



Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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BP Blogger

Myth Busting: The Bladder Issue

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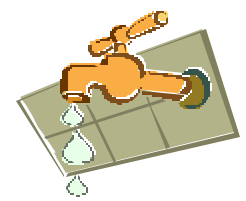
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Myth 1: Everyone becomes incontinent

Yes, urinary incontinence (UI) is one of the most common conditions in long term care (LTC) homes but that does not mean that eventually anyone who resides in a LTC home will eventually become incontinent. Over half of all LTC home residents are

incontinent and those most likely to develop UI have mobility and/or cognitive impairments like Alzheimer's disease. Treatment of UI is especially important in order to prevent complications of UI such as pressure sores, bladder infections and falls.

It's important to remember that UI could adversely affect a resident's dignity, contribute to depression, embarrassment and lead to social isolation.



Myth 2: Drinking less means fewer problems

Unfortunately, water intake among LTC home residents is usually inadequate. Dehydration problems make the elderly more susceptible to bladder infections. The consequences of dehydration can be many including



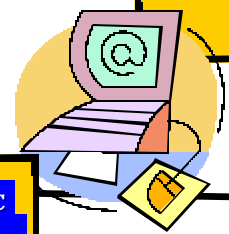
affecting the person's cognition and leading to functional decline. Preventing and reducing constipation is viewed to be important to the prevention and management of UI. Normal bladder

capacity is >200ml and <700ml. That's a cup of coffee. An adequate level of fluid intake is 1500-2000ml/day, that's equal to 3 to 4 bottles of water. Finding a balance is important and drinking more means more trips to the bathroom.

Special points of interest:

More information on Best Practices

- Contact the LTC Best Practices Coordinator for more information on continence care best practice guidelines
- Check out the Hamilton Long Term Care Resource Centre
- Surf the Web for best practice guidelines



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Myth 3: All women become incontinent

Although urinary incontinence is increasingly more common with age, it is not a normal part of aging. While more elderly women are affected with UI than men, elderly men are at higher risk for developing UI. What this means for LTC is that men who are admitted to LTC homes are at higher risk and more likely to develop urinary incontinence within their first year of admission.

Myth 4: Why bother, there's no hope

Urinary incontinence is a condition with various causes. It can often be changed and modified, and in some cases reversed even in frail elderly adults. Treatments can lead to improvements in physical condition and quality of life. The basic goals of managing UI are to try to reduce the frequency and severity and to minimize related complications such as bladder infections. Staff attitudes can be a huge factor in promoting continence.



Myth 5: It takes too much time to toilet

Research supports and recommends implementing toileting programs that meet the resident's needs and promote continence. By identifying residents'

voiding patterns, staff can promote the highest level of incontinence while reducing residents' time to toilet plus staff's time too. Toileting programs for functionally impaired residents include:

- Scheduled toileting at regular intervals,
- Habit training by attempting to toilet according to the resident's usual habits, or



- Prompted voiding by teaching the resident to recognize a full bladder, need to void, ask for help or respond when prompted.

For severely cognitively impaired residents, "check and change" strategy maybe used with the goal of maintaining the resident's dignity, comfort and protection of the skin. Remember, almost all residents who can't find the bathroom or are physically restrained in some way are incontinent plus they are usually cognitively impaired making it worse. Helping these residents to the toilet reduces urinary incontinence.

Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!

Canadian:

Registered Nurses Association of Ontario (2005). [Promoting continence using prompted voiding.](#) Toronto, ON: RNAO. www.rnao.org

Others:

American Medical Directors Association (2005). [Urinary incontinence. Clinical practice guideline.](#) Columbia, MD: AMDA www.amda.com

Salsbury Lyons, S., Pingle Specht, J.K., & Titler, M.G. (2001). [Evidence-based practice guideline. Prompted voiding for persons with urinary incontinence.](#) Iowa City, Iowa: University of Iowa College of Nursing. www.nursing.uiowa.edu