

BACKGROUND

- **Urinary incontinence** (UI) is a common problem among nursing home (NH) residents, impacting nearly 60% of patients residing in this setting.
- **Numerous medications** are FDA approved to treat UI; however, the benefits of medical therapy to treat UI in this setting may be limited when used in isolation, particularly in residents with mobility limitations.
- **Existing data** among NH residents suggests that medical therapy used without concomitant behavioral interventions (assisted bathroom visits, bedside commode, etc.) does not substantially reduce incontinence episodes.

OBJECTIVES

- The **primary objective** is to determine how frequently residents of NH who are being treated for UI receive concomitant treatment with behavioral interventions.
- To identify the most common medications and types of behavioral interventions utilized to treat UI among NH residents
- To identify patient characteristics that predict treatment with medical therapy plus behavioral interventions vs. medical therapy alone among NH residents experiencing UI.

METHODS

Study Design

This is a cross sectional investigation

Study Population

NH residents aged 65 years and older residing in facilities in the Southern Illinois region who were actively being treated with medical therapy for UI

Data Collection

Data was collected via nursing staff in a de-identified fashion and maintained in an Excel spreadsheet

Data Analysis

Data was summarized and analyzed using simple descriptive statistics for most variables: the identification of patient characteristics that predict concomitant treatment vs. medications therapy alone was planned, if sufficient sample size obtained

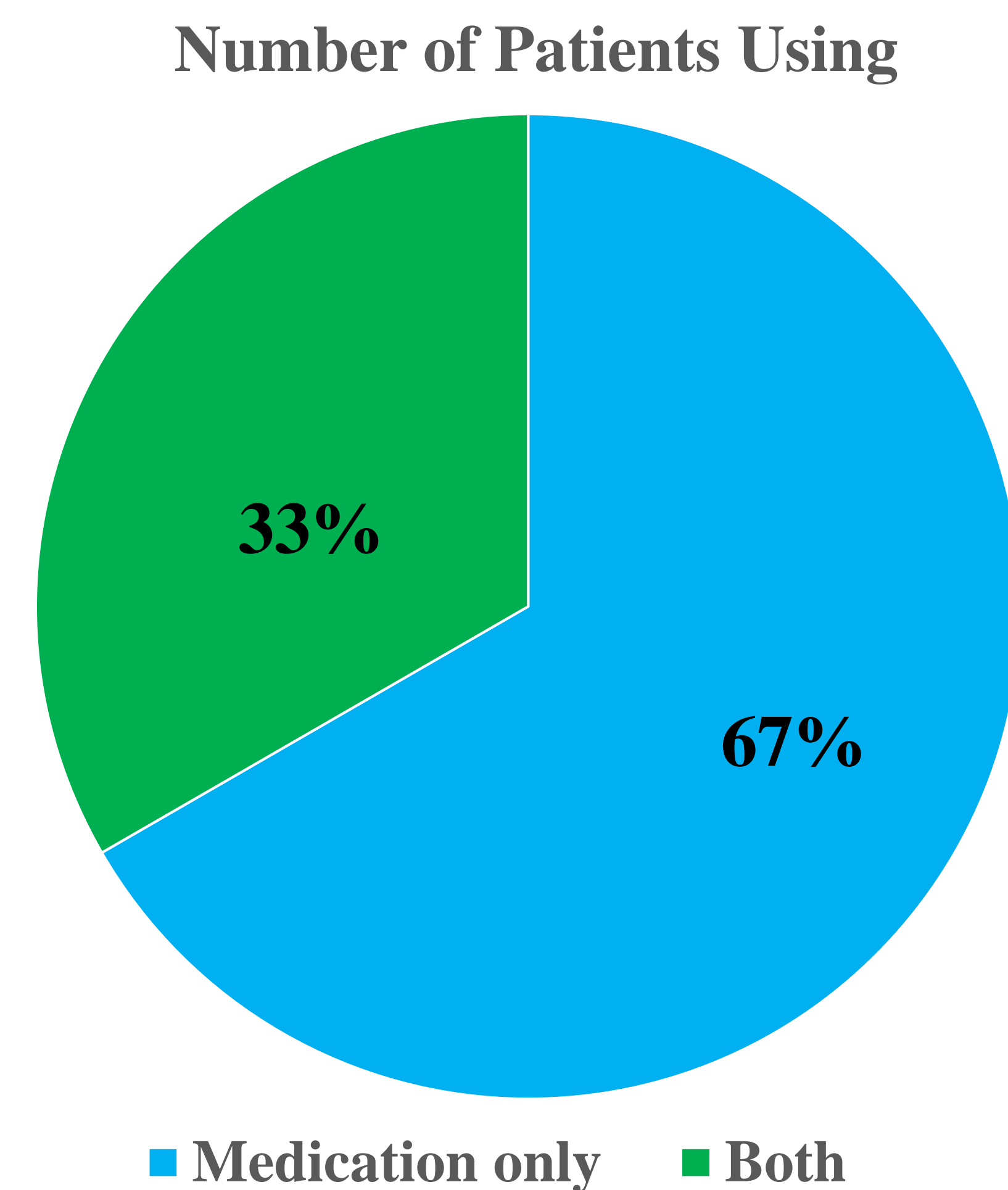
IRB Approval

The investigation was approved by the IRB Southern Illinois University Edwardsville

CONCLUSION

- Only one-third (33%) of NH residents in our sample were receiving concomitant behavioral interventions along with medical therapy
- The majority of patients treated for UI were being treated for overactive bladder, overflow incontinence, or irritative symptoms related to BPH. This may not be a representative sample of typical NH residents
- Based on the findings, education of NH staff is needed to increase the use of behavioral interventions for maximizing the benefits of medical therapy to treat UI.

RESULTS



Demographics (N = 12)	
Age 70-79	33%
Age 80-89	33%
Age 90+	25%
M/F	7/5

Most Common Medications	
Mirabegron	42%
Tamsulosin	67%
Finasteride	25%

REFERENCES

Denisenko, A. A., Clark, C. B., D'Amico, M., & Murphy, A. M. (2021). Evaluation and management of female urinary incontinence. *The Canadian journal of urology*, 28(S2), 27–32.

Huion, A., De Witte, N., Everaert, K., Halfens, R. J. G., & Schols, J. M. G. A. (2021). Care dependency and management of urinary incontinence in nursing homes: A descriptive study. *Journal of advanced nursing*, 77(4), 1731–1740. <https://doi.org/10.1111/jan.14702>

Farrés-Godayol, P., Jerez-Roig, J., Minobes-Molina, E., Yildirim, M., Molas-Tuneu, M., Escribà-Salvans, A., Rierola-Fochs, S., Romero-Mas, M., Torres-Moreno, M., Coll-Planas, L., Booth, J., & Giné-Garriga, M. (2022). Urinary Incontinence and Its Association with Physical and Psycho-Cognitive Factors: A Cross-Sectional Study in Older People Living in Nursing Homes. *International journal of environmental research and public health*, 19(3), 1500. <https://doi.org/10.3390/ijerph19031500>

Lukacz, E. S., Santiago-Lastra, Y., Albo, M. E., & Brubaker, L. (2017). Urinary Incontinence in Women: A Review. *JAMA*, 318(16), 1592–1604. <https://doi.org/10.1001/jama.2017.12137>

Offermans MP, Du Moulin MF, Hamers JP, Dassen T, Halfens RJ. Prevalence of urinary incontinence and associated risk factors in nursing home residents: a systematic review. *Neurourol Urodyn*. 2009;28(4):288-294. doi:10.1002/nau.20668

Schnelle, J. F., & Leung, F. W. (2004). Urinary and fecal incontinence in nursing homes. *Gastroenterology*, 126(1 Suppl 1), S41–S47. <https://doi.org/10.1053/j.gastro.2003.10.017>