

When Laughing is No Longer Funny

Managing Transient Urinary Incontinence in Hospitalized Elderly Women



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Background

- Transient Urinary Incontinence (TUI)
- Involuntary urine loss with reversible causes
 - Negatively impacts patient outcomes, e.g. independence, mood, falls, and skin integrity
 - Affects 80% of hospitalized patients and 75% of females >60 years of age
 - Cost of managing TUI is \$26 billion annually

Literature Review

- Evidence based practice (EBP) TUI interventions include:
- Behavioral modification therapy (BMT), i.e. bladder training and lifestyle modifications based on TUI assessments and causation
 - Daily bladder diary (BD) to track continence/incontinence episodes/toileting behaviors
 - BMT and BD staff education

PICO Question

Is BMT (including a BD) more effective than passive TUI care in reducing TUI episodes in elderly hospitalized female patients on a rehabilitation unit?

Methodology

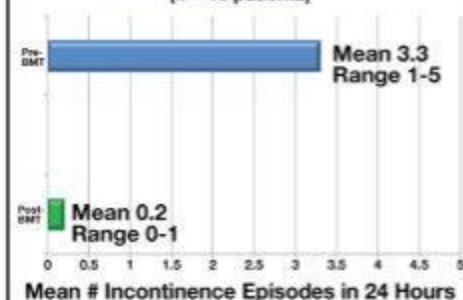


Time to Void



Results

Reduction of Incontinence Episodes
Pre & Post Behavioral Modification Therapy (BMT)
(n = 10 patients)



Results

- Patient mean age = 81.2 years (range 68-90)
- Patient days on BMT, mean = 8.1 (range 9-11)
- All patients (n = 10) reported they were able to wear fewer adult briefs (cost saving = \$10 per day/per patient)
- 100% reported satisfaction with BMT

Summary/Conclusion

- BDs are effective TUI management tools
- Maintaining BD documentation is challenging
- BMT is a cost-effective EBP intervention
- Plan to extend to all hospitalized incontinent patients

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**Texas Christian University Evidence Based
Practice Fellowship Initiative**



Background

Transient Urinary Incontinence (TUI)

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- Cost of managing TUI is \$26 billion annually

(DeBeau, et al, 2010)



Literature Review

Evidence based practice (EBP) TUI interventions:

- Behavioral modification therapy (BMT), i.e. bladder training and lifestyle modifications based on TUI assessments and causation (Shamlyan, et al, 2012)
- Daily bladder diary (BD) to track continence/incontinence episodes/toileting behaviors
- Staff/Patient education on use of BD and BMT strategy. (Dowling-Castronovo, et al, 2009)



PICO Question

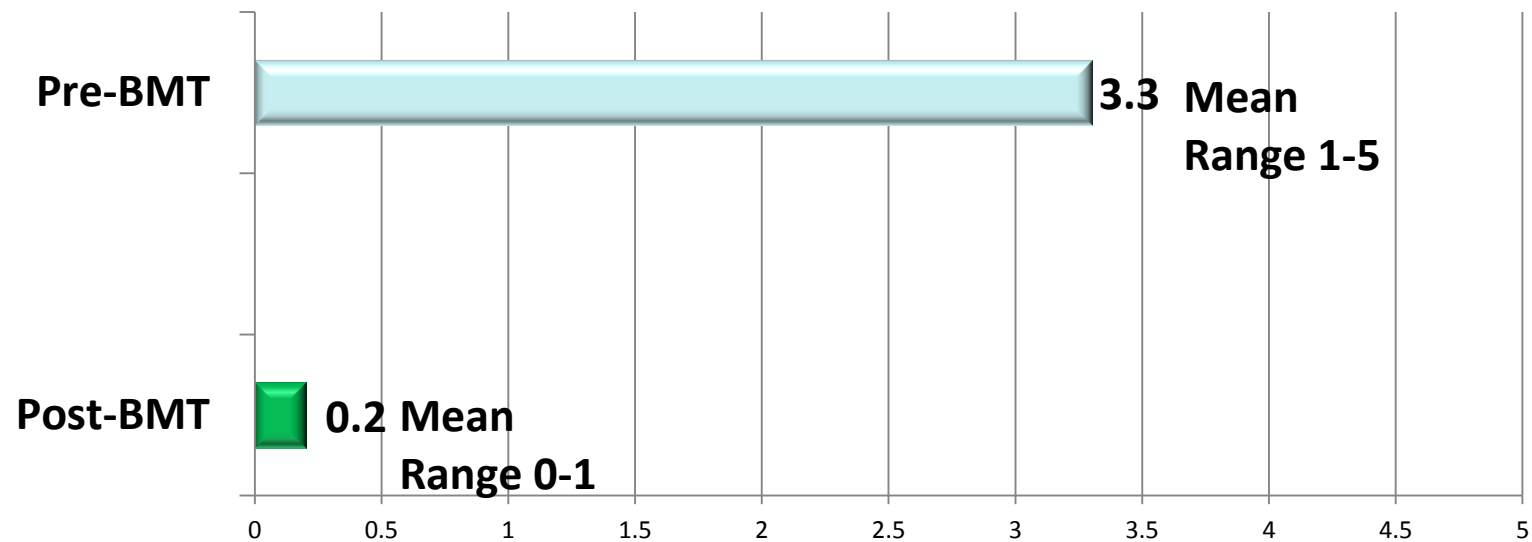
Is BMT (including a BD) more effective than passive TUI care in reducing TUI episodes in elderly hospitalized female patients on a rehabilitation unit?

Change Strategy

- Inter-professional team formed
- Educated inter-professional team on treatment, plan and management strategies [Step 1 Review of goals of incontinence and patient preferences.docx](#)
- Patient counseling and education on BMT i.e. bladder training and life style modification
- Inter-professional team used the BD to establish toileting schedule track incontinence episodes and assess BMT effectiveness [Bladder Diary1 \(2\).docx](#)
- Patients queried prior to discharge on BMT satisfaction and use of incontinence protection (i.e. adult briefs)

Reduction of Incontinence Episodes with Behavioral Modification Therapy (BMT)

(n = 10 patients)



Mean # Incontinence Episodes in 24 Hours

Results

- Mean age 81.2 years (range 68-90)
- Days on BMT, mean 8.1 days (range 9-11)
- All patients (n=10) reported they were able to wear fewer adult briefs (cost reduction = \$10 per day/per patient)
- 100% reported satisfaction with BMT.

Conclusion

- BDs are effective TUI management tools; maintaining documentation is challenging.
- BMT is a cost-effective EBP intervention
- Plans to extend to all hospitalized incontinent patients

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