

VARIATION IN TOILETING ASSISTANCE PROGRAMMES TERMINOLOGY: A POSSIBLE SOLUTION

Hypothesis / aims of study

Toileting assistance programmes involve verbally prompting and/or physically assisting a person to go to the toilet. These programmes target urinary incontinence that may occur as a consequence of a person's inability to reach and use the toilet or bathroom because of functional or cognitive impairment. The aim is to avoid or minimise episodes of urinary incontinence rather than alter bladder or pelvic floor function. The literature reveals various terms used to refer to toileting assistance programmes, including 'prompted voiding', 'habit retraining', 'habit training', 'timed voiding', 'scheduled toileting', 'patterned urge-response toileting', 'individualised scheduled toileting' and 'systematic voiding programmes'. A synopsis of four Cochrane systematic reviews using meta-study technique on bladder training and toileting assistance programmes indicated considerable variation in the literature about the terms (Roe 2007a; Roe 2007b). Essentially, it has been unclear how these programmes operationally differ from one another and where they partly overlap. Therefore, the aim was to identify, describe and compare the defining features of toileting assistance programmes.

Study design, materials and methods

As part of a Cochrane systematic review to determine the effectiveness of toileting assistance programmes, two researchers independently extracted detailed information about the components of each toileting assistance programme from 16 eligible randomised controlled trials. The trials included, but were not limited to trials that were reviewed in prior Cochrane reviews on prompted voiding, habit retraining and timed voiding. The extracted information was placed in a matrix identifying the presence or absence of the following information: (i) identification of usual voiding pattern, (ii) education/support to staff/carers, (iii) frequency of patient prompts, (iv) feedback or reinforcement to staff/carers/patients, (v) exercise, (vi) other.

Results

The matrix revealed two main approaches to implementing a toileting assistance programme. One approach relies on carers offering verbal prompts and/or physical assistance, to the care-dependent person to use the toilet at arbitrarily determined fixed voiding intervals, such as every two to four hours, regardless of whether the care-dependent individual has an urge to void or not. The second approach involves identifying the person's usual voiding pattern and verbally prompting and/or physically assisting them, to use the toilet prior to the predicted voiding time. In both cases, the toileting schedule can be adjusted depending on response. According to some trialists, both approaches may be enhanced by providing systematic feedback to the person, contingent on their efforts to identify their own continence status, request toileting assistance, or self-initiate toileting. Another feature reported in some trials was education, and/or varying levels of support, or structured facilitation for carers.

Interpretation of results

The findings offer a new nomenclature for toileting assistance programmes. In this classification, there are two main types of toileting assistance programmes:

- I. A fixed interval toileting assistance programme, with or without systematic contingent reinforcement, and with or without education/support
- II. An individualised scheduled toileting assistance programme, with or without systematic contingent reinforcement, and with or without education/support

Concluding message

The proposed nomenclature for toileting assistance programmes emerged in the context of reviewing existing research about prompted voiding, habit retraining and timed voiding. It revealed a multicomponent intervention. The use of consistent terminology may go some way toward helping clinicians and researchers share their knowledge about this important intervention.

References

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2. Roe B, Milne J, Ostaszkiwicz J, Wallace S. (2007b). Systematic review of bladder training and voiding programmes for the management of urinary incontinence: A synopsis of findings from data analysis and outcomes using metastudy techniques. *Journal of Advanced Nursing*. 57(1):15-31

Disclosures

Funding: Nil **Clinical Trial:** No **Subjects:** NONE