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There's no place like home (for health care)

Guest Editor: Nikki Gilroy, PT, DPT

9/10: The Role of Home Health Physical Therapy in Managing Urinary Incontinence
Jamie Lowy, PT, MSPT, and Sarah Haag, PT, DPT, WCS, Cert. MDT

9/11: Motivated for Success: Finding the Joy in Homecare
Jean D. Miles, PT, DPT

9/12: Understanding the 3 D's: Dementia, Delirium and Depression in Older Adults
Cathy Ciolek, PT, DPT, GCS, FAPTA

9/13: Management of the Patient with CAD and/or CHF in Home Health
Pamela Bartlo, PT, DPT, CCS

9/14: Putting the Plan into Action - Understanding Goal Statements and Selecting Interventions for the Home Health PTA
Diana L Kornetti, PT, MA, HCS-D, COS-C, and Sherry Teague, MESS, ATC, PTA

CONTINUED

The Role of Home Health Physical Therapy in Managing Urinary Incontinence

Sarah Haag, PT, DPT, WCS

&

Jamie Lowy, PT, MSPT

CONTINUED

Urinary Incontinence?

Why do I need to know about that?

Because….

If you're treating people, you're treating people with incontinence

Who might be experiencing UI?

- Over 25 million Americans (National Association for Continence)
- 37.5% of Medicare respondents (Hawkins 2011)
- 10% of the general population (Canadian Continence Foundation 2014)

Who has incontinence?

- According to the CDC….

OVER HALF OF SENIORS ARE PLAGUED BY INCONTINENCE

Many people have incontinence

- But very few ask for help
  - 70% of people with UI do not seek advice or treatment

    Continence Foundation of Australia
  - Many people don't realize that UI is NOT a 'normal' part of aging.

    Wójtowicz 2014

The prevalence of UI increases with some comorbidities

- COPD
- Diabetes
- Obesity
- Cancer of Pelvic Organs
- Chronic UTIs
- Congestive Heart Failure
- Postmenopausal hypoestrogenism

Incontinence can have a HUGE impact on a lot

- Financial – Projected to be $82.6 billion by 2020 in the US (Coyne)
- Safety - 26% increase in fall risk, 34% increase in risk of fracture (Hu)
- Where you live – UI increases likelihood of nursing home admission. 2x for women, 3.7x for men (Hu)
- Overall health and Quality of Life

What is Incontinence?

Let's start with what is normal…

- Storage of urine
  - Bladder is a reservoir that stores urine
    - 400-600 mL or 1.7-2.5 cups
  - Usually fills at a constant rate
    - Slower at night
    - Faster with bladder irritants
  - The detrusor muscle accommodates filling by staying relaxed.

Let's start with what is normal…

- First sensation to void is at about 150-200mL
- Guarding reflex keeps external sphincters in the pelvic floor contracted
- Outlet pressure remains higher than bladder pressure

Let's start with what is normal…

- Emptying the bladder
  - Normal post-void residual is 5-50mL
  - There is not an increase in intra-abdominal pressure
  - The outlet pressure is less than the bladder pressure

Let's start with what is normal…

- Normal voiding
  - 5-7 voids per 24 hours
  - 8 to 12 oz for the first void in the morning, 6 to 10 oz after that
  - Normal voiding interval is 2-5 hours
  - 0-1 voids/night if <65 years old, 1-2x/night if >65 years old

So what's not normal?

- Leaking urine
- Staying home to avoid leaking
- Being 'bothered' by your bladder
- Having to hurry to 'make it'.

How I explain it to patients

What exactly is Urinary Incontinence?

- According to CMS
  - Urinary Incontinence (UI) is the involuntary loss or leakage of urine

Why does it happen?

- 'Inside Pressure' > Closure Pressure of the Urethra
- The *reason* for this imbalance will vary

Types of urinary incontinence

- Functional Incontinence
- Urge Incontinence
- Stress Incontinence
- Mixed Incontinence
- Overflow Incontinence
- Transient Incontinence

CMS Manual System

Functional Incontinence

- Incontinence that is secondary to factors other than an inherently abnormal urinary tract function. It may be related to physical weakness or poor mobility/dexterity, cognitive problems, various medications or environmental impediments

Urge Incontinence

- Characterized by abrupt urgency, frequency and nocturia (part of the overactive bladder diagnosis)
  - Urge UI is the most common type of UI

Stress Incontinence

- The loss of a small amount of urine with physical activity such as coughing, sneezing, laughing, walking stairs or lifting. Urine leakage results from an increase in intra-abdominal pressure on a bladder that is not over distended and is not the result of detrusor contractions.
  - Stress UI is the second most common type of UI

Mixed Incontinence

- The combination of urge incontinence and stress incontinence.

Overflow Incontinence

- Occurs when the bladder is distended from urine retention. Symptoms of overflow incontinence may include: weak stream, hesitancy, or intermittency; dysuria; nocturia; frequency; incomplete voiding; frequent or constant dribbling.
  - If you suspect this type of UI, contact the physician or nurse immediately.

Transient Incontinence

- Refers to temporary or occasional incontinence that may be related to a variety of causes.

Transient Incontinence

- Common Contributors
  - D: Delirium or acute confusion
  - I: Infection (symptomatic UTI)
  - A: Atrophic vaginitis or urethritis
  - P: Pharmaceutical Agents
  - P: Psychological Disorders (depression, behavioral)
  - E: Excess urine output (alcoholic or caffeinated beverages, peripheral edema, CHF, hyperglycemia
  - R: Restricted mobility
  - S: Stool impaction

Lukacz

Frequency and Urgency

- Not technically incontinence, but….
  - Gotta go right now!
  - 'Key in Lock' Syndrome
  - Frequency = more than 7 voids per day
  - Urgency = strong, sudden urge
  - Sarah's clinical observation….

What's so Special About Home Health?

- Population stats according to the CDC
  - People who make it to age 65 will live another 19 years (Kochanek 2016)
  - Approx 5.0 million people over age 65 receive HH services annually (Jones 2012)
  - 86% of caregivers in home are either a spouse or other relative (AARP 2009)
- Home Health provides clinicians with the unique opportunity of having a 1-on-1 session with a patient and caregiver in the environment where the person lives…
- …Does not get much more functional than that!

Mi casa es su casa!

- So lot's of my patient's have accidents… isn't that a nursing or OT problem to manage?
- Let's see how it became a problem…
  - Mr/Mrs Smith has some urine leakage or urge issues.
  - Dr prescribes some meds and recommends pads
  - Mr/Mrs. Smith becomes self conscious about accidents and starts to avoid social/community activities.
  - Starts to minimize activity to stay close to bathroom
  - Less activity leads to frailty issues, maybe develops UTIs as he/she drinks less, poor sleep habits, depression.
  - Now Mr/Mrs Smith has fallen and sustained hip fracture

- Each step along Mr/Mrs Smith's journey to ending up with a hip fracture are all areas that a PT has the potential to influence for the better.
- Think about the person who ended up in the hospital with an exacerbation of CHF and is now on a new diuretic.
- Once that person has recovered from the episode of CHF, will they be willing to re-enter community life if they are now having issues with incontinence related to this new medication?

Another way to think about it…

- Estimated that approximately 50% of homebound older adults will experience urinary incontinence. (Westra 2011)
- Close to 70% of all skilled nursing and assisted living residents will have a diagnosis of urinary incontinence… (Westra 2011)
- So what are the chances a Home Health PT will encounter a person with UI on their case load?
- More importantly, how many home health Plans of Treatment address urinary incontinence as something that can be cured?

If That Wasn't Enough For You…

- When UI is present with a person who has experienced a CVA, they are 50% more likely to end up in LTC and not able to remain at home compared to those with a CVA and no UI.
  (Westra 2011)

How is UI identified in the Home?

- How well is it addressed during the Start Of Care visit?
  - The current version of the OASIS C-2 questions M1600 – M1630 covers elimination status for both bladder and bowel function.
  - Some agencies may have additional questions on their SOC form that covers basic questions regarding elimination status
  - The vast majority of these are addressed by nursing staff and are often left blank by PTs completing the SOC.
  - Thus, only 21% with UI receive EBP interventions and only 30% show documented improvement on the OASIS at discharge (Westra 2011)

M1600 Has this person been treated for a Urinary Tract Infection in the Past 14 Days?

- 0 – No
- 1 – Yes
- 2 – Patient on prophylactic treatment
- UK – Unknown

- Would this information be relevant with regards to urinary incontinence?

M1610 Urinary Incontinence or Urinary Catheter Presence

- 0 – No Incontinence or catheter
- 1 – Patient is Incontinent
- 2 – Patient requires a urinary catheter

- "Select response 1 if the patient is incontinent at ANY time; dependent on a timed-voiding program… Timed voiding is a compensatory strategy; it does not cure incontinence"
  (OASIS answers 2015)

M1615 When does Urinary Incontinence Occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night ONLY
- 3 – During the day ONLY
- 4 – During the day and night

- These are important functional questions on the OASIS for an agency as they can increase $, but are not used in outcome tracking on Home Health Compare

M1620 Bowel Incontinence Frequency:

- 0 – Very rarely or never has bowel incontinence
- 1 – Less than once weekly
- 2 – One to three times weekly
- 3 – Four to six times Weekly
- 4 – On a daily basis
- 5 – More often than once daily
- NA – Patient has a ostomy for bowel elimination
- UK - Unknown

M1620 (con't)

- While less often in occurrence than UI, bowel incontinence can often be just as debilitating with function and desire to participate in social activities due to embarrassment and shame.
- 26% increased risk for falls (Carrier J 2017)

- The OASIS version D set to debut January 2019 has scaled down the OASIS questions on 'elimination status', but has instead added functional questions that better address the impact of incontinence and use of the toilet that places this issue in the proverbial lap of therapists.
- In addition to assessing the current skill level of the person to access the bathroom and use of the toilet, the new format requires the clinician to identify the anticipated functional status at discharge.

So the nurse says they have UI…

- What does the patient say? Do they know what "incontinence" means? (I had one patient that thought I was asking her if she was 'incompetent' and was very offended).
- Very often, no one asks the patient how important it is to have control of their bladder/bowels again.
- And most assume nothing can be done because no one has offered to help them figure out some strategies or told them it was 'normal'
- Time to step up and be their bladder hero!

So the nurse says they have UI…

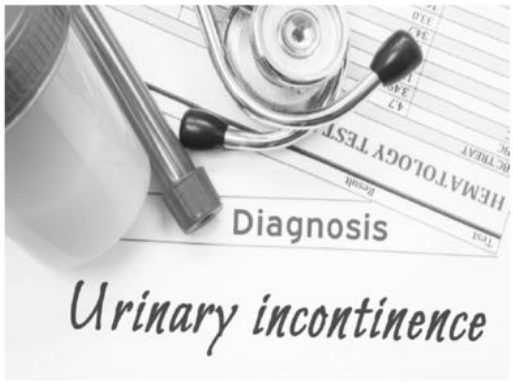
- PTs should first play to their strengths in the home:
  - Identify structural/environmental barriers to someone getting to the bathroom.
  - Assess physical deficits (strength, balance, gait, transfers) that pose challenges to getting to the bathroom timely….
  - And lead the therapist to ask questions such as " how do you get out of bed to get to the bathroom at night?" or " Your walker looks pretty wide to fit through the doorway of your bathroom, how do you get to the toilet safely/timely?"

- Sound clinical reasoning = more likely positive outcomes
- Giving all patients 'Kegels' will not resolve UI issues if you don't know if a pelvic floor dysfunction is the cause.
- Clinicians need to remember to analyze the information obtained from the patient before tossing around interventions to see "what sticks".

How Do We Do This…..?

A new resource for HH clinicians

for Treatment of Urinary Incontinence



https://www.homehealthsection.org/store/ViewProduct.aspx?ID=10276107

What's included in the Toolkit?

- Patient Education
  - UI facts
  - Types of Urinary Incontinence
- Decision Tree/Questions to ask
- Neurogenic Bladder Information
- Case Scenarios

What's included in the Toolkit? (cont)

- Common Diagnostic Tests for Bladder Function
- Incontinence Medications
- Clinician Support – talking about incontinence
- Bladder Diary and Instructions
- Potential Bladder Irritants

A case example of how to utilize

- Important to understand the role of medications as both interventions to reduce symptoms, but also aggravating or inducing symptoms of UI.

Regardless of your setting….

- You're seeing people who are incontinent:
  - Acute care
  - Skilled Nursing Facilities
  - Day Rehabilitation
  - Neurological Rehab
  - Home Health
  - Outpatient Orthopedics

So now what?

- Start talking about it!
  - Remember – you don't have to be a specialist to help identify these issues and help people get help.
- Share what you know!
  - With your patients, their families, and your colleagues.
- Help your patients live their best lives… and be more dry!

Questions? Thoughts? Ideas?

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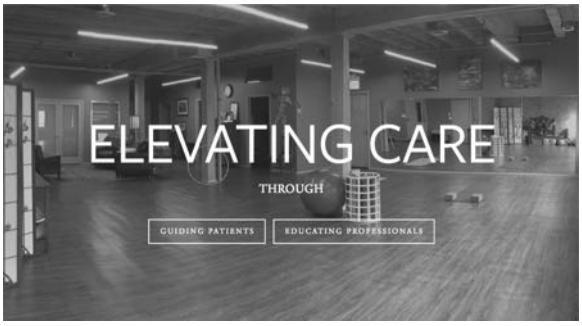
Entropy Physiotherapy & Wellness



Mentorship
Consultations
Professional Continuing Education

More info at entropy.physio.com

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