Urinary Incontinence: Moving From Management to Treatment in Home Health

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Session Type: Educational Sessions
Session Level: Multiple Level

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Home Health Section
of the American Physical Therapy Association
Urinary Incontinence
Moving from Management to Treatment in Home Health

Conflicts of Interest
Sarah Haag has nothing to report
Sean Hagey has nothing to report

Objectives
• Define the different types of urinary incontinence
• Be comfortable with a simple line of questioning to identify the likely type of incontinence a patient is experiencing.
• Be comfortable identifying an appropriate plan of care (or treatment referral)

A quick survey
Who here treats incontinence?
Who here treats patients with incontinence?
Who here thinks a PT in Home Health can help manage incontinence?

Who has incontinence?
• According to the National Association for Continence, over 25 million Americans are affected by incontinence\(^4\) and 200 million people worldwide.\(^3\)
  – 37.5% of Medicare respondents.\(^2\)
• 65% of women and 30% of men sitting in a GP waiting room have symptoms of UI
  – But only 31% seek help.\(^7\)
• Expecting 25% increase in urge UI in the next 10 years due to aging population.\(^6\)

Even more people than we know....
• Survey of 3130 people, >80% had urinary symptoms, <40% of those sought help from a medical provider\(^1\)
• Many people do not discuss their incontinence with their physicians.\(^5,15,18\)
• 70% of people with urinary incontinence do not seek advice or treatment.\(^7\)
• Many people don’t realize that UI is NOT a ‘normal’ part of aging.\(^16\)
### Impact of Incontinence

- **Cost**
  - "Substantial economic burden on patients and society."¹
  - $66 billion in 2007 in the US
    - Including cost of routine care and nursing home admissions.⁶
    - Projected to be $82.6 billion by 2020¹³
- **Safety**
  - 26% increase fall risk
  - 34% increase in risk of fracture

### Why wouldn’t we treat what we know is there?

Huge impact

- Poor Reporting
  - Undertreated

### Patients who are receiving Home Health are very likely to have UI

- Prevalence of UI increases with comorbidities ⁹
  - COPD
  - Diabetes
  - Obesity
  - Cancer of pelvic organs
  - Chronic UTIs
  - Congestive Heart Failure
  - Postmenopausal hypoestrogenism

### Patients who are receiving Home Health are very likely to have UI

- Medications that may contribute to UI ¹⁰
  - Cholinergic or anticholinergic drugs
  - Alpha-blockers
  - OTC allergy medications
  - Sedatives
  - Muscle relaxants
  - Diuretics
  - ACE inhibitors
The OASIS Form

An oasis is typically a welcome sight...

Outcome and Assessment Information Set:
Medicare, Medicaid, Home Health Agencies

OASIS Questions

M1018 - Conditions Prior...
First thing listed is...Urinary Incontinence!
How many of us consider UI a priority?

OASIS ?’s cont... Medical History

Medical History checklist:
Diabetes, arthritis, falls, cardiac disease,
kidney/bladder disease, prostate disease, etc
These all can play a part in your client’s UI issues. They need to be addressed.

OASIS ?’s - Braden Scale

Braden Scale - Predicting pressure sore risk
Moisture level plays a huge part in increased or decreased risk of developing sores.
Again, UI isn’t an isolated issue, it has a major role in quality of life and overall health.

OASIS ?’s Integumentary Status

M1300 Pressure Ulcer Assessment
-Braden Scale for objective measurement
-POC goals/interventions for pressure ulcers
-Are you just checking boxes?

M1302 Risk of Developing Pressure Ulcers
-If yes, what are your goals/interventions?
- IU treatment as an intervention AND goal

OASIS ?’s - Elimination Status

M1600 - Urinary Tract Infection
- History of UTI and effect on UI
M1610 - Urinary Incontinence
- Simple yes or no, but make sure you’re consistent with previous responses
OASIS - Elimination Status cont...

M1615 - When does UI occur?
0- Timed voiding defers incontinence
1- Occasional stress incontinence
2- During the night only
3- During the day only
4- During the day and night
*** Huge gulf between 1 and 2!

OASIS ?’s - Toileting

M1840 - Toilet transferring
- Functional mobility plays a huge part in UI. Here’s your chance to address it.

M1845 - Toileting hygiene
- Does your client use incontinence pads? This can also have an effect on mobility.

OASIS ?’s - Fall Risk

M1910 - Falls risk assessment
* Important to note that on fall risk screening, being ambulatory and incontinent scores as a higher fall risk than being chair bound and requiring assistance with toileting.
* Falls associated with UI and total costs

So you know that your patient has UI.... What next?

• Learn a little bit about urinary incontinence!
• Talk to your patients!
  — Some simple questions will help you determine the most likely type of UI or if your patient needs to be referred to another provider.
• Let them know that there is help
  — And one of the best remedies is PT!

What is Urinary Incontinence?

According to CMS:

Urinary Incontinence (UI) is the involuntary loss or leakage for urine.

Types of Urinary Incontinence

• Functional Incontinence
• Urge Incontinence
• Stress Incontinence
• Mixed Incontinence
• Overflow Incontinence
• Transient Incontinence
Functional Incontinence

- Functional Incontinence refers to incontinence that is secondary to factors other than inherently abnormal urinary tract function. It may be related to physical weakness or poor mobility/dexterity, cognitive problems, various medications, or environmental impediments.\textsuperscript{10}

Urge Incontinence

- Urge Incontinence is characterized by abrupt urgency, frequency, and nocturia (part of the overactive bladder diagnosis).\textsuperscript{10}
  - This is the most common type of UI

Stress Incontinence

- Stress Incontinence is the loss of a small amount of urine with physical activity such as coughing, sneezing, laughing, walking stairs or lifting. Urine leakage results from an increase in intra-abdominal pressure on a bladder that is not over distended and is not the result of detrusor contractions.\textsuperscript{10}
  - Stress UI is the 2\textsuperscript{nd} most common type of UI

Mixed Incontinence

- Mixed Incontinence is the combination of urge incontinence and stress incontinence.\textsuperscript{10}

Overflow Incontinence

- Overflow Incontinence occurs when the bladder is distended from urine retention. Symptoms of overflow incontinence may include: weak stream, hesitancy, or intermittency; dysuria; nocturia; frequency; incomplete voiding; frequent or constant dribbling.

Transient Incontinence

- Transient Incontinence refers to temporary or occasional incontinence that may be related to a variety of causes.\textsuperscript{10}
Transient Incontinence

- Common Contributors:
  - D: Delirium or acute confusion
  - I: Infection (symptomatic UTI)
  - A: Atrophic vaginitis or urethritis
  - P: Pharmaceutical agents
  - B: Psychological disorders (depression, behavioral disturbances)
  - E: Excess urine output (due to excess fluid intake, alcoholic or caffeinated beverages, diuretics, peripheral edema, congestive heart failure, or metabolic disorders such as hyperglycemia or hypercalcemia)
  - R: Restricted mobility (limits ability to reach a bathroom in time)
  - S: Stool impaction

Remember....

- Bowel and bladder issues are underreported
- It’s embarrassing to talk about...
- Many people (and many physicians!) don’t know that there is help.
- You may be the first person to take the time to ask them about such things!
- As PTs we spend more time with our clients than most practitioners. Our clients talk, we listen, and we may just get told things the doctors/nurses don’t know.

So what kind of incontinence does my patient have?

- Asking some simple questions can get you pretty far!
  - How long has this been going on?
  - When does it seem to happen?
  - Does your doctor know?
  - Does it bother you?
  - Did you know there is help?

How long has this been going on?

- Sudden onset of UI should be investigated
  - Possible UTI
  - Possible neurological complication
- History of UI
  - Likely not due to any acute medical issues.
  - Very possible that some PT could improve symptoms!

When does it seem to happen?

- During increases in intra-abdominal pressure?
  - Sit->stand, getting out of bed, coughing, sneezing
    - Likely stress incontinence
      - ‘Blow before you go’
      - ‘Squeeze before you sneeze’

When does it seem to happen?

- On the way to the bathroom or with a really strong urge?
  - Likely urge incontinence
    - Rule out UTI
    - If no UTI, somethings that may help
      - Timed Voiding
      - Dietary Modifications
      - Behavioural Modifications
Does your doctor know?

- Many people don’t tell their doctors, many doctors don’t ask.
  - Doctors should know that their patients are incontinent.
  - Medications can help with urge incontinence.
  - Physicians can rule out sinister issues.

Does the incontinence bother you?

- Some people feel like UI is ‘no big deal’ or ‘just part of life’.
  - Many feel differently if they know there is help.
- Some people choose to not address UI
  - It is their choice, but it is good to make sure they know they have options!

Did you know that there is help?

- Many physicians don’t know that Physical Therapy can help with UI!
- Many people don’t know that Physical therapy can help with UI!
- We can be the first healthcare practitioner to let them know that there is help to cure incontinence.

What can I do about it?

- You’re already doing a lot!!
  - It’s been shown a personalized program to improve ADL and physical activity improved UI complaints.11
  - Cochrane review found that Pelvic Floor exercises are effective to treat UI 12
    - It’s more than just Kegels!!
    - Improving speed, balance, and accessibility can address several of the factors in Functional Incontinence

What can I do about it?

- Communicate with Physician and Nurse regarding info you get about bladder function.
  - Especially if onset is sudden, or if there’s been a recent medication change.
- Suggest referral for pelvic floor physical therapy.18
  - Pelvic Floor PT is covered by Medicare and commercial insurances.

Manage vs. Treat

- 1 year after PT intervention19
  - 20% were ‘cured’
  - 25% discontinued use of incontinence pads.
  - 30% went from multifactorial health problems to monofactorial health problems.
  - 4 out of 5 people were satisfied with their improvement.
How This Helps Us!

Decreased falls
Decreased serious injuries (fractures)
Decreased re-hospitalizations
Patient improvement scores - Star rating system

Marketing

Avenues for marketing:
Direct Access - online, social media, ads
Primary Care Physicians
Specialists - Nephrologists, OB/GYN

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References
