

The background features a light blue-to-purple gradient with several realistic water droplets of various sizes scattered across the surface. A large, faint, light-colored circular graphic is centered behind the main title.

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

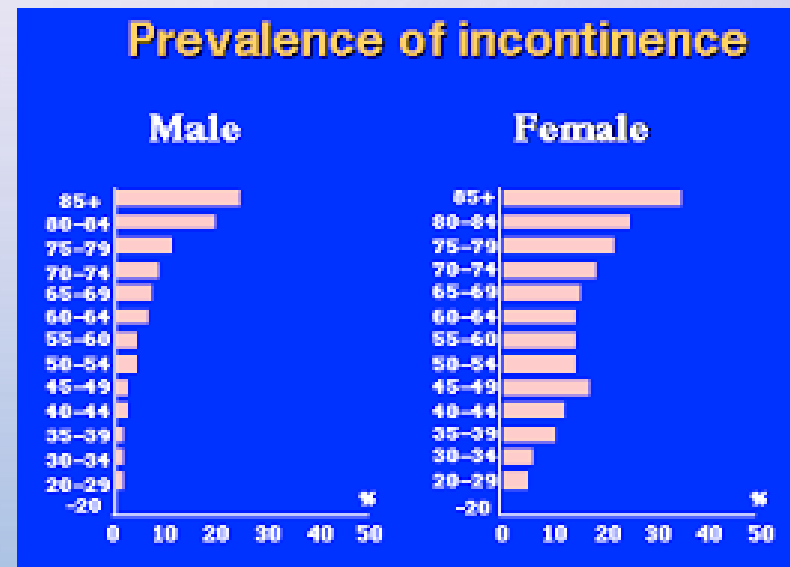
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ABSTRACT

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

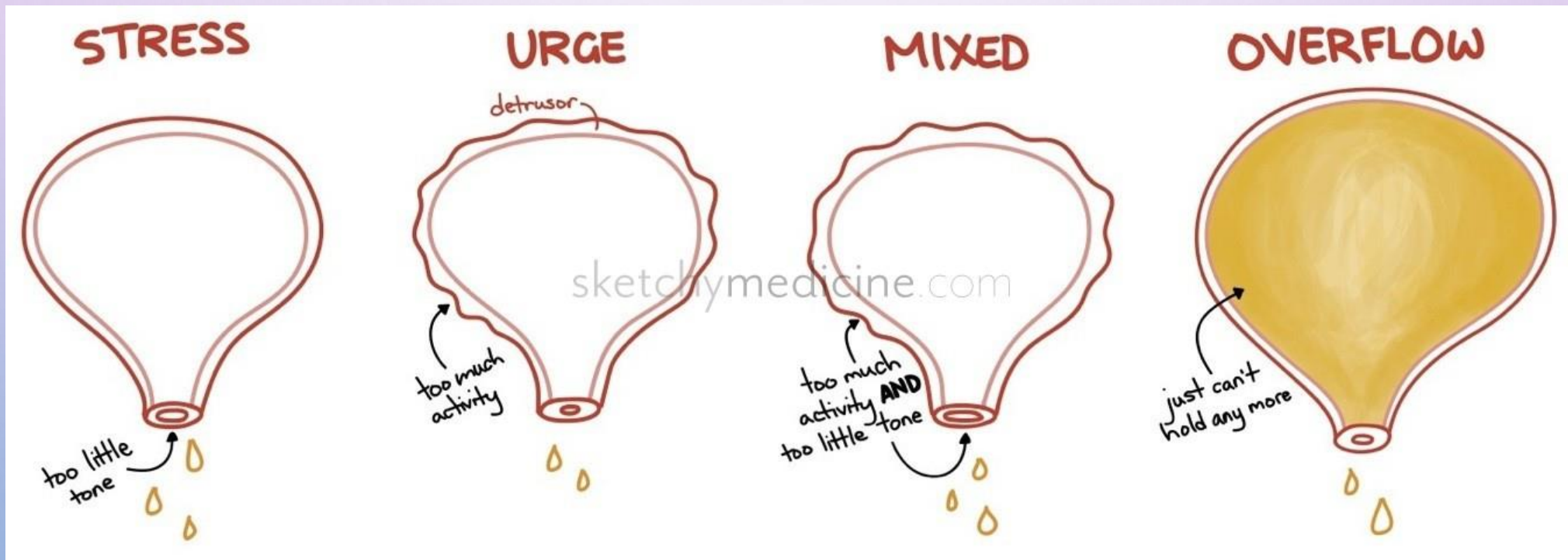
- THE ESTIMATED TOTAL NATIONAL COST OF UI IN 2007 WAS \$65.9 BILLION,
- WITH PROJECTED COSTS OF \$76.2 BILLION IN 2015 AND
- \$82.6 BILLION IN 2020.



COYNE, ET AL (2014)

TYPES OF URINARY INCONTINENCE

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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

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

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

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

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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