

## EFFECTIVENESS • LIVING WITH ILLNESS • CHART 1:18

## Urinary Incontinence: Screening and Management

**Why is this important?** Urinary incontinence (UI) affects almost one-quarter (22%) of community-dwelling Medicare beneficiaries ages 65 and older and more than one-third (35%) of those ages 85 and older (NCHS 2005). This problem can reduce an individual's quality of life, leading to social isolation, loss of self-esteem, and depression. Dependence on caregivers increases as incontinence symptoms worsen. UI is one of the major causes of institutionalization of the elderly, prevalent in more than 50 percent of the individuals in nursing facilities (Gnanadesigan et al. 2004).

Treatment options for the management of UI in adults may include behavior therapy, medication, and surgery (AHRQ 1996). When offered a choice, most patients prefer behavioral therapy, which is effective in reducing UI for up to 80 percent of ambulatory and mentally competent adults (Diokno and Yuhico 1995; Burgio et al. 1998; Teunissen et al. 2004).

**Findings:** Among at-risk\* patients ages 75 and older treated in two medical groups participating in the Assessing Care of Vulnerable Elders (ACOVE-2) study during 2000–2001, fewer than two of five were screened by their doctors to determine if they had UI. Physicians treating those with UI obtained a complete history or performed a physical exam for only about half of the patients, and recommended lab work was often not performed.

Although physicians discussed treatment options with most individuals with UI, behavioral treatment was offered to only 15 percent of patients who could potentially benefit (Wenger et al. 2005).

**Implications:** The findings of this study are consistent with other research indicating that UI in the elderly often goes undetected and is undertreated by primary care physicians (AHRQ 1996). A prior study investigating why physicians do not ask older patients about UI found a lack of time and patient embarrassment to be the most frequently reported reasons. Moreover, nearly three-quarters of physicians underestimated the proportion of older patients who could benefit from therapy and half said they did not feel prepared to treat this condition (CDC 1995). High priority should be placed on research to test and identify effective interventions that will help physicians improve their ability to detect and treat this problem, given its prevalence and consequences for the elderly.

\* At-risk patients included those who screened positive for falls or fear of falling, bothersome incontinence, or memory impairment.