“Age should not be a barrier to high-quality continence care”

Despite working in continence care for more than 10 years, I still get a huge kick out of the thanks I receive from patients when I help them resolve bladder problems. I see adults of all ages, but often these are older men and women who have been referred to our service with an expectation that they will be given pads; the sense of achievement is all the more profound with this group.

Although referring older patients just for pads is not a new phenomenon, there seems to be an increased emphasis on the perceived need for pads because of their age rather than considering them as individuals with potential.

While patients may be unaware of available treatments and therefore forgiven for thinking that pads are the only aids on offer, it is important that health professionals can help them access the most appropriate help for their problem.

We know that older people experience bladder and genitourinary changes that make them more susceptible to continence problems, but this does not mean that many of these issues cannot be cured or improved by using a modified approach. Once they are aware that help is possible, many older people are motivated to want to address their problem.

Older people often access specialist services through other health professionals; it is vital that these practitioners have a positive attitude when helping patients to work through the treatment process, although they may not be experts in this field. To do this, practitioners need to be able to recognise bladder problems and see patients as individuals with a unique set of symptoms rather than just older people with incontinence.

The Department of Health is keen to empower patients to make their own healthcare choices through schemes such as “any qualified provider” (DH, 2011). But how often do we ask older people what they actually want to happen with their bladder problem, let alone how they intend to manage that? From my experience, where all patients are asked this question, very few actually want pads as a preferred option.

Health professionals have a key role in helping older people access suitable services. Although being able to do this requires knowledge, we should not expect every practitioner to be a specialist in bladder and bowel care. What they should be able to do is see beyond someone’s date of birth and provide the same enthusiastic approach to treating patients’ problems whether they are 40 or 80.

Older people have also developed a reputation for embracing new technology, and directing people to appropriate websites and Apps is also something we should not shy away from.

If nurses can foster motivation both in themselves and their patients the results will speak for themselves. NT

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Reference

It’s time to take a closer look at continence care

When a patient presents with bowel or bladder problems it is easy to look for a single cause. This week’s articles highlight how multiple factors often work together and that careful assessment is vital to ensure patients receive appropriate interventions.

Tracy Whitehouse (page 16) explores why stress urinary incontinence occurs after childbirth. The accompanying case study shows how factors such as fluid intake and constipation can worsen symptoms and how they affect quality of life and social function.

Fiona Stephenson (page 22) reports on the management of a patient who sustained a spinal cord injury during the 2010 Haiti earthquake. The report illustrates the challenges of providing continence care with scarce resources and why management of bladder emptying can be lifesaving.

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