

...What now? Helping clients live positively with urinary incontinence

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About the authors

Associate Professor Winsome St John School of Nursing and Midwifery, Griffith University Research Centre for Clinical & Community Practice Innovation, Griffith University

Professor Marianne Wallis

Chair, Clinical Nursing Research, a joint appointment between Griffith University and the Gold Coast Health Service District

Research Centre for Clinical & Community Practice Innovation, Griffith University

Ms Shona McKenzie

Nurse Practitioner - Continence, Royal Brisbane Hospital

Ms Susan Griffiths

Research Centre for Clinical & Community Practice Innovation, Griffith University

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INTRODUCTION

PURPOSE OF THIS BOOKLET

There are 3.84 million Australians who suffer the indignity of urinary incontinence – approximately 3.1 million (38.1%) women and 780,000 (10.2%) men.¹ With these figures it is very likely that you have clients with this problem.

Urinary incontinence can be intractable and ongoing. You may have a client who is newly diagnosed. Or you may have assessed your client, carried out investigations, tried conservative therapies and possibly even surgery. You've tried everything and your client still has urinary incontinence and they are desperately looking to you for help and advice. If you feel you have nothing left to offer your client and you are thinking "... what now?" then this booklet is for you. In it you will find information that will enable you to help clients problem-solve and develop plans for living more effectively with urinary incontinence.

As well as providing treatment and therapy, health professionals have an important role to play in assisting clients to live with their condition and better manage it in their daily lives, regardless of where they are in the treatment trajectory. They play an important role in assisting clients to deal with the emotional impact of urinary incontinence, as they are sometimes the only people with whom the problem is discussed frankly. Rather than simply treat it as a nuisance,²² they can offer knowledge and support that can assist clients to problem-solve and develop plans for living more effectively with urinary incontinence. This will improve clients' quality of life, minimise or prevent secondary problems and give them more control over their lives.

All people with urinary incontinence self-manage, but not always in ways that contribute to living independent and pleasurable lives. Research has shown that urinary incontinence has a major impact on physical, emotional and social health and wellbeing, ^{2, 3, 4} including sleep problems, ^{5,6} psychological distress, ^{7,8} restrictions in physical activity, ⁹ travel, ^{10,11} leisure, ¹² work, ¹³ relationships and sexuality. ¹⁴ The consequences of urinary incontinence can include embarrassment, ¹² odour, social isolation, ¹⁵ stigma ¹⁶ and financial cost, ¹⁷ and it can lead to institutionalisation ¹⁸ and depression. ^{19, 20, 21} Urinary incontinence can range from mild (for example, a few drops when coughing or sneezing) to severe (such as flooding without warning). However, the bother and impact of urinary incontinence is not simply related to severity. It depends on many personal characteristics such as age, gender, activity level, context (such as work situation), lifestyle and relationships. Very mild urinary incontinence can have a major and devastating impact on one person, while another with more severe incontinence may manage it with less stress.

This booklet does *not* provide information about available therapies and treatment options. However, as there are treatments and therapies that do much to help, it is important to refer clients who have not been clinically assessed to a continence specialist. There are also clinical guidelines available to facilitate clinical decision-making. For more information about resources, clinical guidelines and the role of continence specialists, see Appendix 1.

WHO IS THIS BOOKLET INTENDED TO HELP?

The information in this booklet is intended for health professionals who have an interest in urinary incontinence, but not necessarily specialist knowledge. It provides information to assist adult men and women with chronic urinary incontinence who are living independently in the community, when:

- They have already been assessed and are receiving treatment and therapy
- Previous and/or ongoing treatments are not currently effective or have only been partially effective.

The strategies outlined in this booklet are based on an assumption that your patient can self-manage and self-toilet.

WHERE DID THE INFORMATION IN THIS BOOKLET COME FROM?

The information provided in this booklet draws upon research into self-management of urinary incontinence in the community conducted by a team from the Griffith University Research Centre for Clinical and Community Practice Innovation (the Griffith study).²³ The Griffith study gathered information from three sources: surveys and interviews with adult men and women living with urinary incontinence in the community, a survey of continence nurse specialists, a review of the literature and a review of client continence education material on continence.

The Griffith study found that clients want good information about urinary incontinence and the prognosis of their condition. They also need an opportunity to discuss their feelings about their condition, the burden it creates in their daily lives, how they feel about themselves and better ways to self-manage. The review of client continence education material highlighted areas where further information is needed to support men and women in self-care.

WHAT PROBLEMS DO PEOPLE WITH URINARY INCONTINENCE FIND MOST DIFFICULT TO MANAGE?

Knowing which symptoms create the most problems for clients in their everyday lives is important. The Griffith study asked people living with urinary incontinence to indicate which problems they found most difficult to manage. They 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.

More specifically, men and women found it difficult to deal with going to the toilet frequently and having to rush, not knowing an accident is going to occur, having to deal with accidents away from home and managing odour problems. Women also found it difficult to manage leaking when coughing or sneezing, manage the cost of incontinence aids, and to find the right products for their needs.

WHAT DAILY LIVING STRATEGIES DO PEOPLE USE?

Great energy is devoted to managing incontinence and normalising it into daily life. How urinary incontinence is managed may vary, but being in control remains an underlying theme. When confronted with an unexpected episode of incontinence, people tend to react immediately to avoid or reduce the chance that others will be aware of it. Fear of a recurrence becomes a driving force behind strategies used to manage incontinence.

A range of approaches are used to manage urinary incontinence in everyday living, which can be conceptualised as *containing*, *concealing*, *restricting* and *modifying*. 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 and creating a more structured environment.

CONTAINING

Containing strategies are usually the first reactive approach taken to manage urinary incontinence. Containment enables an incontinent episode to be managed by collecting urine via an absorbent product or collecting device. Containment provides a mechanism for managing expected or unexpected incontinent episodes or to provide a sense of security for those who are mainly continent, but fear an incontinent episode.

Containing strategies are usually personalised and depend on the severity and type of urinary incontinence, personal circumstances, age, activity level, social context and personal preferences. Containing incontinent episodes is important for achieving social continence (the appearance of continence in social settings), but does not address underlying incontinence problems or reduce the chance of an accident. For this reason, it is important that a full assessment is carried out and clients are provided with care that goes beyond just choosing the right continence product for their needs.

CONCEALING

Concealing serves to disguise an incontinent episode by covering up the smell or the sight of wet clothing, furniture or any other object or activity that indicates incontinence. Many clues can point to incontinence and require concealment. The aim of concealment is that no one will be aware of an incontinent episode, even if it occurs in public. Concealing incontinence maintains social continence, a public identity and a person's sense of dignity.

Secrecy and concealment are major preoccupations for those experiencing urinary incontinence. People will control information about their incontinence carefully,²⁴ sometimes even keeping it a secret from close family and friends.²⁵

Approaches used to conceal urinary incontinence are aimed at re-establishing normality quickly. With time and sometimes following very embarrassing experiences, people learn about their own condition, when accidents are likely to occur and ways to conceal the occurrence of accidents from others.

RESTRICTING

People tend to place restrictions on themselves to avoid anything that may contribute to episodes of incontinence. Restrictions can relate to social activity, travel, physical activity, fluid intake and choice of occupation, as well as intimate relationships.^{26, 27}

Sometimes restrictions on social activity can be so major, they are life-changing.²⁸ While some people are determined not to let incontinence change their lives,²⁹ others will curtail social activity to the extent that they stop going out and become isolated.^{30, 31} Many will limit social outings to places where they know the location of toilets and stop going to places (such as the theatre) where they know it will be difficult to get to a toilet.³² People with urinary incontinence can restrict their social and intimate interactions to the extent that they choose not to enter into new relationships and avoid sexual intercourse and/or orgasm.³³

Many physical activities have a direct relationship with urinary incontinence. Lifting, strenuous activity, sport (such as jogging and swimming) and standing for long periods are either avoided or modified to reduce the risk of urine leakage.^{34, 35, 9, 31} People also modify their intake of fluids such as caffeine drinks and/or alcohol, particularly when going out, prior to exercise or prior to bedtime to avoid nocturia (increased need to urinate at night).^{36, 32, 37, 38}

Restricting approaches can have a profound impact on a person's lifestyle, social activities and, possibly, their health. Further, some restrictions (such as reducing fluids) can have health impacts if continued over the long term.

MODIFYING

Modifying strategies are used to normalise urinary incontinence into a person's daily life. Rather than restricting themselves, modifying strategies enable a person to participate in everyday living activities. People modify exercises, diet and fluid intake, medications, sexual activity, toileting, social interactions, containing pads and devices, clothing and the environment. For example, there is some evidence that people who experience urinary incontinence will use medications as a strategy, either by varying the time they take them³⁷ or by omitting them, particularly before going out.³⁵

Modifying involves careful planning, particularly when out socially. Once people with urinary incontinence have developed modifying strategies that work for them, they can establish routines that give them some mastery and control over their lives. However, while some modifying strategies (such as decreasing fluid intake or modifying medications) may enable people to achieve social continence in an immediate situation, they may have a negative impact on health if practiced over the long term.

UNDERSTANDING CONTEXT

People manage their urinary incontinence differently in public and private contexts. In the Griffith study people clearly differentiated between the strategies they use at home and when out socially. For example, at home people will accept a greater chance of having an accident, by drinking more fluids or wearing lighter pads or no pads at all.

Social continence is more important to your clients than keeping to strict treatment protocols.²³ The Griffith study showed that many people will often ignore common therapeutic advice (e.g. drinking more fluids) if social continence can be maintained.

Another finding from the Griffith study was that people continue to engage in activities that have an impact on incontinence if they are important socially. For example, people continue to go dancing and drink coffee and alcohol – activities that they know will contribute to incontinence.

Understanding your client's personal needs, social context and lifestyle has important implications for providing advice. Rather than giving blanket therapeutic and daily living advice, health professionals need to provide more sophisticated advice that differentiates between private and public contexts and recognises people's need to continue to engage in a full range of social activities.

WORKING WITH PEOPLE TO ENHANCE DAILY LIVING

Urinary incontinence is not an illness. Rather, it is a chronic condition or symptom. Although it may be treated by health care providers, it is largely self-managed. ⁴⁰ The self-management strategies discussed in this booklet are those that are used to integrate urinary incontinence into daily living, rather than those designed to treat or cure it. ⁴⁰ Daily-living self-management is integral to living with urinary incontinence and a client's objective to stay 'in control' and maintain a normal lifestyle. Research shows that people who take control of their incontinence maintain a better quality of life. ⁴¹ To address daily living needs, health professionals need to work collaboratively with clients, understand their perspective and incorporate daily living self-management principles into their practice.

SELF-MANAGEMENT

Growing numbers of people live with chronic illness, placing a burden on healthcare services and spurring the development of new approaches to chronic disease management. ⁴² Self-management is part of the solution, with programs in Australia and internationally revealing significant improvements in people's quality of life, and equipping people with the knowledge, skills and confidence to better manage condition-related problems. ⁴³ A general definition of self-management is 'the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition'. ⁴² Self-management involves participation in activities that seek to create order, discipline and control, not only to manage the physical consequences of a condition, but also the emotional and social effects experienced in day-to-day life. ⁴⁴ These effects are mitigated by privileging the client's perspective and adopting a client-centred approach where responsibility for health and wellbeing is shared between client and health care provider. ⁴⁵

Self-management education focuses on how clients perceive problems, rather than health professionals' ideas about what patients should know and do.⁴⁶ Working from the client's perspective and understanding their social context is particularly relevant to managing urinary incontinence, because health professionals' advice (e.g. timing of voiding, fluid intake) may conflict with clients' actual self-management practices. Living with urinary incontinence is very personal and each person develops individualised strategies according to their lifestyle and cultural and economic circumstances. Treatment advice that does not take into account clients' concerns and their need to normalise their condition and minimise lifestyle changes are destined to either fail or be ignored.

Throughout treatment it is important to also assess your client's daily living needs and self-management regime and develop a collaborative action plan. Key factors that affect the efficacy of self-management include:

Choice

People who have more choice about how they manage their urinary incontinence are more likely to rate their management as effective.⁴⁷

Motivation

Motivation is a key component in developing a daily living plan. People's desire for a particular outcome is an important precursor to achieving a goal. Establishing a client's most important needs will identify areas they are most willing to change, remembering that an acceptable level of incontinence will differ among individuals.

Knowledge of condition

Knowledge about their condition and urinary incontinence in general may improve how your client manages the condition and minimise the negative impact of restrictions that are used to maintain social continence. Knowledge of causes, triggers and remedial strategies is likely to help the client manage more proactively. Knowledge needs to be tailored to the individual's needs.

Knowledge of daily living

A plan that acknowledges, incorporates and reinforces client preferences has the best chance of improving quality of life. A daily living plan (see Appendix 3) will document the goals and priorities of the client and outline ways to achieve those goals. It will also provide 'special plans' or 'back-up plans' for emergency situations or special circumstances.

Beliefs about the cause of urinary incontinence

The beliefs people hold about their incontinence will affect how they choose to manage their condition.⁴⁰ Causal beliefs affect an individual's sense of responsibility and efficacy toward changing behaviour. For example, if an older woman thinks her incontinence is the result of the immutable process of aging, she will be less likely to try to improve the condition. That is why it is important to dispel common myths associated with urinary incontinence that may lead clients to believe they have little power to effect change.

Self-efficacy

It is important to consider your client's level of confidence to self-manage, their sense of self-worth, feelings of control over their condition and their ability to assume self-management tasks. Better self-efficacy will improve their ability to manage incontinence effectively, fostering useful coping strategies⁴⁸ and improving their quality of life.⁴¹ It is important that health professionals consider how their relationship with the client can positively influence self-efficacy, as this will contribute to successful self-management.

Social context and health beliefs

Different aspects of your client's life may impede or facilitate positive self-management of urinary incontinence, such as family, cultural background, employment and literacy levels. Religious, familial and cultural beliefs may also affect a client's thoughts about self-management and the effectiveness of particular strategies.

PRINCIPLES FOR PROVIDING DAILY LIVING ADVICE

When advising clients about daily living strategies to manage urinary incontinence:

- Tailor strategies to each individual's needs, including severity, type of incontinence, age, gender, activity level, mobility level, and social and working contexts.
- Acknowledge that clients may wish to participate in a full range of social and physical activities.
- Provide differentiated advice, depending on specific social and private contexts.
- Provide information in a non-judgmental way, accepting that clients will do things that do not necessarily comply with your recommendations. Rather, work with clients to understand the impact of their decisions and to assist them to develop personalised solutions.
- Encourage your clients to learn as much about their condition as possible to empower them to make decisions about daily living self-management. Advice and information is best given at a time that is relevant to the client and repeated to ensure understanding.
- Consider the impact of urinary incontinence on your client's psychosocial health and how this affects their daily-living management of the condition. Provide opportunities for the clients to discuss the emotional impact of managing urinary incontinence in daily life
- Identify sources of material and social support.

PROACTIVE STRATEGIES FOR DAILY LIVING

INTRODUCTION

A full range of concealing, containing, restricting and modifying strategies are used to plan and manage social situations. You can help your clients to develop individualised plans and strategies that will maintain social continence, taking into account daily living, work, physical and social activities. Help can be offered to assist clients as they work out their own individual 'systems': plan outings, identify things to take with them when out, plan routines, garner support and manage special occasions. People with urinary incontinence can develop routines to reduce the chance of leaking in public, avoid situations where they cannot get to a toilet easily, plan activities for when they are less likely to leak and be prepared in the event of an accident.

Different plans and routines may be developed for home and social contexts. In particular, routines can be developed that reduce any negative effects of strategies used when out socially by balancing them with activities at home. For example, if fluids are restricted when out, sufficient fluids should be taken when at home.

A collaborative approach requires in-depth assessment so that plans and routines can be formulated and appropriate advice and teaching provided. Crucial topics to cover include toileting, fluids and diet, body care and hygiene, physical activity and exercise, strategies for social occasions and the use of pads and aids. This booklet will address each of these and provide specific assessment items and approaches to planning, advising and teaching. The booklet also provides some tips you may wish to share with your clients on these topics. Appendix 2 provides an overview of assessment guidelines related to daily living self-management of urinary incontinence.

TOILETING

When working with clients, try to plan individualised and manageable toileting routines that take account of daily living contexts and work, physical and social activities.

People use a range of toileting strategies to manage urinary incontinence in everyday living. The toileting strategies clients are willing to use will vary depending on whether they are being used at home or out socially. For example, to maintain social continence, clients will often ignore toileting advice from health professionals and go to the toilet regularly or 'just in case' when out socially. Going to the toilet more often than others can attract attention, and research shows that this is given as a reason for non-attendance at particular social occasions (e.g. the football).^{49, 50, 51}

Assessment

When doing a general health and continence assessment focus on:

- Incontinence condition its severity, voiding patterns and the degree of urgency
- Fine and gross motor ability, including the ability to get to the toilet, adjust clothing and fastenings, use the toilet and reach to wipe after urination
- Current toileting patterns and strategies when and where they are used, and their effectiveness
- Social and work contexts
- Use of physical and social supports
- Availability of toilets in the environment the client normally frequents.

Advice, teaching and planning

The literature suggests that for people with urge incontinence it may be better to delay voiding and to use distraction techniques when the urge occurs. However, many people with urinary incontinence will void 'just in case', so when developing plans for clients it may be necessary to discuss this issue.

Many clients lack knowledge about bladder structure and function, so it may be useful to include information to explain how this is altered by their specific condition.

Planning toileting strategies is important for social continence, so encourage clients to identify the availability of toilets and resources in the community. They will need different plans for how they manage at home compared to when they are out. Encourage them to practice toileting strategies at home before they use them when they are out to ensure they are effective.

Client tips	
	Go to the toilet at regular times (E.g. before going to bed, at regular intervals and after sitting for some time)
Normal situations	Take time to empty your bladder, relax and practice double voiding
Normal situations	When you get an urge to go to the toilet, practice putting it off by thinking about something else, sitting down, talking to someone or creating a distraction
	Try out ways of staying dry at home to see if they work.
	Use the National Public Toilet Map to plan outings (see Appendix 1)
	Wherever you go, work out where there are clean toilets you can get to easily
	Find times when going to the toilet is less of an interruption
	Choose an aisle seat at the theatre or when travelling
M/han aut as sialle.	Holding on for too long can lead to an accident. Go to the toilet:
When out socially	- immediately before going out
	- on arriving
	- as soon as you get the urge
	- before getting into a car to travel
	Work out where the toilets are as soon as you arrive somewhere new.

Client tips	
	Women can use the closest toilets, even if they are men's
Risk of an accident	Use disabled toilets and toilets in fast-food outlets and petrol stations
(emergency strategies)	Carry a card to show people in toilet queues in an emergency:'I have a health problem and need to use the toilet urgently'.
Incontinence at night	Tighten pelvic floor; think of something else when experiencing an urge
	Try setting the alarm clock at night for regular toileting to see if it helps.
	Sit down if you find it easier
Men	Practice urethral/bulbar massage, especially if you dribble after you finish passing urine
	If you're embarrassed about using a public toilet (e.g. you have a slow stream) use the toilet cubicle instead of the urinal
	Keep a container in the car for emergencies.

FLUIDS AND DIET

People who experience urinary incontinence frequently modify or manipulate their fluid intake²³ by increasing,³⁷ decreasing³⁴ or regulating the timing⁵² of fluid intake. For example, people may stop drinking for a period before going out or while out,⁴⁹ may drink a lot at home but not when out, or restrict fluids in the evening prior to going to bed. People also modify the types of fluids they drink, reducing alcohol and caffeinated drinks,^{49, 35} or use nutritional or home remedy strategies such as vitamins, calcium, zinc, white willow bark, cherry juice and pickle juice.^{30, 29, 53}

The Griffith study found that people only appeared to heed advice in relation to fluid intake amounts and type of fluid on some occasions. Common strategies to avoid leaking included reducing fluids, avoiding fluids when out socially and avoiding or stopping drinking fluids at a particular time in the evening. While older women sometimes eliminated caffeinated drinks, most working-aged women and men only rarely made changes in relation to alcohol and caffeine.

Amount of fluids

The recommended daily fluid intake is generally between 1500 and 2000 mls per day. ^{54, 55, 56} However, evidence supporting advice about the role of fluid intake in relation to urinary incontinence is equivocal. One review concluded that fluid intake is not a direct cause of urinary incontinence, and that restricting fluid intake does not increase urinary incontinence frequency or severity, but that taking more than three litres per day may increase voiding and urinary incontinence frequency. ⁵⁷ Other studies have found no correlation ⁵⁸ between fluid intake and urinary incontinence, nor have they found that a decrease in fluids will improve symptoms in women with detrusor overactivity. ⁵⁹ Evidence shows that restricting fluid intake at night may improve urinary incontinence symptoms in older people; however, for people with low fluid intake, increasing fluids may improve urinary incontinence. ⁶⁰

Although there is debate about the amount of daily fluids that should be taken, there is consensus that clients need to maintain a minimum amount of fluid to support healthy urinary tract function and produce adequate urinary output. There is much debate as to what constitutes a minimum amount of fluid as this varies depending on organ function, activity levels, body temperature and ambient temperature. Clients with cardiac, renal or other conditions that may impact on fluid balance require medical assessment. Others can be reminded to drink more, observe their urine colour and smell and see their doctor if their urine is dark or has an unpleasant odour.

Types of fluids

Health professionals commonly advise people to reduce caffeine and alcohol intake. Products containing caffeine include tea, coffee, cola drinks, chocolate and many energy drinks. Caffeine products contain three compounds: caffeine, theophylline and theobromine. These are part of a larger group of chemicals called methylxanthines that act as a natural diuretic. Caffeine also acts as a bladder irritant. Physiological understandings suggest that caffeine exacerbates symptoms of urinary incontinence and that this effect may be compounded by the type of urinary incontinence. However, the effects of caffeine on bladder function have not been widely researched and results are mixed. Some reviews and research suggest that caffeine reduction education may help reduce urinary symptoms, that there is a relationship between caffeine and urinary symptoms, and that it may contribute to lighter sleeping patterns and increase sensitivity to bladder activity. However, others suggest that there is little evidence that caffeine contributes to diuresis.

Patients are often advised to reduce alcohol, because it is considered a bladder irritant and can impair mobility and the perception of bladder filling. It can also result in increased urinary frequency and urgency. While some studies have suggested that alcohol use may increase irritative urinary symptoms⁶⁶, ⁶⁷ others have found no association between alcohol consumption and continence. ⁶⁸

Although there is limited evidence, other possible bladder irritants that have been suggested are citrus juices like orange, lemon or grapefruit juice, cordial, drinks high in sugar, carbonated drinks, and drinks with preservatives and artificial sweeteners. Anecdotal evidence suggests that sensitivity to these products is variable.

Diet

There is inadequate research on the relationship between food and urinary incontinence. However, anecdotal evidence suggests that certain foods such as artificial sweeteners, spicy foods and citrus fruits may act as bladder irritants, causing urgency, frequency and urinary incontinence, ⁶⁹ although no studies support advice to eliminate these foods from the diet. While cranberries have been advised for those with recurrent cystitis, ⁵⁴ and are advised by health practitioners to reduce odour, ²³ there is no evidence that they have any impact on urinary incontinence and, if taken in excess, they may contribute to kidney stones. As a result, any recommendation is best made on an individual trial basis, if at all.

Assessment

Prior to providing advice about fluids, clients need to be individually assessed. Assessment includes:

- General assessment
 - Specifically cardiac and renal function, and diabetes
- A fluid and bladder diary taking into account:
 - Types of fluids taken through foods (e.g. soup, dessert, fruit, vegetables)
 - Whether currently restricting fluids
 - Time fluids are taken
 - Bladder capacity, voiding patterns, timing of urinary incontinence

- Bladder irritants
 - Types of fluids taken
 - Client knowledge of bladder irritants
- Urine colour and concentration
- Activity level
- Client's own goals.

Advice, teaching and planning

Rather than providing general across-the-board advice for all clients, it is better to tailor your advice for each client based on individual assessment and circumstances. It is also important to acknowledge that most people with urinary incontinence will restrict fluids when out socially, because this contributes to social continence. Advice, teaching and planning can include:

- The importance of a healthy fluid intake, as either excessively large or small amounts are best avoided. Depending on assessment, clients may need to increase or decrease their fluid intake, although there is often a need for greater intake. A decreased intake may be advisable if your client has a small frame or a medical condition indicates a need for fluid restriction (e.g. cardiac or renal condition). If an increase is advised, take into consideration the client's size, activity level, health status, medical condition and age as well as the weather conditions.
- The importance of adequate hydration and problems resulting from overor under-hydration. Intake may need to be increased if the client is exercising a lot.
- How to recognise adequate hydration and signs of dehydration such as concentrated urine.
- How to observe their own patterns of fluid intake and output.
- Information about caffeinated drinks and alcohol. However, until better evidence
 is available you may wish to avoid general recommendations that all people with
 incontinence should stop drinking tea, coffee and alcohol. Instead, try to encourage your
 clients to trial variation in their intake of caffeine and alcohol to see if it makes a difference,
 especially for nocturia and urgency.
- Provide differentiated advice for social and home contexts.
- Assist clients to plan fluid intake strategically over a 24-hour period. If fluids are restricted to maintain continence in particular situations (e.g. when out socially or at night), plan to increase fluids at other times (e.g. when at home or in the earlier part of the day).
- Trial reducing fluid intake at night (e.g. one to two hours before bedtime) if experiencing nocturnal incontinence.

Client tips	
	Drink when you're thirsty
	Drink extra fluids if exercising, the weather is hot, or urine is dark after the first void in the morning
Amount	Be aware that it's possible to take too little or too much fluid
	Avoid excessive amounts of fluid in a short time.
	Preferably drink water or drinks that are not high in calories, sugar, alcohol and caffeine
	Substitute water for other drinks where possible
Type of fluids	'Pilot test' fluids to identify if particular types of fluids cause problems (e.g. alcohol, coffee, tea, cola). If they are a problem, reduce or eliminate them, particularly when out socially
	Drink water between alcoholic drinks
	Cranberry juice may be helpful if you suffer from urinary tract infections.
	Set weekly goals
	Start slowly, take time to increase amount
	Drink a full glass of water instead of a half glass when taking medications
If there's a need	Drink when you're thirsty, plus one more
to increase fluids	If you don't like water, drink water with flavours, juice or fresh lemon juice, or eat as ice blocks, jelly, custard or soup
	Make an effort to increase fluids in warmer months
	Consider herbal teas, chamomile, decaffeinated teas and lemon teas.
	Limit drinking before going out and while out
When out socially	Limit drinking before activities that you know can cause accidents (E.g. travelling and playing sport)
when out socially	If thirsty, take small amounts over a period of time
	Watch for signs of dehydration.
	Plan for fluid intake over a 24-hour period
	Try altering the timing of drinks rather than the amount
Planning	Observe your patterns of fluid intake and output. Trial strategies with different types, timing and amounts of fluids when at home
	Stop drinking at a particular time in the evening don't have an evening coffee or tea
	If you drink alcohol, drink earlier in the evening
	Drink a lot in the morning so that all your toileting is done then, before going out in the afternoon.

BODY CARE, HYGIENE AND CLOTHING

Body care, hygiene and clothing strategies are all important ways for your clients to conceal incontinent episodes and control wetness, odour and skin problems. Getting it right helps to promote general health and self-esteem, as well as preventing complications.

Skincare

The importance of good skincare in preventing skin breakdown is vital, yet no random controlled trials have examined the methods or products most likely to achieve this goal.⁷⁰ Most of the evidence for wetness and odour self-care is derived from research and reviews related to skin care for nursing home residents with urinary incontinence. That said, there is a wealth of expert opinion that suggests that the key elements of an effective preventive protocol include using non-occlusive underwear, prompt and gentle cleansing and the use of moisturisers to replace lost lipids, as well as barrier creams for protection.^{71,72}

Absorptive products like pads can trap body heat and moisture, so these products should not be secured too tightly and underwear is best if made from non-occlusive materials. ⁷² In addition, although there is no evidence that a less frequent pad changing routine has an effect on skin erythema or pH, there is certainly evidence that wet skin may make skin more vulnerable to friction and abrasion. ⁷¹

The value of anti-microbial agents is unproven,⁷² so cleansers that are pH balanced and contain surfactants to lift irritants from the skin surface without scrubbing are suggested. Bar soaps and washcloths are abrasive and best avoided, as are soaps with added fragrance as they may contribute to allergic contact. The key ingredients in moisturisers are emollients to restore lipids.⁷² Although barrier creams can reduce the irritation of urine on the skin, some barrier creams can produce a barrier within absorbent pads, which can reduce their absorbent qualities and effectiveness. Dimethicone-based products, however, provide a non-occlusive barrier film that is non-greasy and easy to apply and remove.⁷² If persistent skin irritations occur, refer clients to a continence nurse specialist.

Hygiene

People often use deodorisers or frequent hygiene routines to conceal odours associated with incontinence.^{29, 33} The constant worry about the possibility of odour, or 'body vigilance',²⁵ means that some people launder underwear, clothing or bedding frequently whether it is soiled or not, 'just in case it smells'.³⁰ The Griffith study found that women were more likely than men to change their pads frequently and use deodorisers, perfumes and creams to protect their skin. Working-aged women especially were likely to have more showers than usual. However, both men and women often washed clothes and bedding regularly, whether soiled or not, a practice that may require more clothes, underwear and bedding.

Clothing

Clothes can act as a concealing backup. Wet patches may be visible on clothing and pads or aids may be bulky under trousers. The Griffith study found that working-aged women were the most likely to wear clothing that conceals accidents. People with urinary incontinence will wear dark coloured or patterned clothing to camouflage leakage. To cover leakage, women will wear skirts in preference to pants and generally both women and men will wear long jackets, use distraction, or carry something in front of them to conceal wet patches.

Longer-term body self-care strategies include weight control and bowel management. The Griffith study found that many people made sure their bowels were regular as a common strategy and that occasionally women attempted to lose weight.

Assessment

Assessment of body care and hygiene needs can focus on:

- Current hygiene practices
- Access and availability of facilities
- Any difficulties maintaining hygiene or controlling odour
- Use of products to control odour and protect skin
- Skin integrity, skin conditions, history of allergies or dermatitis
- Current weight
- Types of pads and underwear normally worn
- Bowel habits, presence of hemorrhoids or prolapse
- Current hygiene strategies.

Advice and planning

As with all advice on incontinence, the key is to tailor information to your client's particular needs and circumstances. When helping clients to plan short-term and long-term strategies for body care, skincare and odour management, differentiated advice can be offered for when clients are out socially and for when they are at home.

At home clients usually have fewer problems changing clothing and having a shower if an accident occurs. However, problems occur where there is inadequate access to facilities that allow for privacy, for example in work or social settings or among the homeless. Dealing with this topic requires sensitivity, tact, understanding and compassion.

Clients may not be aware that constipation and excess body weight can worsen symptoms of urinary incontinence, thus it may be beneficial to discuss these issues with your client and develop strategies to promote regular bowel habits and weight loss.

Client tips	
	Try clothing that's washable, easy to launder and doesn't require dry cleaning or hand washing
	Choose clothes that are manageable, easy to remove and replace, easy to pull up and down and allows easy access to the perineal area
General	To maintain safety, avoid very high heeled shoes
	Avoid clothing that increases abdominal pressure.
	To avoid odour, clean objects in the environment that are soiled (such as furniture and bedding).
	To maintain safety avoid belts, buckles, tight waistbands, corsets and step-ins, trouser braces and complicated zips and fasteners
Fastenings	Choose fasteners that are easy to manage and use elasticised waistbands and Velcro fasteners, especially where there's a loss of mobility. However, take care with fragile skin
	Clothing may need to be modified to assist self-management.
	Aim for loose-fitting, comfortable or wraparound clothing
	Wear skirts rather than pants (women), although long pants and track pants are also recommended as they're easy to manage
Outer garments	Choose clothing that's suitable to use with pads and where pads are not visible or obvious
	Choose clothing that's dark, multi-coloured and patterned, as these hide accidents
	Avoid skirts if pantyhose are worn, as these can be time-consuming to remove
	Use a split skirt if confined to a wheelchair.
	Use natural fibre undergarments next to skin, particularly cotton and soft wool
	Use garments that are easy to pull up and down and are comfortable next to the skin
	Avoid synthetics and satin
Undergarments	Choose undergarments that will be suitable to use with pads (e.g. purpose-designed pants, padded pants, pull-up pants, mesh pants, bike pants, stretch pants)
	Choose undergarments that are comfortable, not too tight, yet firm enough to hold pads in place
	Avoid many layers or double underwear, where possible
	Use washable re-usable pants with disposable pads
	If personally acceptable, don't wear underwear to bed.
	Establish a regular skincare routine
	Use non-occlusive barrier creams and moisturisers, applied in a thin layer
	Avoid fragranced skincare products as these may cause irritation
Personal hygiene	Change pads regularly, particularly in hot weather
	Shower regularly and also, if practical, after an accident
	As soon as practical, change soiled clothing and underwear
	Carry moistened disposable cleaning wipes when out socially. Flushable wipes are available.

PHYSICAL ACTIVITY AND EXERCISE

Physical activity and urinary incontinence are clearly related. Activity impacts on incontinence and incontinence can affect a person's ability to engage in activities. For example: the type and intensity of physical activity can initiate or exacerbate stress incontinence, particularly in women. Among men, greater physical activity at work such as lifting and heavy manual labour is associated with more urinary symptoms,⁷³ and gait and strength training may improve functional incontinence.

To reduce the risk of leakage, people with urinary incontinence may restrict many of their physical activities including lifting, strenuous activity, sport (such as jogging and swimming) and standing for long periods. 9, 35, 34, 74 They may also modify what they do. For example, while a person may continue skiing, an activity such as jogging may be replaced with walking, a gentler exercise that does not cause urine leakage. 37, 75, 34 In order to improve bladder emptying, men can modify their voiding posture and sit rather than stand. People with urinary incontinence can also do pelvic floor exercises as a modifying strategy to control leaking or when in danger of leaking. 23

The Griffith study found that although physical activities can be modified, many participants did not do this, perhaps because they did not want to, did not know how to or did not find it necessary. Furthermore, working-aged women and men rarely planned activities for when they were less likely to leak, and only working-aged women modified their activities.

Urinary incontinence can also have an impact on sexual activity. Research shows that many people will void immediately before sexual intercourse⁷⁵ or use a towel during sexual activity for fear of incontinence.³³ The Griffith study found that participants did not avoid having sexual intercourse or orgasm, or use different positions for sex, although working-aged women indicated that they sometimes passed urine before and after sex.

Assessment

Assessment prior to providing advice about physical activity and exercise can include:

- Current and past exercise history
- Preferred exercise options
- Assessment of mobility
- Assessment of incontinence type and severity
- External and internal physical examination
- Assessment of pelvic floor muscle strength and endurance
- Current weight and body mass index (BMI)
- Current and desired sexual activity.

Advice, teaching and planning

Wherever possible people with urinary incontinence are advised to continue exercising. There is a danger that fear of incontinence can lead people to adopt a more sedentary lifestyle. Clients may benefit from modifying exercise to include lower-impact activities that are consistent with their activity and lifestyle preferences. They may need to adopt containment strategies, such as wearing a pad, during exercise.

Pelvic floor muscle exercises (PFME) are advised for both men and women of all ages – particularly for pregnant women. It is often useful to tell older people that it is never too late to start PFME. Younger women with incontinence especially should be encouraged to start doing PFME and to continue them for the rest of their lives. However, as some conditions such as certain types of bowel dysfunction, overactive pelvic floor muscles, nocturnal enuresis and overactive bladder are worsened by pelvic floor muscle tightening, specialist assessment is required if the benefits are not quickly apparent. PFME should ideally be taught by a physiotherapist or specialist continence practitioner.

Encourage your clients to maintain healthy sexual activity. If there are difficulties they can seek medical advice or counselling – this is the case particularly for male clients who experience erectile dysfunction, as specific education can be provided about their specific incontinence condition and medications, and possible impacts on sexual function.

Client tips		
	Sit down to control urge incontinence	
	Tighten pelvic floor muscles if you think you're in danger of leaking	
	Plan activities for when you're less likely to lose control and are more rested, such as in the morning	
General advice	Use a routine or a reminder for pelvic floor muscle exercises, particularly in a busy lifestyle (e.g. at meal times or when taking pills, place a cue in bassinet or on the fridge)	
	Go to the toilet before engaging in activity	
	Use suitable pads when doing impact exercises	
	Avoid activities that can increase or prolong abdominal pressure (e.g. heavy lifting)	
	Treat coughs and colds promptly.	
	Maintain exercise for general fitness	
	Continue to be as active as possible	
	Practice relaxation therapy	
Exercise	Modify the type of exercise you do from high impact (such as jogging) to low impact (such as walking)	
	Void prior to aerobics	
	Women: If only leaking with exercise, try using a tampon or specific vaginal device to support the anterior vaginal wall during periods of exercise.	
	Empty bladder before sex, particularly if incontinent during sexual intercourse	
Sexuality	Empty bladder after sex, particularly women	
	Trial different sexual positions to see if there's any impact on leakage.	

SOCIAL OCCASIONS

Social continence is all about living as normally as possible, enjoying social occasions and ensuring that urinary incontinence does not dominate life. The Griffith study found that people with urinary incontinence seek to manage leaking as a normal part of everyday life and ensure that their social activities are not affected by urinary incontinence. All participant groups continued to socialise outside close family and friendship networks and did not avoid new relationships, although older women occasionally limited business and leisure travel. Common strategies and approaches include toileting strategies and aids that enable clients to 'normalise with protection'. The Griffith study indicated that health professionals can work with clients to plan special activities and events, such as going on an overseas trip, ballooning or attending a family wedding.

Assessment

In order to plan social occasions it is important to assess not only severity and patterns of incontinence but also client mobility, levels of social participation and desired sexual activity. Specifically it may be necessary to assess the following:

- What situations does your client find most difficult to manage?
- What are your client's current and desired work and social activities?
- What are your client's current and possible sources of support?
- What is your client's knowledge of and use of community resources?
- Are there any particular special occasions coming up?

Advice, teaching and planning

Health professionals can work with clients to help them develop personalised plans and routines to reach their goals. Offer advice that helps maintain social continence and can be easily integrated into daily living patterns. Discuss strategies and plans to achieve and maintain social continence, including:

- The time of day when they are more likely to have an incontinent episode
- The need for supplies in case an accident happens when they are out socially
- The need to locate toilets when out socially
- Strategies for dealing with social situations where it is difficult to get to a toilet
- The impact and timing of medications (e.g. diuretics) on voiding patterns
- Testing various strategies in a private setting, prior to being used in a social setting
- Managing accidents and ensuring that they have sufficient supplies
- Garnering support
- Distinguishing between strategies that can be used to manage urinary incontinence over the:
 - short-term (containing and concealing approaches)
 - medium-term (containing, concealing and restricting approaches)
 - long-term (containing, concealing, restricting and modifying approaches).

Client tips	
	Aim to prevent accidents rather than be required to cover them up
	Be prepared to deal with an accident by taking spares and supplies
	Timing:
	- Plan activities for times when you're more rested
General	- Plan how long you'll be out
	- Plan outings that'll last only a certain period of time (e.g. going out for dinner for 2 to 2.5 hours)
	- Make a plan for when you'll go to the toilet during an outing
	- Find times when going to the toilet is less of an interruption during an outing (e.g. when leaving a venue).
	Keep supplies in strategic places (e.g. car, workplace, golf bag)
Preparing for going out	Take back-up supplies where appropriate (e.g. spare pads, underwear and clothing, as well as bags for disposal).
	Learn where toilets are in your local area and in specific locations. Review the National Public Toilet Map (see Appendix I) to find out where the toilets are, both on a journey's route and at a destination. Identify the full range of publicly accessible toilets (e.g. parks, shopping centres, fast-food outlets and petrol stations)
	Choose social occasions that are in locations with facilities (e.g. vicinity of toilets, access to privacy, access to pad or aid disposal)
	Match social activities with who will be there (e.g. it is easier to say excuse me or pardon to friends than to strangers)
	Be aware of triggers (e.g. if going to a restaurant with a fountain or running water, sit as far away from it as possible)
Planning social activities	Take urinary incontinence medication before going out
	Choose an aisle seat or a seat close to the toilets where possible (e.g. when traveling on a plane or at the theatre)
	Choose pads and products that are appropriate for the occasion
	Change pads immediately before going out
	Choose accommodation that has an ensuite (e.g. if at a caravan park choose cabins that have their own toilet facilities or a caravan site that's next to the toilets)
	Test strategies at home before using them when out
	Restrictions (e.g. to fluids) in one part of the day can be made up in another part of the day.
	Use public toilets, parents' rooms or workplace showers to clean and freshen up after an accident
Managing accidents and avoiding embarrassment	If you're caught short and can afford it, buy new clothes from shops to replace the wet clothes you're wearing
	If you're comfortable, develop a sense of humour about it and involve your family and friends in the funny side
	Dispose of pads privately (e.g. if at a friend's house use the main wheelie garbage bin rather than an in-house bin, use a public bin or take home soiled pads)
	Try hiding fresh pads, aids and supplies in burn bags, toiletry bags or non-obtrusive calico bags.

PADS AND AIDS

Pads and aids conceal as well as contain. Although absorbent products such as pads and pants are used by both men and women, they are more favoured by women, ^{52, 76} with mini pads the most commonly used. ⁷⁷ Pad use has been reported at 17% for young women, 63% for middle-aged women and 74% for older women in Australia. ⁹ Many other types of disposable and washable, commercial and personally developed urine-collecting and protective devices are also used.

Pad and/or aid suitability

Clinical decision-making is difficult due to the large range of urinary continence products available on the market⁷² and limited research into the effectiveness of those products. Studies to date indicate that laboratory tests into the capacity of pads bear little relation to actual performance and clients' assessment of wet comfort. Findings also indicate that skin integrity, comfort and fluid absorption⁷⁰ may be better maintained with disposables;^{78, 71} and that pads can leak due to ineffective application, fit, client posture, and the frequency, volume and rate of urine flow.⁷⁹

It is worth bearing in mind that continuing use of pads can be very expensive and people tend to modify available products to suit their own requirements. They may:

- Use booster or insert pads (which are designed to go inside another pad) to increase absorption and save costs²⁹
- Economise by varying the type of aid, depending on the time of day or whether they are at home or out.⁵³ Accidents may be risked in the privacy of home by wearing cheaper or less absorbent pads
- Only wear pads when engaging in activities that cause leaking³⁴
- Use menstrual pads because they are considered more 'normal',^{77, 29} despite being designed to absorb blood rather than urine. However, some new pads are designed to absorb both blood and urine.

People tend to identify the most appropriate pad or aid for their problem through a process of trial and error. Types can be categorised as follows:

Disposable pads

- Available in different sizes: mini, midi, and for night-time, maxi and super sizes
- Shaped pads that fit into underwear using an adhesive strip or are worn inside firm-fitting underwear or stretch pants
- Pull-up pads or pants, which are useful for people who cannot manage shaped pads
- All-in-one wraparound pads that are secured with plastic tabs. These pads are designed for overnight use or for people who are bedridden.

Washable pads

- Available in styles that are similar to normal-looking underwear. People can also use homemade pads, for example made from towels.
- Some are available as a 'system' of pants and pad inserts
- Not recommended for heavy incontinence
- Odour management can be a problem.

Other aids

- Indwelling and intermittent catheters
- External catheters/condom drainage for men; this is an option for men who cannot wear pads. These products are suitable for some men and can be used with leg bags. The sheath size needs to be determined to maximise the effectiveness of this option. Clients need to ensure free drainage and avoid kinked tubing, taking particular care of their skin. Men wishing to explore this option are advised to contact a continence nurse specialist for assistance with size selection and instructions for sheath application.
- Bedding can be protected with the use of fitted waterproof protectors for pillows, mattresses and doonas.
- An alternative to pads at night, especially in cases of large urine output, are washable or disposable bedsheets that draw urine away from the body.

In an emergency people use items at hand, including paper towels, tissue paper,³⁷ absorbent cloth,⁷⁴ cotton, handkerchiefs, chux and toilet paper.^{23, 36} Pad and aid technologies are always improving and new and innovative products continue to be released onto the market.

Assessment

Decisions about the choice of continence pads or aids can be based on a comprehensive individualised assessment. The best product is the one that is the most effective for your client and their situation. To assess this it is important to know how much leakage occurs, how long the pad or aid will contain leaking and how frequently it will require changing. When going out for any length of time clients need to take extra pads in case they are detained, have an accident and/or need to dispose of used pads and aids.

Clients may also wish to try out a range of pads and aids at different times of the day and night to choose the most effective in relation to:

- Their particular urinary incontinence condition
 - What is the frequency, timing and volume of incontinence episodes? When is the client most incontinent? Day or night? Different products may be needed for different times of the day, and for different situations.
- Lifestyle and environment
 - Social and physical activities and work
 - Access to a toilet
 - Availability and ease of disposal
- Mobility and dexterity
 - Ability to manipulate and manage the pad or aid
- Client and practical factors
 - Personal preferences
 - Aesthetics and discretion
 - Comfort and fit

Hygiene

- Odour
- Impact on skin integrity
- Ease and cost of laundering

Use

- User friendliness of the product
- Ease of application and removal
- Can the person use the pad independently or do they need assistance with pad application?

Type

- Choose correct type: incontinence pads, not menstrual pads
- Style: mini pads, maxi pads, pull-ups, all-in-ones
- Disposable or re-usable
- Commercial or homemade
- Cost and supply
 - Client's financial position
 - Disposable pads are cheaper in the short term, but will incur ongoing costs;
 non-disposables will incur an initial purchase cost
 - Some products are available through support schemes
 - Eligibility for support schemes such as MASS, CAAS (see Appendix 1)
 - Local sources: is the client able to regularly purchase or order aids?
- Size and absorbency
 - Match the pad or aid to the amount of leakage
 - Choose size of pad to prevent social soiling. Choose appropriate products for degree of incontinence to avoid overflow.

Advice, teaching and planning

Following assessment in relation to pads and aids you can suggest that your clients trial a number of different products before they make a choice. Decision-making will involve consideration of cost, availability and convenience of products. Companies will sometimes provide samples for clients to try out.

Client tips	
	Choose a pad or aid that's easy to manage
	Wear firm-fitting underwear to hold pads or aids in place
	Trial pads or aids at home before using them out socially
	Choose a pad or aid that'll absorb the amount leaked in particular situations. Use different sizes or types of pads depending on the activity or time of day
General advice	Use different aids or devices for at home and when out
	Wrap or double wrap soiled materials in a plastic bag and wrap soiled material in newspaper for rubbish disposal
	Take spare supplies when out socially
	Choose clothing that makes pads and aids easy to manage
	Use protectors on furniture and bedding.
	Use sheaths or external catheters for long trips
Men only	Alternate use of pad and sheaths/external catheters
rien only	Use a wide neck urinal
	Put urinal inside a bucket so it's not so obvious.

ENVIRONMENTAL MODIFICATION

People with urinary incontinence can structure their environment to manage more effectively, particularly access to the toilet and ease of cleaning. Although a person's ability to toilet themselves may be affected by individual factors (such as mobility), environmental factors can also contribute to incontinence. People may have normal bladder function, but become incontinent because they can no longer access or manage in the toilet. Those with urge incontinence can reduce their chances of having an accident if they have easier access to a toilet. Access to the toilet can be affected by proximity to a toilet and ease of use, and safety may be important at particular times, such as at night.

Assessment

When reviewing possible barriers to easy toilet access discuss:

- Proximity to the toilet and access from the bed to the toilet
- Safety issues (e.g. lighting, non-slip floor surfaces and removing clutter and mats)
- Ease of use of toilet (e.g. toilet may need height adjustment, grab rails).

Clients can review their home environment and consider how able they are and how easy it is for them to manage. They can take into account their ability to manage the required washing and cleaning, including floors, furniture, bedding and clothing.

Clients may also wish to review their financial situation, the cost of planned strategies and their eligibility for support schemes.

Advice, teaching and planning

Encourage your clients to review their home environment, particularly in regard to safe toilet access (particularly strategies for toileting at night) and ease of cleaning. Review eligibility for support schemes and, if appropriate, refer clients for financial assistance.

Client tips					
Environmental modification	Use protectors for bedding and furniture				
	Use over-toilet chairs, raised toilet seats, handrails and grab rails to make getting on and off the toilet easier				
	For severe incontinence and large accidents use appropriate floor coverings for easy cleaning (e.g. tiled floors rather than carpet)				
	Choose furniture that is easy to clean.				
Toileting at night	Use a washable non-slip mat on the floor next to your bed				
	Use a night light				
	Organise your bedroom to be close to the toilet				
	Swap sides of the bed to be closest to the toilet				
	If there's frequent night toileting, sleep in a separate bed so that your partner is not woken				
	Men can use a urinal or bucket at night to reduce the risk of falls				
	Women can use a bedside commode or try a female urinal.				
Cleaning	Clean regularly: identify products and routines that will make cleaning quick, effective and easy				
	Clean any spills quickly to reduce the risk of odour and falls				
	Wash bedding regularly				
	If appropriate and affordable, use a cleaning or laundry service.				
Costs	Review eligibility for support schemes (see Appendix 1)				
	Use cheaper pads and products at home and save more expensive pads and products for when out.				

KNOWLEDGE, SELF-ESTEEM AND SOCIAL SUPPORT

Because urinary incontinence attracts great social stigma and is commonly associated with ageing, it has a major impact on how people feel about themselves. Younger people with incontinence often confront their own perceptions of urinary incontinence as an older person's condition. As a way of normalising it, people tend to reconceptualise it (e.g. 'It's not a problem if it happens at home'), deny its importance or rename it (e.g. 'I just leak, I'm not incontinent') or simply ignore it, re-establishing normality by clearing up immediately.²⁵ They can modify their expectations by redefining what is considered 'wet' and 'dry'.³⁸ People with urinary incontinence may revise their private identity by learning about anatomy and physiology, family history and life events and rejecting cultural attitudes toward urinary incontinence.⁸⁰

Those experiencing urinary incontinence seek to conceal episodes and control who has information about their condition, often restricting this information to close family or never sharing it. However, the literature indicates that close friends and same-sex family members may share the secret and be recruited to assist in management strategies. The Griffith study also found this, but showed that most people coped with urinary incontinence alone, keeping accidents a secret and mostly not discussing their condition with close friends and family. In the case of an accident, older women and men sometimes used humour or positive thinking, while working-aged women indicated that they rarely did this.

Assessment

It may also be useful to clarify clients' perceptions of their condition. Before designing educational strategies you will need to assess a client's knowledge about their condition. Teaching strategies will vary according to your client's learning style. In particular it is useful to determine if your client would prefer access to individual or group sessions, reading materials, internet sites or other available media.

Client self-esteem and availability of emotional and social support are important considerations.

Advice, teaching and planning

Clients need an opportunity to discuss their feelings about their condition and the burden it creates in their daily lives and how they feel about themselves. Furthermore, people with incontinence need to develop a way of integrating the condition into their sense of self, while maintaining dignity and self-esteem.

Health professionals play an important role in providing clients with information about urinary incontinence, helping them understand their specific condition, facilitating access to social support and providing an opportunity to discuss the emotional impact of managing urinary incontinence in their daily lives. Points of discussion can include:

- Urinary incontinence is very common in all age groups and in both men and women
- Urinary incontinence is never normal and is not a normal part of ageing
- Ways of reframing their problem
- The cause of their condition and the likely prognosis
- That many therapies and treatments are available to improve or perhaps cure urinary incontinence (see Appendix 1)
- Acknowledgement of the burden experienced in daily living
- The importance of continuing to participate fully in social activities, physical activity and exercise
- Accessing support and the possibility of discussing their problem with a close family member or friend.

Client tips						
Improving self-esteem	Do things that make you feel good about yourself					
	Pamper your body (e.g. with massages or warm baths)					
	Choose clothing that makes you feel attractive.					
Reframing the way you think about your problem	Acknowledge that urinary incontinence is a very common problem, experienced by men and women, old and young. You are not alone.					
	Seek help to gain information and achieve an improvement or cure					
	Make plans and routines just a part of your life					
	Focus on making sure you can do the things you want to do					
	See the funny side					
Improving knowledge about your condition	Access information about urinary incontinence (e.g. from health literature, health professionals or the Continence Foundation of Australia – see Appendix 1).					
Getting support	Identify someone close and trusted with whom you can discuss the problem					
	Request assistance and understanding from relatives and close friends if needed					
	Discuss your condition with close family and/or friends so that they understand about accidents.					

APPENDIX 1: RESOURCES, SOURCES OF INFORMATION AND CLINICAL GUIDELINES

Clients can be referred to appropriate continence specialists for comprehensive assessment, treatment, management and therapy. Information, support and advice can be gained from a range of health professionals, literature, organisations and websites.

CONTINENCE HEALTH PROFESSIONALS

The care of people with urinary incontinence is increasingly seen as a prime example of how a multidisciplinary team approach can achieve far more than sequential referral from one health professional to another. Many different health professionals may be involved in the care of a person with urinary incontinence, particularly medical practitioners, physiotherapists, occupational therapists and nurses. Other health professionals who may provide input are social workers and dieticians.

In recent years commentators have suggested that an integrated multidisciplinary service model can deliver the best results for people living with urinary incontinence. 81, 82, 83, 84, 85, 22, 86, 87

A nurse-led multidisciplinary clinic with multi-referral linkages to a further range of health professionals was evaluated in Queensland Australia. 88 This model of care was found to be both rated highly by clients and effective in reducing incontinence. 88 Practitioners working in such systems of service delivery can call upon a range of conservative management strategies and refer people with intractable problems for more invasive interventions.

Medical practitioners

In many Western countries general practitioners (GPs) or family physicians are the initial point of access to the health care system (such as in Australia, the United Kingdom, the United States and Canada). GPs play a primary care and referral role for patients presenting with urinary incontinence. However, research suggests that despite the high prevalence of urinary incontinence, especially in women, only about one-quarter of women consult their GPs about their symptoms.^{89, 90, 91, 92, 93} Moreover, GPs are often not likely to ask their patients questions about urinary incontinence.⁹⁴

Despite this trend, the current consensus is that GPs are in an excellent position to assist clients in managing their urinary incontinence, by offering conservative management strategies and early treatment of symptoms. Many studies have shown that conservative management strategies (such as bladder training programs, pelvic floor muscle exercises and clean self-catheterisation) may be highly effective in the treatment and management of urinary incontinence and that earlier treatment of less severe symptoms is likely to prevent incontinence from getting worse. Studies suggest that when women find urinary incontinence bothersome they will seek medical help, and that the focus for GPs should be on accurate diagnosis and implementation of an evidence-based treatment plan. St

Medical practitioners in a range of specialties, such as urology, obstetrics and gynaecology, and geriatrics, provide specific treatments, therapies and surgery related to the conditions that contribute to urinary incontinence.

Physiotherapists

Physiotherapists have long played a role in the care of patients with urinary incontinence, ⁹⁶ specialising in the pelvic floor and assessment of pelvic floor strength, endurance of contraction and bladder functioning. They will develop a detailed plan of exercise and activities to improve continence including pelvic floor muscle exercises, bladder retraining, electrical stimulation and biofeedback, most of which have been shown to be effective in reducing incontinence.^{97, 98, 99, 100} More recently physiotherapists have been pioneers of multidisciplinary approaches to continence care¹⁰¹ and have been involved with development of continence care programs that are both evidence-based¹⁰² and customer-focused.¹⁰³

Occupational therapists

As continence care has become increasingly multidisciplinary, the role of the occupational therapist has also developed. ^{104, 105} In particular, occupational therapists work with clients who have functional incontinence, helping them to acquire skills or to adapt the environment so that they can manage their incontinence better. ¹⁰⁶

Nurses: specialists and generalists

Nurses have always been involved with the management of incontinence in all settings and clinical areas. In 1974 with the rise of the clinical nurse specialist role, the role of the Nurse Continence Advisor (NCA) was developed 107, 108 and by the 1990s the NCA role was acknowledged as pivotal to the management of incontinence. 108 In countries with national health services, such as the UK and Australia, some nurses assess clients for the provision of incontinence products. These nurses need to be distinguished from NCAs who, with specialist knowledge, provide a range of interventions based on comprehensive assessment and care planning. 109 The role of the NCA includes: clinical practice, comprehensive assessment, consultation, education, management and research, 176 as well as the implementation of prescribed anticholinergic medication protocols, and referral. 110, 111, 112, 113, 114

A variety of research studies, from large scale surveys to smaller randomised controlled trials, have found the NCA to be both effective and efficient in the management of urinary incontinence. 115, 116, 117, 118, 119 A major study conducted in Australia found that the reduction in urine leakage and improvement in quality of life observed in patients with mild and moderate urinary incontinence treated by NCAs and urogynaecologists were similar at 12 weeks and two years, but with lower costs accrued to services provided by NCAs when compared to urogynaecologists. In addition, patients reported that the informal, friendly approach of nurse continence advisors decreased embarrassment and anxiety, providing patients with confidence and improving satisfaction with care. 120

ASSISTANCE WITH PRODUCTS

Advice about funding schemes is available from the National Continence Helpline on 1800 33 00 66, including:

Federal funding schemes

- Continence Aids Assistance Scheme (CAAS) www.health.gov.au/internet/wcms/publishing.nsf/Content/continence-caas.htm
- Department of Veterans' Affairs (gold card and specific white card holders) www.dva.gov.au/health/mainhe.htm

State funding schemes

State government schemes that provide incontinence aids vary widely. The criteria used to determine if your client is eligible and the products available are different depending on location. To find out what assistance may be available, contact the following state branches of the Continence Foundation of Australia (CFA):

CFA Victoria (03) 9816 8266

CFA New South Wales (02) 8741 5699

CFA Queensland (07) 3876 7272

CFA Western Australia (08) 9386 9777 or 1800 814 925

CFA South Australia (08) 8266 5260
CFA Northern Territory (08) 8922 7283
CFA Tasmania (03) 6222 7303
CFA ACT (02) 6205 1350

INFORMATION SOURCES FOR PEOPLE WITH URINARY INCONTINENCE

- National Continence Helpline: 1800 33 00 66
- Continence Foundation of Australia: www.continence.org.au
- Incontact: www.incontact.org
- Simon Foundation for Continence: www.simonfoundation.org
- Product information from product manufacturers/suppliers: pamphlets and websites
- Chat rooms associated with the Australian Continence Foundation, self-help groups and some of the pad manufacturers provide an opportunity to anonymously discuss issues with other people who have similar problems. See the Continence Forum at the CFA website: www.continence.org.au/forum/default.php
- The phone book for local health professionals
- The National Public Toilet Map: www.toiletmap.gov.au

INFORMATION SOURCES FOR HEALTH PROFESSIONALS

- Continence Foundation of Australia: www.continence.org.au for information, brochures, booklets, journals as well as links to other relevant sites (see CFA sites above)
- Australian Nurses for Continence: www.anfc.org.au
- Physiotherapists who treat incontinence: The following website can help you to find a physiotherapist in a client's area who specialises in incontinence: apa.advsol.com.au/physio_and_health/locate/find.cfm
- Professional registration bodies
- Department of Health and Ageing website: www.health.gov.au/internet/wcms/publishing.nsf/Content/Continence-2
- National Continence Helpline: 1800 33 00 66 for advice regarding the location of a continence health professional in your local area
- Sharing Health Care Initiative: www.health.gov.au/internet/wcms/publishing.nsf/Content/Sharing+Health+Care+Initiative-1
- Royal Australian College of General Practitioners: www.racgp.org.au/
- The phone book for local health professionals
- The National Public Toilet Map: www.toiletmap.gov.au

CLINICAL GUIDELINES

The following clinical guidelines and statements are available to help clinicians with decision-making related to continence care:

- Consensus guidelines for continence promotion and management by the primary health care team (Button, Roe, Web, Frith, Colin-Thome & Gardner, 1998)
- Canadian Consensus Conference on Urinary Incontinence: Clinical practice guidelines for adults (Canadian Continence Foundation, 2001a)
- Urinary incontinence (American Medical Directors Association, 1996, 2001)
- Urinary incontinence in adults: Acute and chronic management: Clinical practice guidelines number 2 (Agency for Health Care Policy Research, 1996)
- Urinary incontinence in women (Finnish Medical Society, 2001)
- Prompted voiding for persons with urinary incontinence (University of Iowa Gerontological Nursing Interventions Research Centre, 1999)
- The ACA notes on good practice (Association of Continence Advice, 2000)
- Hydration management (guidelines) (University of Iowa, Gerontological Nursing Interventions Research Centre, 1998)
- Working models of continence care (Canadian Continence Foundation, 2001b)
- The role of wound, ostomy and continence nurses in continence management (Wound Ostomy & Continence Nurses, 1996)
- Recommendation for the management of stress and urge urinary incontinence in women (University of Texas at Austin School of Nursing Family Nurse Practitioner Program, 2002)
- Evidence-based clinical practice guideline: Continence for women (Association of Women's Health: Obstetric and Neonatal Nurses [AWHONN], 2000)

- Taking control: Effective continence management in spina bifida (Spina Bifida Foundation of Victoria, Parkville, 2001)
- Clinical practice guidelines (CD-ROM) (Centre for Evidence-Based Physiotherapy, University of Sydney, 2004)
- Best practice in bowel care (Day, K., Ballarat Health Services, 2002)
- Continence clinics: Program guidelines and performance indicators (Department of Human Services [Victoria], 2000)
- Management of short-term indwelling urethral catheters to prevent urinary tract infections: A systematic review (Dunn, S., Pretty, L., Reid, H. & Evans, D., Joanna Briggs Foundation, 2000)
- Continence management for people living in the community with mental illness: A
 resource for managers and staff of supported residential facilities (Kelly, S., & Kralik, D.,
 RDNS Foundation, 2002)
- Clinical practice guidelines: The management of uncomplicated lower urinary tract symptoms in men (National Health and Medical Research Council, 1997)
- Managing incontinence in general practice: Clinical practice guidelines (Royal Australian College of General Practitioners, 2002)
- Help patients win the constipation battle: Best practice in the prevention and treatment
 of constipation in adults under 65 years (Wallis, M., McKenzie, S., Guyatt, S., Rayner, J.,
 Ellem, F., Gass, E., St John, W., & Hughes, R., Griffith University, 2003)
- First steps in the management of urinary incontinence in community-dwelling older people: A clinical practice guideline. (Home and Community Care, Queensland Health, 2005)
- Management of urinary incontinence in primary care: A national clinical guideline (Scottish Intercollegiate Guidelines Network, 2004)
- Evaluation and treatment of urinary incontinence, pelvic organ prolapse and faecal incontinence (Second International Consultation on Incontinence International Scientific Committee, International Continence Society, 2002)
- NICE Clinical Guideline 40. Urinary incontinence. The management of urinary incontinence in women (National Institute for Health and Clinical Excellence, 2006).

APPENDIX 2: ASSESSMENT GUIDELINE FOR DAILY LIVING MANAGEMENT OF URINARY INCONTINENCE¹

General health

Health status, particularly, cardiac, renal function or diabetes

Skin integrity, condition, history of allergies or dermatitis

Current weight and BMI, age and gender

Bowel habits, presence of haemorrhoids or prolapse

Urinary incontinence condition

Urinary incontinence: type, severity, frequency, patterns, timing and volume,

degree of urgency

Bladder: capacity, function, voiding patterns

Fluids and hydration

Fluid and bladder diary

Types of fluids taken

Timing of fluid intake

Any restrictions

Urine colour and concentration

Current strategies and plans

Situations that are most difficult to manage

Short, medium and long-term containing, concealing, restricting and modifying strategies the client has developed in relation to fluids, activities, medications, social activities and work or daily living patterns?

Current routines and changes the client has made to their daily living patterns

Pads and aids

Current pads and aids used at home and in social situations

Differentiated use of products for different times of the day, different activities or social situations

I Please note that these assessment guidelines are related only to daily living self-management and are not intended to be a comprehensive continence assessment.

Toileting

Current toileting strategies and when and where they are used

Body care, hygiene and clothing

Current body care and hygiene practices

Modifications to clothing and/or underwear normally worn

Social, activity, exercise and lifestyle

Mobility: fine and gross motor ability, general mobility, ability to get to and use the toilet, adjust clothing and fastenings, manipulate and manage pads or aids, and reach to wipe after urination

Current and desired work and social activities, exercise and sexual activity

Environment

Social and work contexts

Access to a toilet; availability of toilets in the environment the person normally frequents

Access and ability to clean and launder

Environmental or structural factors that contribute to continence or incontinence

Availability and ease of disposal

Local sources for continence products

Emotional and planning

Personal perceptions of urinary incontinence

Personal preferences and goals

Current and possible routines and planning strategies

Particular special occasions that are coming up

Current and possible sources of support

Financial circumstances and eligibility for subsidy schemes

Knowledge

Client's current knowledge about urinary incontinence and own condition

Knowledge of bladder irritants

Knowledge and use of local community resources

APPENDIX 3: CLIENT DAILY LIVING PLANNING GUIDE

HOW DOES INCONTINENCE AFFECT MY LIFE?

Life impact	0 Not at all	l Slightly	2 Moderately	3 Severely
Everyday tasks				
Work				
Shopping				
Social activities				
Physical activities (E.g. sport, leisure)				
Travel for more than 30 minutes				
Going away on trips				
Sexual activity				
Feelings about myself				
Other (specify)				

What have I stopped doing because of my leaky bladder?

When am I most likely to have an accident?

What bothers me the most about the impact of my leaky bladder?

What strategies do I currently use to manage my leaky bladder and how well do they work?

What do I find most difficult to manage?

What daily living activity would I most like to improve? (E.g. travelling, exercise, work, leisure and special events)

What are the barriers to achieving this change?

MY PLAN

What are my aims? (E.g. a special occasion, holiday, activity)

Resources I can access

Strategies

- Short term
- Medium and long term

Planning, preparation or changes I need to make

Strategies to try out at home

Outcome of trials or dummy runs

Backup plans

Emergency strategies

Equipment and supplies

Things I need to discuss with my health professional

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