CONTINENCE BEHAVIORAL REHABILITATION PROGRAM

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LEARNING OBJECTIVES AND DISCLOSURES

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LEARNING OBJECTIVES

• UPON COMPLETION OF THIS PRESENTATION, PARTICIPANTS WILL BE ABLE TO:
  • DEMONSTRATE STRATEGIES TO TEACH IMPROVEMENT IN BLADDER AND BOWEL CONTROL TO PATIENTS AND FAMILIES,
  • IDENTIFY RATIONALE FOR NON-PHARMACOLOGIC SOLUTIONS TO BLADDER CONTROL ISSUES.

THE PRESENTERS HAVE NO CONFLICT OF INTEREST IN THIS PRESENTATION
NO SPONSORSHIP OR COMMERCIAL SUPPORT WAS GIVEN TO THE AUTHORS
ABSTRACT

THIS PRESENTATION WILL DISCUSS THE PUBLIC HEALTH IMPACT AND THE ECONOMIC COSTS OF INEFFECTIVE MANAGEMENT OF BLADDER CONTROL. PARTICIPANTS WILL LEARN STRATEGIES TO TEACH BLADDER AND BOWEL CONTROL; EVALUATION, ANALYSIS, AND PLAN OF TREATMENT FOR A CONTINENCE BEHAVIORAL REHABILITATION PROGRAM; AND HAVE THE OPPORTUNITY FOR A DEMONSTRATION AND PRACTICE OF PELVIC FLOOR EXERCISES. ADDITIONAL NURSING IMPLICATIONS FOR THE PRESENTATION INCLUDE DEVELOPING A SENSITIVITY TO URINARY INCONTINENCE TO EARN AND MAINTAIN PATIENT TRUST.
PUBLIC HEALTH IMPACT

• NATIONAL INSTITUTES OF HEALTH
• 11 MILLION WOMEN HAVE BLADDER CONTROL PROBLEMS
• ONLY HALF ARE RECEIVING TREATMENT

NIH (2012)
ECONOMIC COSTS OF UI

• THE ESTIMATED TOTAL NATIONAL COST OF UI IN 2007 WAS $65.9 BILLION,
• WITH PROJECTED COSTS OF $76.2 BILLION IN 2015 AND
• $82.6 BILLION IN 2020.

COYNE, ET AL (2014)
TYPES OF URINARY INCONTINENCE

STRESS: too little tone

URGE: too much activity

MIXED: too much activity AND too little tone

OVERFLOW: just can't hold any more
PHARMACOLOGIC TREATMENT RISK/BENEFIT

• GOAL IS TO REDUCE THE INCIDENCE OF SERIOUS ADVERSE DRUG EVENTS (ADE)

• PHYSIOLOGIC CHANGES ASSOCIATED WITH AGING CHANGES THE PHARMACOKINETICS AND PHARMACODYNAMICS OF MEDICATIONS

• ANTICHOLINERGICS USED IN TREATMENT OF URINARY INCONTINENCE
  • FOUND TO REDUCE COGNITIVE FUNCTION
  • MAY PREDISPOSE OLDER ADULTS TO FUNCTIONAL IMPAIRMENT
  • BEERS CRITERIA CLASSIFIED THESE MEDICATIONS AS DRUGS TO AVOID IN OLDER ADULTS

CAMPENELLI (2012)
SURGICAL APPROACH RISK/BENEFIT

• MIDURETHRAL SLINGS
  • 90% CURE RATE
  • OLDER ADULTS MAY NOT TOLERATE SURGERY

• ADVERSE EVENTS
  • BLADDER PERFORATION
  • VAGINAL EPITHELIAL PERFORATION
  • HEMATOMA

LIM, LIONG, LEONG, KHAN, & YUEN (2015)
RATIONALE AND TREATMENT FOR NON-PHARMACOLOGIC BLADDER CONTROL

- INFLUENCE OF MEDICATIONS ON BLADDER CONTROL
  - DIURETICS: INCREASE AMOUNT OF URINE AND TRIPS TO BATHROOM
  - ACE INHIBITORS: CAN CAUSE COUGHING IN 1/3 OF PATIENTS, SOME LEAK URINE WHEN THEY COUGH
  - ALPHA-ADRENERGIC BLOCKERS: RELAXES THE MUSCLES IN THE INNER SPHINCTER AND BASE OF THE BLADDER. IF OUTER SPHINCTER IS NOT VERY STRONG, YOU WILL LEAK
RATIONALE AND TREATMENT FOR NON-PHARMACOLOGIC BLADDER CONTROL

• BODY HYDRATION REQUIREMENTS
  • 30 ML/KG OR 1 OZ/2.2 LBS

• STRATEGIES FOR CLIENTS
  • THIS WEEK TAKE A SIP AFTER EACH USE OF TOILET
  • NEXT WEEK TAKE 2 SIPS
  • FOLLOWING WEEK TAKE 4 SIPS
  • FROM THEN ON, DRINK A SMALL GLASS OF WATER AFTER EACH USE OF THE TOILET

• PELVIC FLOOR MUSCLE STRENGTH

COCHRAN (2014)
CONTINENCE BEHAVIORAL REHABILITATION PROGRAM

• EVALUATION
  • CONTINENCE NURSING ASSESSMENT
    • ASSESS BLADDER PATTERNS
    • ASSESS BOWEL CONTROL
    • ASSESS USE OF PELVIC FLOOR MUSCLE EXERCISES
  • PELVIC EXAM
  • DIARY

• ANALYSIS

• PLAN OF TREATMENT
  • PRESENT PATIENT WITH CONTINENCE EVALUATION AND OPTIONS
  • ESTABLISH PATIENT GOALS
  • ASSESS PATIENT MOTIVATION
  • COLLABORATE WITH PHYSICIAN

COCHRAN (2014)
30 DAYS TO A BETTER BLADDER

• FIRST WEEK
  • WHENEVER FEEL URGE TO RUN TO TOILET:
    • DO 10 QUICK (WINKING) PELVIC FLOOR MUSCLE CONTRACTIONS (PFM)
    • AFTER EMPTYING BLADDER, DO 5 SLOW PFM CONTRACTIONS
    • IMPORTANT TO REST BETWEEN CONTRACTIONS TWICE AS LONG AS YOU HOLD THE CONTRACTION (I.E. IF YOU CAN HOLD 2 SECONDS, REST 4)
    • EACH WEEK OR TWO, TRY TO HOLD 1 SECOND LONGER, UNTIL YOU CAN HOLD AT LEAST 10 SECONDS
    • AFTER WASHING YOUR HANDS, DRINK AT LEAST ONE SIP OF WATER

• SECOND WEEK
  • TIME INTERVALS BETWEEN USING THE TOILET, IF LESS THAN 2 HOURS, TRY TO WAIT 15 MINUTES LONGER
  • DISTRACT YOUR MIND FROM THINKING ABOUT YOUR BLADDER BY RECITING RHYMES OR ALPHABET BACKWARDS
  • TAKE 2 SIPS OF WATER

• THIRD WEEK
  • IF BLADDER DOES NOT FEEL EMPTY, REST ON TOILET AND PRESS BLADDER WITH HAND OR LEAN FORWARD
  • IF PROLAPSE PRESENT, CONTRACT PFM AND KEEP CONTRACTED WHILE CHANGING POSITIONS
  • AFTER WASHING HANDS, DRINK AT LEAST 3 SIPS OF WATER
30 DAYS TO A BETTER BLADDER

• FOURTH WEEK
  • IF STILL HARD TO WAIT TWO HOURS, CONTINUE ADDING 15 MINUTES PER WEEK UNTIL YOU REACH THAT GOAL
  • EVEN BETTER GOAL IS EVERY 3 HOURS
  • IF NECESSARY, SIT ON A ROLLED UP TOWEL TO SUPPORT BLADDER UNTIL URGE PASSES
  • AFTER USING TOILET AND WASHING HANDS, DRINK AT LEAST 4 SIPS OF WATER

• TO CONTINUE IMPROVING
  • ADD 1 SIP OF WATER EACH WEEK UNTIL REACHING GOAL OF 30 ML/KG
  • INCREASING WATER HELPS WITH CONSTIPATION
  • PROBLEMS WITH CONTROL CAN ALSO BE RELATED TO MEDICINE, ESPECIALLY BLOOD PRESSURE OR HEART MEDICINE, DISCUSS WITH YOUR PROVIDER

COCHRAN (2014)
BOWEL CONTROL STRATEGIES

• Constipation can cause loss of control of bladder and bowels.

• Diarrhea may be a symptom of constipation as blockage only allows liquid stool to pass around it.

• Assess if depend on laxatives or enemas regularly.

• Normal is easy bowel movement, never more than 3 days between bowel movements.

• Encourage client to:
  • Slowly increase fruits, vegetables, and water.
  • Maybe one more serving or drink every day this week.
  • Add another the next week until they reach their goal.

Cochran (2014)
NURSING IMPLICATIONS

- DEVELOPING SENSITIVITY TO URINARY INCONTINENCE (UI)
  - NURSES CAN SCREEN FOR CONSEQUENCES OF STIGMA FROM UI
    - ANXIETY
    - DEPRESSION
  - REDUCED QUALITY OF LIFE
  - CLIENTS LESS WILLING TO ACCESS HEALTH CARE

- MAINTAINING PATIENT TRUST
  - EARLY DIAGNOSIS KEY TO PROPER TREATMENT
  - PROVIDERS NEED TO INVEST TIME TO ASSESS FOR UI
  - PROVIDERS SENSITIVE TO UI CAN HELP LESSEN THE SOCIAL STIGMA FROM UI

BRADWAY (2012); HEINTZ, ET AL, (2013)
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