

Abstract

Purpose:

Urinary incontinence (UI) is common among nursing home residents. UI can have a significant impact on an individual's psychological health, mobility, fall risk, and functional independence among other things. It is also associated with significant costs and morbidity. Medication therapy is often the initial option for treating most types of urinary incontinence. However, behavioral interventions can also be utilized within the nursing home that are often beneficial to the treatment of UI. How often behavioral interventions are implemented among residents receiving medical therapy for UI is not well studied. This project was designed to investigate how frequently patients who are taking medications to treat UI are also receiving behavioral interventions concomitantly.

Methods:

Nursing homes in the Southern Illinois region were contacted and asked to participate in this cross-sectional study. If willing to participate, staff at the nursing home provided de-identified data for patients diagnosed with UI, including age category, sex, name(s) of prescribed UI medications, and if being used, any behavioral interventions implemented to help control UI symptoms. The data provided was collected and analyzed with descriptive statistics. The primary measure was to determine the proportion of patients receiving medical treatment for UI who were also receiving behavioral interventions to treat UI.

Results:

Two nursing homes were willing to participate and provided data on 12 patients total (7M/5F). The most common medications used to treat UI were mirabegron, tamsulosin, and finasteride. Urge incontinence/overactive bladder and overflow incontinence were the most common types of UI being treated in these patients. Only 4/12 (33%) of the patients were also receiving behavioral interventions to help manage UI symptoms.

Conclusion:

In this small cross-sectional sample, only one-third of nursing home residents being treated for UI were receiving concomitant therapy with behavioral interventions to help control urinary symptoms. Education of nursing home staff is needed to increase the use of behavioral interventions to maximize the benefits of medical therapy to treat UI.