Incidence of Incontinence as a Factor in Admission to Aged Care Homes

Executive Summary

This project is part of a group of research projects that have been funded by the Commonwealth Government’s National Continence Management Strategy. One of the aims of the National Continence Management Strategy is to reduce admission to aged care homes by improving the treatment and management of incontinence in older Australians.

The objective of this project was to report on the incidence of incontinence as a factor in admission to residential aged care homes. The methodology included:

- review of the international research literature;
- analysis of national Aged Care Assessment Program (ACAP) data (data extracted from assessments conducted by Aged Care Assessment Teams (ACAT) for over 41,000 Australians for the twelve months ended 30 June 1999);
- analysis of national Resident Classification Scale (RCS) data (collected from current assessments conducted by staff of aged care homes for 128,900 high care and low care residents as at June 2000); and
- distribution of a questionnaire to a consultative network of 62 Aged Care Assessment Teams around Australia and analysis of the 107 returns received from members of these teams.

Conclusions

The findings of this research were fairly consistent across each of the components of the methodology described above. The following major conclusions are drawn:

- The prevalence of incontinence is significantly higher amongst people living in aged care homes than it is for those living in low care homes or in the community.
- Incontinence is a significant factor in decisions regarding admission to aged care homes, particularly with admission to high care.
- Incontinence seldom acts alone in these decisions and has its greatest effect when combined with other problems, particularly dementia or cognitive impairment and mobility.
- The ability of care recipients and/or carers to successfully manage the incontinence at home is also an important factor in long term care decisions.
- The high prevalence of incontinence amongst those admitted to aged care homes and the questionnaire results reporting less than adequate intervention in many cases, suggest the need for improved assessment, management, education and promotion strategies in respect of incontinence and elderly Australians.

The conclusions are provided in more detail below.
Prevalence of Incontinence in Elderly Australians

Review of the Australian and international research literature in this field has identified the following prevalence findings for urinary and faecal incontinence. Please refer to Section 3 of the report for further details of supporting data.

- The prevalence of incontinence is significantly higher amongst people living in high care homes than it is for those living in low care homes or in the community.
- The prevalence of urinary incontinence is estimated to be at least 15% and possibly over 30% in elderly Australians living in the community and probably over 50% amongst those living in Australian high care homes.
- The prevalence of faecal incontinence is estimated to be between 3% and 9% in elderly Australians, increasing to between 10% and 30% for residents of high care homes.
- 66% of the residential aged care population in the RCS data set required at least some support with bladder management, 72% with bowel management and 68% with toileting.
- There was a strong relationship between the level of support required for bladder management and the level of support required for bowel management.
- Residents of high care homes are more likely than residents of low care homes to require support with bladder management, bowel management and toileting management.
- The Australian RCS and ACAP data are likely to underestimate the true prevalence of incontinence due to the definitions used in the collection of these data sets.

Incontinence as a Factor in Admission to Aged Care Homes

- Elderly people who have urinary incontinence are more likely than their continent peers to be living in high care homes than in low care homes or in the community.
- Incontinence alone seldom precipitates admission to residential care.
- ACAT clients currently living in the community who are not fully continent are more likely to be recommended for high care than for low care or community care.
- ACAT clients currently living in high care homes are more likely to be not fully continent than fully continent and the reverse is true for those living in the community.
- ACAT clients referred for high care home assessment are more likely to be not fully continent than fully continent and the reverse is true for clients referred for low care home assessment.
- 87% of respondents to the questionnaire for members of Aged Care Assessment Teams rated incontinence as a significant or very significant factor in their decisions to approve or recommend residential care.
- There were other factors that along with incontinence lead to recommendations for residential care over community-based care.
- In order of descending priority, the top six critical factors identified by questionnaire respondents that shift a client’s care options from community-based care to residential care were:
  1. Dementia/cognitive function
2. Mobility
3. Incontinence
4. Support networks
5. Carer stress/ability to cope
6. Functional ability and ADLs (Activities of Daily Living).

- Questionnaire respondents suggested that urinary incontinence becomes a factor in residential care decisions when:
  - the urinary incontinence can no longer be managed at home by the person and/or the carer;
  - the incontinence is combined with other factors such as cognitive impairment; and/or
  - the incontinence results in health, hygiene or safety problems.

- 89% of respondents indicated that incontinence alone rarely or never results in a recommendation for residential care.

- The presence of faecal incontinence influences residential care decisions for the majority of respondents (76%).

- 95% of respondents indicated that the client’s use of continence aids and the ability to manage these influenced their recommendations regarding long term care.

- 95% of respondents indicated that the carer’s ability to manage the incontinence influenced their recommendations regarding long term care.

**Incontinence and Other Factors**

- Incontinence frequently coexists with other physical, mental, functional and social problems. Of these, impaired mobility and impaired cognition (particularly with associated behavioural problems) act synergistically with incontinence in leading to residential care.

- The majority of ACAT clients who were orientated to time and place were fully continent whereas the majority of clients who were not aware of time and place were not fully continent.

- The majority of clients who could walk independently were fully continent whereas the majority of those who could not walk independently were not fully continent.

- Clients with a primary diagnosis of dementia were more likely to be not fully continent than those with other conditions and, in relative terms, people with other neurological disorders (e.g., stroke and Parkinson’s disease) were most likely to be not fully continent.

- Non-Australian born, non-English speaking ACAT clients were more likely to be not fully continent, particularly those born in Italy or Greece.

- Age and gender were significant predictors of continence status with women and older people more likely to be not fully continent.

- The levels of bladder management support and toileting management support required for RCS data set clients increased with advancing age.

- The proportion of females requiring bladder management support was greater than males for all levels of support.
There were strong relationships between the supports required for *continence-related activities* and *mobility* and between continence-related activities and *understanding and undertaking living activities*.

**Incontinence and Carer Burden**

- The burden of care and stress experienced or perceived by the carer of a dependent person with incontinence also predisposes to residential care.
- Incontinence undoubtedly increases the carer burden and increases the demands for support services that assist carers.

**Management of Incontinence**

- Less than half of the ACAT members surveyed considered that their clients had received adequate and appropriate continence assessment, information and services.
- 55% of respondents estimated that between 0% and 25% of their clients with continence problems had ever sought or received a detailed continence assessment. Issues of embarrassment, reluctance to disclose the problem and inadequate identification and assessment by health professionals were raised.
- 56% of respondents estimated that between 0% and 25% of their clients with continence problems had ever had treatment for their continence problems.
- Continence nurses and community nurses are the groups most likely to provide continence assessments for ACAT clients.
- ACAT members tend to rely on client or carer report and their own observations such as smell and stained clothing, to determine the presence of continence problems.
- Lack of consistent guidelines, procedures and definitions for assessment of continence problems was suggested by the questionnaire responses.

**Priorities for Future Research and Development**

The consulting team for this project has recommended the following areas as priorities for future research and development:

- education and training of health professionals in the assessment and management of incontinence, particularly where there are co-morbidities such as dementia or mobility problems;
- development of strategies to support care recipients and care givers to manage incontinence successfully at home, including improved access to information, education, appropriate continence aids, and practical in-home support services; and
- research into the effectiveness and cost of various continence interventions, treatments and management strategies.