

Precepting Tips for Assessing & Diagnosing Urinary Incontinence in Older Adults



Overview

Underreported and undertreated, urinary incontinence (UI) negatively impacts the quality of life of older people. Less than 50% of older people seek treatment for UI. They are reluctant to discuss it with health care providers due to embarrassment, shame, ignorance of treatment options, and overreliance on wearable containment products.

Prevalence	Risk Factors	Negative Consequences
More than half of women age 65+ years report UI, which is twice the rate of older men.	<p>Health conditions obesity, diabetes, cognitive decline, stroke, diabetes, dementia, neurological conditions such as Parkinson’s disease, pelvic prolapse (women), BPH (men), prostate cancer surgery (men)</p> <p>Functional issues poor general health, limitation in daily activities</p> <p>Medication issues polypharmacy, diuretics, psychotropics, hormone therapy (women)</p>	UI causes a variety of adverse physical , psychological , and social results for older people.

Screening and Assessment



- Screen annually with the [ICIQ-SF](#) (International Consultation Incontinence Questionnaire) self-diagnostic tool, rescreening sooner if worsening functional decline or increased risk factors. Responses to the last item of the ICIQ help identify the type of urinary incontinence.

Response to question, “When does urine leak?”	Type of Urinary Incontinence
Never. Urine does not leak.	No urinary incontinence
Leaks before you can get to the toilet.	Urgency urinary incontinence
Leaks when you cough or sneeze.	Stress urinary incontinence
Leaks when you are asleep.	Nocturnal enuresis
Leaks when you are physically active/exercising.	Stress urinary incontinence
Leaks when you have finished urinating and are dressed.	Post-voiding incontinence
Leaks for no obvious reason.	Insensible urinary incontinence
Leaks all the time.	Continuous urinary incontinence



- Conduct a medical history focused on:
 - **Urological symptoms:** Use a [3-day bladder diary](#) to assess the frequency and severity of urinary incontinence and contributing factors.
 - **Comorbidity contributors:** Assess for and eliminate transient causes of urinary incontinence:
 - D**elirium
 - I**nfection - bladder
 - A**trophic Urethritis and vaginitis
 - P**harmaceuticals - *see next page*
 - P**sychological causes - depression
 - E**xcess urine output - from heart failure or hyperglycemia
 - R**educed mobility
 - S**tool impaction

- **Medication issues:** Conduct a medication review for medications that can contribute to UI:
 - Ace inhibitors
 - Antidepressants
 - Calcium channel blockers
 - Non-Specific alpha-blockers to treat hypertension (i.e., prazosin, doxazosin)
 - Opioids
 - Antipsychotics
 - Diuretics



- Conduct a **focused physical exam:** The physical exam should include an abdominal exam focused on bladder distention, a cardiovascular exam focused on edema and signs of heart failure, a neurological exam looking for signs of neuropathy or stroke, a rectal exam to assess mass, tone, sensation, prostatic enlargement in men, fecal load, and a vaginal exam looking for signs of prolapse. Use the Brink scale to assess pelvic floor muscle strength and volitional control during the rectal or vaginal exam. A cough stress test can be performed to see if urine leaks when the patient coughs.



- Order **diagnostic tests:**
 - Dipstick urinalysis to rule out hematuria and UTI
 - Urine culture and sensitivity only if urinalysis is positive for nitrites and/or leukocytes
 - Post void residual urine only if signs of urinary retention are present



- Assess **treatment preferences and continence goals.**

Types of UI

It is essential to diagnose the type of urinary incontinence, as each type responds to different treatments. Common types of urinary incontinence are listed below.

Types of UI	Description	Signs and Symptoms
Stress Urinary Incontinence	Complaint of involuntary leakage on effort or exertion, or on sneezing or coughing	Small amounts of daytime urine loss when coughing, laughing, sneezing, bending, lifting, or being physically active
Urgency Urinary Incontinence	Complaint of involuntary leakage accompanied by or immediately preceded by urgency	Sudden compelling urgency, urinary frequency, and nocturia
Mixed Urinary Incontinence	Complaint of involuntary leakage associated with urgency, and also with effort, exertion, sneezing and coughing	Combination of those for stress and urgency incontinence
Overflow Urinary Incontinence	Complaint of urinary incontinence in the symptomatic presence of an excessively full bladder	Continuous leakage, dribbling, urinary retention or hesitancy, urine loss without a recognizable urge, and uncomfortable sensation of fullness or pressure in the lower abdomen, incomplete bladder emptying, common in men with BPH
Disability-associated Urinary Incontinence	Complaint of urinary incontinence in the presence of a functional inability to reach a toilet/urinal in time because of a physical impairment, (e.g. orthopedic, neurological) and/or mental impairment	Requires caregiver assistance with toileting

Teaching Tips: Ask students to . . .

- Screen a patient for urinary incontinence using the [ICIQ-SF](#) and determine the type of incontinence.
- Conduct a focused history to identify potential contributors to urinary incontinence.
- Review a patient’s medication list for drugs that might contribute to urinary incontinence and discuss the pros and cons of eliminating or modifying those prescriptions.
- Review a completed bladder diary to diagnose the type of incontinence and to select treatment options.

Preceptor Resources

- International Continence Society’s downloadable [Algorithm for Urinary and Fecal Incontinence in Frail Older People](#)
- National Association for Continence [patient](#) and [caregiver](#) education materials
- Simon Foundation for Continence [patient education materials](#)
- Simon Foundation for Continence [directory of US diaper bank for adult absorbent products](#)
- Minnesota Northstar GWEP - [Managing Urinary Incontinence in Older Adults: Teaching and Learning Resources](#)