

CONTINENCE

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY1/2 CMT 1/2 (+NURSES, SALT, OT & PT)

BACKGROUND:

Urinary incontinence (UI) is a common condition that may affect women of all ages, with a wide range of severity and nature. Although rarely life-threatening, UI may seriously influence the physical, psychological and social wellbeing of affected individuals. The impact on the families and carers of women with UI may be profound, and the resource implications for the health service considerable.

UI is defined by the International Continence Society as ‘the complaint of any involuntary leakage of urine’. UI may occur as a result of a number of abnormalities of function of the lower urinary tract or as a result of other illnesses, which tend to cause leakage in different situations.

- Stress UI is involuntary urine leakage on effort or exertion or on sneezing or coughing.
- Urge UI is involuntary urine leakage accompanied or immediately preceded by urgency (a sudden compelling desire to urinate that is difficult to defer).
- Mixed UI is involuntary urine leakage associated with both urgency and exertion, effort, sneezing or coughing.

<http://publications.nice.org.uk/urinary-incontinence-cg40/>

RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine	
R.2 Incontinence; R.2.1 Urinary; R.2.2 Faecal incontinence; R.2.3 Mixed incontinence	
Knowledge	Recall anatomy of the genito-urinary tract
	Be aware of the causes of dysuria in males and females
	Outline the pathophysiology of infective causes of urethritis
	Outline the principles of management of dysuria
	Outline general measures to prevent recurrent urinary tract infection
Skills	Take a full history, including features pertaining to sexual health
	Demonstrate when a patient needs urological assessment and investigation
	Order, interpret and act on initial investigations such as: urinalysis, urine MC&S, bladder scanning, and blood tests
Geriatric competences	
	Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment
	Rationalise individual drug regimens to avoid unnecessary poly-pharmacy
	Recognise the often multi-factorial causes for clinical presentation in the elderly, and outline preventative approaches
	Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Approach to the older adult with incontinence

Discussion and management of continence issues

(e.g. Infection, bladder obstruction, constipation, prolapse, pre-existing muscular problems, development of urge incontinence, lifestyle issues, mobility issues, cleanliness – wiping back-to-front, medication side-effects)

SCENE SETTING

Location:	Outpatient Clinic	Expected duration of debriefing:	40 mins
Expected duration of scenario:	20 mins		

EQUIPMENT AND CONSUMABLES

GP Letter
 Set of patient notes:
 - Clinic date
 - Post void residuals written (46mls)
 - Prescription pad
 - Drug Chart
 Urine specimen pot +/- urine
 Box of tissues

PERSONNEL-IN-SCENARIO

Actor/Simulated patient
 CT1/2
 Clinic nurse

PARTICIPANT BRIEFING

You are in the outpatient clinic, and your next patient is Pearl Jones, 73 year old, who has been referred by the GP as she has become increasingly housebound over the last 3 months. The GP has prescribed three courses of antibiotics for UTI over that time but otherwise has not identified any specific physical illness.

PMHx Hypertension, osteoarthritis

DHx Furosemide 20mg, indapamide, co-codamol,
 Mock GP letter

FACULTY BRIEFING

'ACTOR/SIMULATED PATIENT' BRIEFING

You are Pearl Jones, 73 years old, your GP and family have been increasingly concerned that you have been less willing to leave the house although you haven't given a reason. You are increasingly embarrassed about having accidents when you wet yourself. This used to happen occasionally (a couple of times a month) on coughing or sneezing with a full bladder but wasn't very troublesome. Over the four months you've noticed that you have very little time between feeling the need to pass urine and doing so. This has led to several episodes of incontinence in public, which have been extremely embarrassing. You usually have to get up three times at night to pass urine. You were heavily absorbent pads during the day. You can feel when you need to go and the sensation of passing urine and opening your bowels is normal. You have occasionally noticed a dragging sensation down below but have no discharge or bleeding.

You have had occasional episodes of urinary tract infections manifesting as burning when urinating and feeling slightly more unsteady, but these have been treated by your GP with short courses of antibiotics. You tend towards constipation, which has been particularly bad since you started taking co-codamol for hip pain. You now open your bowels every several days and it is a struggle to do so.

You have high blood pressure, osteoarthritis, and tend to get swollen ankles. Your GP has given you water tablets for this.

You live alone in a house. You have five children, two of whom are nearby. They were all delivered normally (there were no complications – if asked). You don't have any carers but your children increasingly have to help out with shopping and making sure you're okay. Your appetite hasn't changed and your weight is stable. You like to drink tea and have 5 cups a day. You tend not to drink for several hours before you go to bed. You occasionally drink a sherry in the evening. You walk with a stick but find getting around increasingly difficult, especially if rushing to get to the loo. You are finding it harder to keep scrupulously clean down below and are very embarrassed.

You find yourself becoming a bit tearful when faced with how things have changed over recent months.

Difficulty level:

Low difficulty

You are willing to talk openly about your problems with incontinence, and are able to give a clear and lucid history.

Medium difficulty

You are obviously embarrassed about talking about your incontinence, but are clear about the details.

High difficulty

You are very embarrassed about your continence problems, and only reluctantly talk about them. You are vague about the details, unless pushed. You readily talk off-topic.

IN-SCENARIO PERSONNEL BRIEFING

Clinic nurse (Faculty)

You will go and test the urine when asked to do so.
It contains + leucocytes, - nitrites, +protein, +blood.

Dr Flannigan, Dr Bedford & Dr Benson



*West Park Healthcare Centre
Oxford
OX4 6BD
Tel: 01865 729549*

*Re: Pearl Jones
DOB: 13/4/40*

Dear Doctor,

Many thanks for reviewing Mrs Jones, a delightful 73 year-old lady, who has been most troubled by urinary symptoms over the last few months.

I have treated her on multiple occasions with trimethoprim, to no great effect.

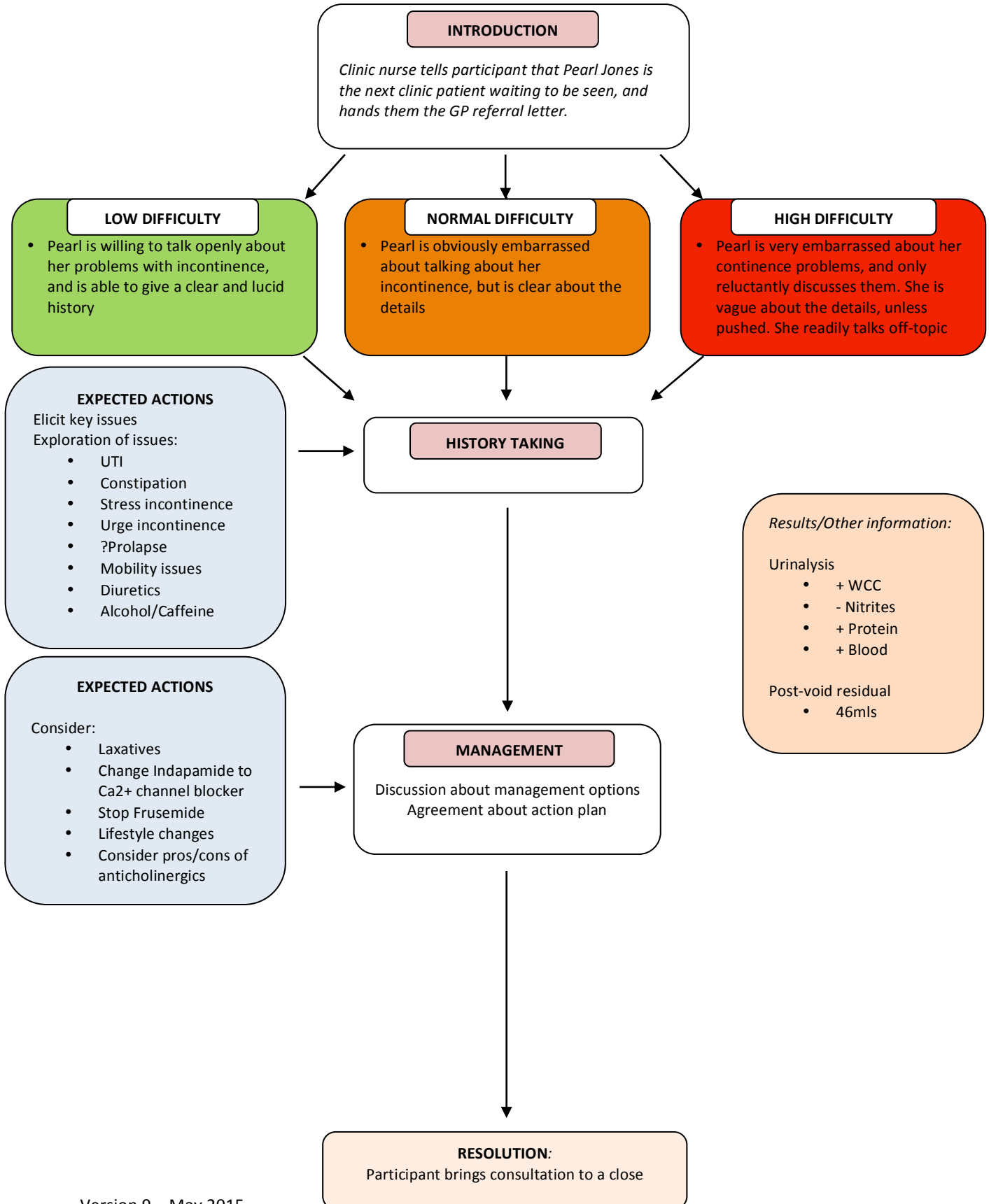
She has a past medical history of hypertension and osteoarthritis. She takes furosemide 20mg OD, Indapamide 2.5mg OD, and co-codamol QDS.

I would be most grateful for your expert opinion on how best to manage her urinary issues.

Yours faithfully,

Dr Benson MBBS MRCGP DCH

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Approach to the older adult with incontinence

Discussion and management of continence issues (e.g. Infection, bladder obstruction, constipation, prolapse, pre-existing muscular problems, development of urge incontinence, lifestyle issues, mobility issues, cleanliness – wiping back-to-front, medication side-effects)

DEBRIEFING RESOURCES

<http://publications.nice.org.uk/urinary-incontinence-cg40/>

<http://www.nhs.uk/conditions/Incontinence-urinary/Pages/Introduction.aspx>

<http://www.patient.co.uk/health/urinary-incontinence>

<http://www.patient.co.uk/doctor/urinary-incontinence>

GERIATRIC MEDICINE > SCENARIO 2

INFORMATION FOR PARTICIPANTS

KEY POINTS

Approach to the older adult with incontinence

Discussion and management of continence issues

(e.g. Infection, bladder obstruction, constipation, prolapse, pre-existing muscular problems, development of urge incontinence, lifestyle issues, mobility issues, cleanliness – wiping back-to-front, medication side-effects)

RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

Nice Guidelines on Parkinson's disease (www.nice.org.uk/CG035)

Parkinson's UK (<http://www.parkinsons.org.uk/>)

Aspiration pneumonia and dysphagia in the elderly.

Marik PE, Kaplan D. *CHEST*. 2003;124(1):328-336.

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?
 (This is especially important if you have ticked anything in the disagree/strongly disagree box)



FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?