

# Urinary Incontinence

## Prevention and Wellness Practice Guideline



### Overview of the Condition/Disease

**Definition:** Loss of bladder control that ranges in severity from leaking of urine to a sudden urge to urinate that is so strong you don't make it to the toilet in time

**Pathophysiology:** Urinary incontinence isn't a disease; it is a symptom. It can be due to an underlying medical condition or physical problem. Although it occurs more often as people get older, it is not an inevitable consequence of aging.

#### Types of Urinary Incontinence:

- Stress incontinence-urine leaks due to pressure on your bladder from coughing, laughing, sneezing, exercising, lifting heavy objects, etc.
- Urge incontinence-sudden, intense urge to urinate followed by an involuntary loss of urine
- Overflow incontinence-frequent or constant dribbling due to a bladder that doesn't empty
- Functional incontinence- a physical or mental inability to make it to the toilet in time
- Mixed incontinence- a person suffering from more than one type of incontinence



### Best Practice Standards for Prevention and Management

**Education:** Talk with members about seeing their primary medical physician to discuss urinary incontinence and treatment options.

#### Interventions for prevention:

- Pelvic floor exercises (i.e. Kegels)
- Go to the bathroom on the first urge, do not wait
- Bladder training/toileting schedule

#### Lifestyle Changes:

- Maintain a healthy weight and consider increasing your dietary fiber
- Avoid bladder irritants like caffeine, alcohol, and acidic foods
- Quit smoking
- Discuss with your Primary Care Provider and follow up as recommended

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**Additional conditions that negatively impact the condition/disease:**

• Urinary tract infections	• Age (older adults)
• Constipation	• Neurological disorders
• Gender (usually women)	• Enlarged prostate issues
• Obesity	• Menopause, Pregnancy, Hysterectomy, Childbirth
• Urinary tract obstruction	
• Mobility Impairment	• Fear of falling, history of falls
• Diabetes	• Cancer
• Certain foods and drinks that act as a diuretic and stimulate the bladder (e.g., alcohol, caffeine, chocolate, chili peppers, carbonated drinks, large doses of vitamin C, etc.)	

### Anticipating, Recognizing, and Responding to Symptoms



Seek timely medical attention when current interventions and/or medications are not managing symptoms.

**Potential symptoms:** Involuntary leakage of urine

**Manifestation of symptoms:** Spontaneous urine leakage, may be accompanied by urgency, or could occur upon exertion, sneezing, and/or coughing. May have a combination of symptoms.



**Interventions to manage symptoms:**

- Behavioral techniques (i.e. bladder training)
- Pelvic floor exercises
- Electrical nerve stimulation
- Medications
- Medical Devices (i.e. Urethral insert, pessary)
- Surgery
- Incontinence products
- Catheters
- Biofeedback

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### Guidelines and Process for Interdisciplinary Team

- Care teams will assess member every 6 months for urinary incontinence and document in member's assessment per program protocol.
- Care teams will encourage member to discuss incontinence with Primary Care Physician and Urologist if recommended.
- Care teams will ensure member has access to appropriate incontinence products to reduce risk of infection and prevent skin breakdown.



### Cultural Considerations

- In general: ethnic and cultural minority groups have continued to experience a disproportionate burden of disease, injury, premature death, and disability when compared to the white population
- Health disparities can mean lower life expectancy, decreased quality of life, loss of economic opportunities, as well as perceptions of injustice
- Health disparities are reflected in decreased productivity, increased health care costs, and social inequities
- Contributing factors to ethnic, cultural, and gender disparities:
  - Mistrust in the health care system (stemming from historical mistreatment or neglect)
  - Personal and group experiences of discrimination
  - Varying degrees of health literacy
  - Provider prejudice or unconscious bias
  - Low cultural competency and clinical humility among health care providers
  - Discordance in patient-provider gender, race, and/or ethnic background
  - Under representation of minority health care providers (only 19% of RNs in the workforce are from racial or ethnic minorities)

All ethnicities and genders are at risk for urinary incontinence, but research shows some are at higher risk. Please be considerate of members at higher risk and make sure to provide education when necessary.

- Research has found an association between incontinence and declining mental health and increased risk for the onset of psychological distress and depressive symptoms.
- Individuals who are incontinent may carry an emotional burden of shame and embarrassment in addition to the physical discomfort of incontinence.



### Quality Assurance Monitoring

Internal file reviews are completed by internal staff utilizing an assessment tool developed by the Quality Management Department. Peer to Peer reviews occur quarterly. Findings are shared with Program Management and staff.

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### Additional Resources

See Care Management Resource: Incontinence Supplies Quick Reference



### References

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