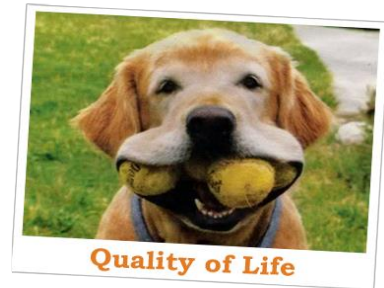


“Lets Talk Leaks”

Alison Bardsley
RGN, MSc, DN, Pgcert HE
Senior Lecturer
Coventry University



Incontinence

- There remains a profound stigma and feeling of humiliation attached to these conditions
- Stems from the fear and anxiety related to becoming incontinent in public and the possibility that others may find out, rather than distress related to the leakage of urine itself
- The effect that urinary incontinence has on daily life can differ greatly, depending on the aetiology and severity of the condition and, equally, individual personality and coping strategies

Psychological aspects of incontinence

- People with incontinence have a significantly poorer quality of life than their continent counterparts.
- Urinary incontinence commonly leaves the sufferer with psychological morbidity, particularly depression.
- Women with an overactive bladder are likely to suffer greater psychological distress than those with stress incontinence.
- Up to 23% of women take time off work because of their incontinence

Affects on QOL

- Emotional life
- Relationships
- Exercise and sport
- Employment
- Travel and holidays
- Sleep



WHO - Definition of Health

“State of complete physical, mental and social well-being and not merely the absence of infirmity and disease”



Critique of *Health-Related Quality of Life* (Lawton, 1997)

- There is more to QOL than health
- Other life aspects increase QOL
- Measures are prone to biased responses if people are asked to attribute QOL to their health

Canadian Centre of Health Promotion

- QOL is, "the degree to which the person enjoys the important possibilities of his or her life" (Renwick & Brown, 1996).
- Humans have needs
- 3 Elements of their Model
 - Being - Physical, psychological, and spiritual
 - Belonging – social and community
 - Becoming – personal growth, leisure and practical

Renwick, R., & Brown, I. (1996). *Quality of Life in Health Promotion and Rehabilitation: Conceptual Approaches, Issues, and Applications*. Thousand Oaks, CA: Sage Publications.

Principles of Renwick & Brown

- QOL is multidimensional
- QOL is bio-psycho-social
- QOL appraisal must be holistic
- QOL components are common to all people and the human condition, i.e. not different for people with disability
- Disability doesn't imply increased or decreased QOL

QOL meaning is individual

Factors associated with increased QOL

- Functional independence
- Low pain
- Everyday social support
- Self efficacy

Van Leeuwen et al (2012) Life satisfaction in people with spinal cord injury during the first five years after discharge from inpatient rehabilitation. *Disability and Rehabilitation*. 34(1) 76-83

Assessment of QOL

- Numerous tools –some generic
 - WHODAS II
 - The Nottingham Health Profile and Sickness Impact Profile
 Compare different diseases but not sensitive when applied to incontinence
- Disease specific
 - Incontinence Impact Questionnaire
 - Incontinence Quality of life Instrument
 - Kings Health Questionnaire
 - Bristol Female Lower Urinary tract Symptoms questionnaire

Incontinence

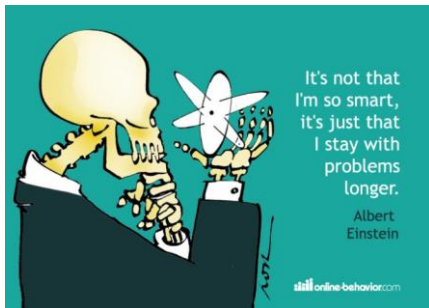
- All people with incontinence self-manage – but not always in ways that contribute to living independent and pleasurable lives
- Bother and impact are not related to severity
- Professionals must maintain a holistic approach to treatment, thus allowing effective identification and treatment of individual requirements, both physical and psychological

The primary goals of healthcare professionals management of patients is to:

- Protect the upper urinary tract
- Prevent recurrent UTIs
- Avoid bladder stretch injury from repeated over-distension
- Improve urinary continence
- Improve the person's quality of life.

Identified problems that people found most difficult were those that:

- Occur frequently
- Occur publicly and have social stigma
- Occur in situations where they have little control.



A range of approaches are used to manage urinary incontinence in everyday living

Which can be conceptualised as:

- Containing
- Concealing
- Restricting
- Modifying

Australian Government: Department of Health and Aging. (2015) What now? Helping clients live positively with urinary incontinence. Accessed at www.bladderbowel.gov.au/assets/90c/HelpingClients.html

These approaches are applied to everyday functions including:

- Planning
- Routines
- Toileting
- Using pads and aids
- Adjusting fluids
- Body care and hygiene
- Physical activity and exercise
- Creating a more structured environment

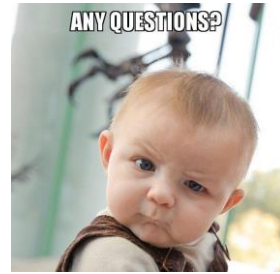
Planning

- What are the person's aims?
- What resources do they need
- Strategies – short term/long term
- Try out/dummy run
- Back up plan
- Emergency strategies
- Equipment and supplies





Being In Control



Thank you for listening

References:

- Akkoc et al (2013) Effects of different bladder management methods on the quality of life in patients with traumatic spinal cord injury. *Spinal Cord* 51, 226-231
- Australian Government; Department of Health and Aging (2015) What now? Helping clients live positively with urinary incontinence. Accessed at: www.bladderbowel.gov.au/assets/doc/HelpingClients.html
- Lawton MP: (1997) Assessing quality of life in Alzheimer disease research. *Alzheimer Disease and Associated Disorders*, 11(Suppl.6):91-99
- Renwick, R., & Brown, I. (1996). *Quality of Life in Health Promotion and Rehabilitation: Conceptual Approaches, Issues, and Applications*. Thousand Oaks, CA: Sage Publications.
- Van Leeuwen et al (2012) Life satisfaction in people with spinal cord injury during the first five years after discharge from inpatient rehabilitation. *Disability and Rehabilitation*. 34(1) 76-83
- Hill et al (2010) Quality of Life instruments and definitions in individuals with spinal cord injury: A systematic review. *Spinal Cord*. 48(6) 438-450
- Munce et al (2013) Impact of quality improvement strategies on the quality of life and well-being of individuals with spinal cord injury: a systematic review protocol. *Systematic Reviews*. www.systematicreviewsjournal.com