

Urinary Incontinence Assessment

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WHY: Urinary incontinence (UI), the involuntary loss of urine, is estimated to effect over 13 million Americans. UI increases with age, but is not a normal part of the aging process. It is the second leading risk factor for institutionalization; 80% of long-term care residents require assistance with toileting, and 54% are incontinent. UI may be transient. Persistent UI may be classified as urge, stress, overflow, functional, or a combination of these. Successful individualized treatment options are available. Nurses, traditionally the “hands-on” caregivers, are in the ideal position to assess and intervene to help improve and restore continence.

BEST ASSESSMENT: The bladder diary is the recommended tool to collect information regarding UI. A sample bladder diary is provided on the next page. In addition, screening questions and a helpful mnemonic such as DIAPPERS, as discussed on the next page, provide a framework for guiding assessment of presence and risk of UI.

TARGET POPULATION: UI screening is appropriate at any age, but especially for older adults due to increased prevalence. The at-risk patient population includes those with: immobility, impaired cognition, medications, morbid obesity, smoking, fecal impaction, delirium, low fluid intake, environmental barriers, high-impact physical activities, diabetes, stroke, estrogen depletion, and pelvic muscle weakness.

VALIDITY/RELIABILITY: The Agency for Health Research and Quality (previously known as the Agency for Health Care Policy and Research) expert panel recommends the use of bladder diaries as a method for assessment of incontinence, supporting the validity of this measure.

STRENGTHS AND LIMITATIONS: While bladder diaries and suggested questions and screening frameworks help to identify the risk and presence of incontinence, these instruments do not shed light on the impact of incontinence on an individual’s quality of life. UI’s impact on quality of life may vary based on the type of UI, leading clinicians to choose appropriate Health Related Quality of Life (HRQOL) questionnaires that measure specific UI symptomatology. A strength of HRQOL questionnaires is they may be self-administrated, but clinicians must take care in appropriate selection for targeted populations; culturally sensitive UI research continues to expand.

MORE ON THE TOPIC:

- Brown, J.S., Posner, S.F., & Stewart, A. L. (1999). Urge Incontinence: New Health-Related Quality of Life Measures. *Journal of the American Geriatrics Society*, 47(980-988).
- DeBeau, C.E., Kiely, D.K., & Resnick, N. M. (1999). Quality of Life Impact of Urge Incontinence in Older Persons: A New Measure and Conceptual Structure. *Journal of the American Geriatrics Society*, 47(989-994).
- Lee, P.S., Reid, D.W., Saltmarche, A., & Linton, L. (1995) Measuring the Psychosocial Impact of Urinary Incontinence: The York Incontinence Perceptions Scale (YIPS). *Journal of the American Geriatrics Society*, 43(1275-1278).
- McCormick, K.A. (2000). Urinary Incontinence. In Fitzpatrick, J.J. & Fulmer, T. (Eds). Geriatric Nursing Research Digest. New York, NY: Springer Publishing Company.
- Shumaker, S.A., Wyman, J.F., Uebersax, J.S., McClish, D. & Fantl, J.A. (1994). Health-Related Quality of Life Measures for Women with Urinary Incontinence: The Incontinence Impact Questionnaire and the Urogenital Distress Inventory. *Continence Program in Women (CPW)*. *Quality of Life Research*, 3(5): 291-306.
- Urinary Incontinence Guideline: Real World Examples of Use*. Agency for Health Care Policy and Research, Rockville, MD. March 1996. <http://www.ahrq.gov/clinic/uistory.htm>

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SUGGESTED QUESTIONS

- Do you ever lose control of your urine? Do you ever leak?
- Can you tell me about the problems you are having with your bladder?
- Can you tell me about the trouble you are having holding your urine (water)?
- How often do you lose urine when you do not want to?
- When do you lose urine when you do not want to?
 - Do you leak when coughing, sneezing, laughing, or lifting objects?
 - Do you leak when hurrying to the bathroom?
- How often do you wear a pad, diaper, undergarment-shield?
- Do you use any other type of protection from leaking urine?
- How long have you had this bladder problem?

SAMPLE BLADDER RECORD - Should track a 24-hour time period for several days						
Time Interval	Urinated in Toilet	Incontinent Episode (++small; +++ = large)	Reason for Incontinent Episode	Type and Amount of Liquid Intake	Bowel Movement	Pad/Diaper Use
8-9 AM						
7-8 AM						
Expand Chart to reflect a 24-Hour Time Period						

Above adapted from: Urinary Incontinence in Adults: Acute and Chronic Management: Clinical Practice Guideline #2 (1996 Update), AHCPR Publication Number 96-0682, March, 1996.

POSSIBLE CAUSES OF TRANSIENT URINARY INCONTINENCE

- Delirium
- Infection (Urinary Tract)
- Atrophic urethritis or vaginitis
- Pharmacology (i.e. diuretics, anticholinergics)
- Psychological disorders (especially depression)
- Endocrine disorders (i.e. diabetes)
- Restricted mobility (i.e. post-operative)
- Stool Impaction

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