The Geriatric Giants

Urinary Incontinence & Falls

Among elderly patients, the problems of accidental falls and urinary incontinence are so prevalent that they have long been dubbed the “geriatric giants.”1 Heightened fall risk leads to fractures, fear of falling, loss of confidence, and subsequent self-restricted activities.2-4 Urinary incontinence (UI) and falls both increase hospitalization / rehospitalization rates, need for institutionalization, anxiety, depression, and lower quality of life.5-7 Recent research has shed some new light on these problems, and evidence-based standards of care are emerging.

For instance, Foley and colleagues recently published a high-powered study that demonstrates stress incontinence is significantly associated with an increased risk of falls.2 It has long been established that urge and mixed UI increases the risk of falls, but older studies failed to make the same conclusion with stress incontinence. Foley's study followed 5,474 general practice patients age 70+, and made a number of interesting observations about UI in community-dwelling patients and the association between UI and fall risk. For instance, screening for UI should not discriminate between men and women, because 23.3% of men reported UI, compared to 29% of women. In general, the presence of UI among elderly patients increases the risk of an accidental fall by 56%. The association is further increased based on volume of urine loss, pain in bladder, pain on micturition, and the presence of physical limitations. On examination, a history of a recent fall plus an increasing number of these risk factors provide increasing encouragement for a referral to a Care Corp rehabilitation program that will comprehensively address the risk factors.

The Brigham and Women's Hospital urinary incontinence guidelines recommend primary care clinicians initiate discussions about UI, because only half of incontinent women will report this problem at office visits.8 While screening all geriatric patients for UI is considered optimal care, Dr. Anger's expert panel recently declined to go so far as to declare universal geriatric screening for UI a minimum standard of care, due to lack of evidence supporting such screening.9 However, others have more recently suggested that a recent accidental fall or an evaluation of increased fall risk should further encourage a UI screening.10

The Rand Appropriateness panel conducted by Dr. Anger and colleagues did, however, set some interesting quality indicators (minimum standards) for general practice. Their report concludes that pelvic floor muscle training should be offered to all women presenting with new or worsening bothersome UI, due to Grade A evidence supporting its efficacy. They also conclude that all women with urge incontinence / overactive bladder who are receiving anticholinergic agents should also receive behavioral therapy, as behavioral therapy has been shown to increase the effectiveness of anticholinergic agents.

When you see homebound patients with urinary incontinence and/or an increased risk of fall injuries, please consider a referral to Care Corp home health. Care Corp screens for urinary incontinence in 100% of intake evaluations. Our care plans are designed to encompass all health and environmental factors that may be contributing to the primary patient complaint. As you know, Care Corp can implement fall-risk reduction plans that rehabilitate gait and balance. Please also be aware that Care Corp can detect the need for and implement the pelvic floor muscle training and behavioral training specified in the quality indicators. When urinary incontinence is contributing to a heightened risk of falls, our comprehensive approach to patient needs can prove to be a particularly effective component of your care plan.

Medicare Pays 100%

For qualified patients, Medicare pays 100% of home health costs. Your patients pay no co-pays, deductibles, or other out-of-pocket expenses.

Please offer Care Corp Home Health & Hospice to your patients.
References


