First Steps in the Management of Urinary Incontinence in Community-Dwelling Older People

A clinical practice guideline for primary clinicians (registered nurses and allied health professionals)

Third Edition 2010
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12. Development of the guideline

12.1 Project Team 2010

12.2 Additional contributors 2010

12.3 Clinical Expert Panel 2010

12.4 External reviewers 2007

12.5 Search strategy

12.6 Updating of the guideline

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Preface

Urinary incontinence is a common health problem that affects 3.8 million Australians (Commonwealth of Australia, 2006). In addition to ageing, risk factors associated with urinary incontinence include pregnancy, childbirth, menopause, high body mass index, lower urinary tract symptoms, constipation, mobility impairment, cognitive impairment and specific surgical procedures such as prostatectomy and hysterectomy (K. Moore, Ho, Lapsley et al., 2006).

Urinary incontinence has further social, physical, emotional and environmental implications for an older person’s health, as reflected in the number of health conditions associated with incontinence, including dementia, stroke, cardiac disease, respiratory disease, diabetes and various neurological and musculoskeletal conditions. Urinary incontinence contributes to social isolation and depression, and increases the risk of falls and the risk of admission to residential care. It is well documented that urinary incontinence has far reaching implications for clinicians and health care workers in a variety of residential and in-home care locations. The financial impact of urinary and faecal incontinence on the health and residential aged care systems totalled $1.5 billion in 2003, with $111.7 million of this spent on continence aids (Commonwealth of Australia, 2006). The economic impact of incontinence on the individual and his/her family is also significant.

In keeping with the Queensland Health Clinical Practice Guideline Development Framework, clinical practice guidelines require ongoing review and updating to ensure current evidence based practice. This is the third edition of the ‘First Steps in the Management of Urinary Incontinence in Community-Dwelling Older People: A clinical practice guideline, 2005’ which was first printed by the HACC/MASS Continence Project following recommendations in February 2002 from the Statewide HACC Continence Report. This edition comprises a review of available literature, recommendations from the International Continence Society and expert opinion, which have been combined to form the evidence based practice recommendations within this guideline. The guideline has been developed to support Queensland primary level health professionals in undertaking the ‘first steps’ in the assessment and management of urinary incontinence in community-dwelling older people. Clinical and consumer resources have also been developed to support clinicians using this guideline based on the feedback received from health professionals.

The HACC/MASS Continence Project team are committed to providing ongoing support and evidence based practice to health professionals, to assist in the provision of high quality continence care and to ensure optimum quality of life and improved health outcomes for older people with urinary incontinence. To this end, a second guideline ‘Second Steps in the Management of Urinary Incontinence in Community Dwelling Older People: A clinical practice guideline for secondary level clinicians (continence advisors and continence physiotherapists), second edition 2008’ has also been developed.

Through using this document to guide clinical practice, and encouraging early intervention in the area of urinary incontinence, clinicians will aim to ensure that fewer older people have reduced participation in the community due to bladder and bowel problems, and that only those with ongoing, untreatable urinary problems are managed by use of continence aids and products.

I recommend this guideline to all health professionals working in the community with older people to assist them in managing urinary continence problems, and to enable these people to enjoy optimum quality of life and improved health outcomes.

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