three nursing home residents. (British GSJWP, 2011)
- Incontinence, urinary frequency and assisted toileting are identified falls risk factors for residents in residential aged care facility
- UI is twice as common in older people with frailty compared to older people without frailty.
- Incontinence impacts on skin integrity, pain and QoFL
- Can impact on an older person's ability to stay active, healthy and independent

HOW TO TREAT UI



- Lifestyle interventions
 - Weight loss
 - Smoking cessation
 - Fluid and diet modifications
 - Physical activity
 - Manage constipation
- Behavioural interventions
 - Pelvic floor muscle training (+/- sphincter exercises)
 - Bladder training and urge suppression techniques
 - Bowel biofeedback techniques
- Pharmacological treatment
- Adjunct devices/care
 - Pads, catheters, clamps



SAFE PRESCRIBING FOR INCONTINENCE – DOES THAT EXIST?

The main drug treatments for incontinence are **antimuscarinics**

Solifenacin **Oxybutynin** Tolterodine Darifenacin Trospium Fesoterodine

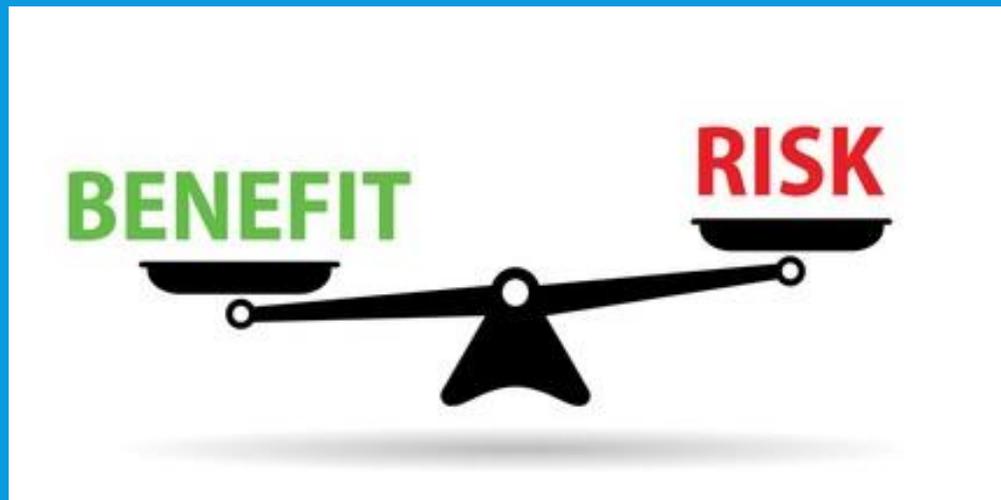
By nature of how they work they are score highly on the anticholinergic burden scale (all score 3)

A score of 3 or more = 70% increase in the risk of experiencing two or more adverse effects as well as an increased risk of:

- ☠ Confusion
- ☠ Falls
- ☠ Death

Other adverse effects include:

- ☹ Dry eyes/blurred vision
- ☹ Dry mouth
- ☹ Constipation
- ☹ Urinary retention
- ☹ Cardiac arrhythmias



WHAT ABOUT OTHER TREATMENTS?

Mirabegron

- does not have anticholinergic properties BUT cardiac adverse effects (tachycardia, AF, hypertension) and some risks of UTIs and urinary retention
- Study data suggest that it is better tolerated than anticholinergics

Duloxetine

- Can be prescribed for stress urinary incontinence for women only as a second-line treatment when patient does not want or not suitable for surgical treatment
- Small improvement in symptoms but NNH in a study was found to be 7
- Not recommended in the elderly
- Lots of adverse effects including increased risk of falls

ACCESSING SERVICES

Pelvic Health Physiotherapy Team

- Outpatient clinics (NA, Ashburton, Paignton, Brixham, Teignmouth, Totnes)
- Self referral [Self Referral to Womens Health Physiotherapy - Leaflet \(torbayandsouthdevon.nhs.uk\)](#)
- Specialist Bowel Biofeedback Clinic
- Contenance champions in community/IC teams

Bladder and Bowel Team

- Outpatient clinics (across the bay depending on staffing)
- Referral form emailed to ndht.bladderandbowelcaresouth@nhs.net
- <https://www.northdevonhealth.nhs.uk/services/bowel-bladder-care/>
- Assistant practitioners provide support to care homes
 - Patient management
 - Staff training

CURRENT CONTINENCE RESOURCES

- Physiotherapy leaflets [Physiotherapy leaflets - Torbay and South Devon NHS Foundation Trust](#)
- Physiotherapy patient online videos [Physiotherapy support videos \(torbayandsouthdevon.nhs.uk\)](#)
- Bladder and Bowel Care Team leaflets <https://www.northdevonhealth.nhs.uk/services/bowel-bladder-care/bowel-bladder-care-patient-information-leaflets/>
- Physiotherapy and Nurse involvement at local CPD events, local conferences and patient focused events
- Clinical skills facilitator (Linda Gibson) for catheter and bowel updates accessed via the HIVE
- In-house CPD events to support staff

SUMMARY

- Urinary incontinence is not a normal part of aging!
- It is possible to manage urinary incontinence with a variety of lifestyle management strategies that can be implemented early
- Never underestimate potential in patients!
- Consider further support with safe prescribing considerations and/or other continence adjuncts
- Access outpatient services or support in care homes