

DO OLDER WOMEN WITH URINARY INCONTINENCE RECEIVE EVIDENCE INFORMED CARE?

Hypothesis / aims of study

Urinary incontinence is highly prevalent in older people. Older women, who are less likely to present for care than younger women, may receive suboptimal care for their UI. In England Wales, Northern Ireland and the Channel Islands a National Audit for Continence Care is undertaken as part of the National Clinical Audit and Patient Outcomes Programme. The aim of this study was to examine the reported care of women in hospital and primary care assessed against NICE recommendations [1] and to contrast the reported management of younger versus older women.

Study design, materials and methods

Data collection forms regarding documented patient assessment and management were aligned to NICE guidance and developed into web based forms. Each participating site was asked to return data on the documented care of 25 patients under 65 and 25 patients over 65 years of age with urinary incontinence / LUTS. Patients were suitable if they had incontinence (current or prior), were aged 18 or over; if sufficient time had elapsed to allow assessment and formulation of a management plan; and if present, a catheter was inserted for urinary incontinence rather than retention. All NHS trusts in England, Wales and Northern Ireland were eligible to participate. Hospitals were asked to sample from current or previous inpatients or outpatients and primary care organisations were asked to sample patients from a single practice. All submitted data were anonymous and access to the web-tool was password-protected for confidentiality. Where comparisons between age groups (<65 and ≥65y) were made, either Fisher's exact test or the Chi-squared test were used as appropriate. Given the large number of comparisons made in the analysis, statistical significance was set at the 0.01 level. In accordance with current guidance, no ethical committee review was required for the conduct of this project.

Results

Data on 7846 women were returned by 80% (128/161) acute and 52% (75/144) primary care trusts in England and 71% (10/14) combined trusts from Northern Ireland, Wales and the Channel Islands. For the 4265 women in hospitals, the median age was 50 years (IQR 41-58) in the <65 year group (younger) and 81 years (IQR 74-87) in the 65+ year (older) group. For the 3221 women in primary care, their median age was 49y (41-56) for the younger group and 79y (72-87) for the older group. A significantly ($P<0.001$) higher proportion of older women in both settings had documented evidence of dementia, diabetes, heart failure, hypertension, impaired mobility, recurrent falls, stroke and acute UTI. A significantly ($P<0.001$) higher proportion of younger women in both settings were documented as obese, smokers and with trauma at child birth. No diagnosis was documented in 6.8% (153/2254) of younger and 28% (571/2011) of older women in hospitals ($P<0.001$), and 8.6% (123/1435) of younger and 21% (380/1786) of older women in primary care ($P<0.001$). Routine imaging, not recommended by NICE, was conducted as part of the assessment for UI in 27% (612/2254) of younger and 24% (490/2011) of older women in hospitals ($P=0.04$) and 11% (161/1435) of younger and 9.0% (161/1786) of older women in primary care ($P=0.04$). Conservative treatment (education, biofeedback, bladder retraining, lifestyle management) for UI was employed in 68% (1524/2254) of younger and 61% (1231/2011) of older women in hospitals ($P<0.001$), and in 65% (932/1435) of younger and 54% (968/1786) of older women in primary care ($P<0.001$). A documented treatment plan was noted in 84% (1886/2254) of younger and 65% (1315/2011) of older women in hospital care ($P<0.001$) and 80% (1151/1435) of younger and 71% (1264/1786) of older women. Treatments either given or planned for the management of UI are shown in the table. Immediate release oxybutynin for the treatment of OAB/ detrusor overactivity was prescribed in 21% (320/1514) of younger and 15% (206/1401) of older women in hospital ($P<0.001$) and 15% (174/1140) of younger and 12% (181/1468) of older women in primary care ($P=0.03$). A documented continence care plan was present for 57% (1283/2254) of younger and 46% (919/2011) of older women in hospital care ($P<0.001$) and 76% (1085/1435) of younger and 69% (1223/1786) of older women in primary care ($P<0.001$). In primary care 30% (411/1393) of younger and 22% (349/1600) of older women were given a copy of their treatment plan ($P<0.001$). Documentation of a full discussion of the cause and treatment of UI was performed for 76% (1717/2254) of younger and 44% (884/2011) of older women in hospitals ($P<0.001$) and similarly for 75% (1080/1435) of younger and 53% (948/1786) of older women in primary care ($P<0.001$). There was no significant difference between the number of younger and older women with stress urinary incontinence treated by surgery.

	Hospitals Used		Planned		P Value* (Chi-Squared)	Primary care Used		Planned		P Value* (Chi-Squared)
	<65	65+	<65	65+		<65	65+	<65	65+	
Denominator	2138	1744	2138	1744		1353	1579	1353	1579	
Lifestyle modification	47 (1001)	30 (521)	4.9 (105)	3.7 (64)	<0.001	60 (809)	45 (716)	10.0 (135)	9.7 (153)	<0.001
Behavioural modification	33 (709)	21 (363)	3.7 (79)	3.0 (52)	<0.001	36 (487)	27 (433)	6.7 (90)	6.8 (108)	<0.001
Supervised bladder training	35 (746)	22 (385)	4.0 (85)	4.0 (70)	<0.001	34 (464)	26 (405)	7.8 (105)	8.6 (136)	<0.001

Containment	28 (588)	51 (893)	1.5 (32)	2.8 (48)	<0.001	32 (432)	63 (989)	2.7 (36)	7.9 (125)	<0.001
Electrical stimulation	4.0 (86)	1.1 (19)	1.4 (29)	0.7 (12)	<0.001	6.4 (87)	2.0 (31)	4.4 (60)	1.7 (27)	<0.001
Topical oestrogen	6.1 (131)	10 (176)	1.2 (25)	1.0 (17)	<0.001	5.7 (77)	7.0 (110)	1.6 (21)	2.0 (32)	0.22
Supervised pelvic floor training	55 (1185)	24 (421)	5.6 (120)	3.7 (64)	<0.001	49 (666)	23 (358)	9.2 (125)	5.3 (83)	<0.001
Medication review	26 (552)	34 (591)	4.7 (100)	4.2 (73)	<0.001	30 (402)	31 (496)	4.9 (66)	3.9 (62)	0.32
Toileting schedules	13 (285)	17 (303)	2.1 (44)	2.8 (49)	<0.001	18 (243)	25 (388)	3.5 (47)	5.8 (92)	<0.001
Treatment of comorbidities	13 (273)	29 (506)	2.4 (51)	2.2 (38)	<0.001	11 (147)	15 (233)	2.3 (31)	2.7 (42)	0.005
Rx acute urinary tract infection	14 (291)	32 (555)	1.8 (39)	2.3 (40)	<0.001	12 (164)	19 (294)	1.4 (19)	2.7 (42)	<0.001
*Other	22 (460)	16 (272)	5.2 (112)	3.0 (52)	<0.001	12 (169)	7.7 (122)	4.2 (57)	1.7 (27)	<0.001

Interpretation of results

This study has found variations in the level of adherence to evidence informed recommendations in the care of women with urinary incontinence in hospital and primary care settings nationally. The documented assessment and care older women receive appears to be of a lower standard than that delivered to younger women, even when those deemed to lack capacity to undergo some interventions are excluded.

Concluding message

Older women are less likely to receive NICE-compliant assessment and management. There needs to be concentration on evidence based community provision of care by competent and interested clinicians prior to hospital referral before the aims of the NICE guidelines are met.

References

1. Urinary incontinence: the management of urinary incontinence in women. 2006, National Collaborating Centre for women's health: London.

Specify source of funding or grant	Healthcare Quality Improvement Partnership
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	consistent with current advice from patient advisory board of NHS
Was the Declaration of Helsinki followed?	No
This study did not follow the Declaration of Helsinki in the sense that	this anonymized study consisted of no intervention
Was informed consent obtained from the patients?	No