

#404 PREVALANCE OF FECAL INCONTINENCE AND ITS EFFECT ON QUALITY OF LIFE IN ELDERLY LIVING IN ISTANBUL NURSING HOMES

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Introduction

Fecal incontinence is an important and a frequently faced problem for the elderly especially who live in nursing homes.

Many aspects of fecal incontinence (FI) has been poorly studied in Turkish nursing homes. Uptodate, the prevalance of FI among the elderly residents living in the nursing homes of Istanbul is not studied as well.

The objective of our study is to determine the prevalance of FI and its effect on quality of life of the institutionalized older people in Istanbul, Turkey.

Conclusion

Prevalance of fecal incontinence in elderly living in nursing homes of Istanbul is found as 13.5%

In these elderly population, fecal incontinence has negative effect on their mental health and quality of life, although the severity of FI is mild

Independently from the severity of fecal incontinence type and prevalance, it is necessary to support to the elderly for their feeling well in physical, social, hygenic and psyhologic means in nursing homes. Our findings are important for staff in nursing homes inorder to provide best treatment and care for residents having fecal incontinence.





For people with fecal incontinence.



Materials

This is a <u>population-based</u> <u>cross-sectional study</u> carried out in a sample of a total of <u>283 elderly</u> <u>residents</u> living in <u>6 nursing homes</u> within the city of Istanbul belonging to the Directorate of Disable and Elderly Facilities Services which are under the rule of Ministry of Family work and Social services <u>between</u> <u>the dates of January 2015-April 2015</u> after getting approval from the Ethics Committee of Acibadem University.

After sample size for the residents was calculated, these 6 six nursing homes were selected randomly out of all nursing homes of the Istanbul city (including both private and public nursing homes from both european and asian sites of Istanbul).

Inclusion criteria were;

 Older than 65 years old
Who accept and sign the 'informed consent' for the study 3) Able to make verbal communication,
Able to hear
Able to understand the phrases of the survey
Able to answer the questions of the survey
Having no physical or mental disability
Being not bedridden







Methodology

Data was collected from the residents via face-to-face survey .

Surveys used were <u>"Sociodemographic and bowel habit data form"</u> and <u>"Turkish Adaptation of Fecal Incontinence</u> <u>Quality of Life Scale (FIQOLS) and Fecal</u> <u>Incontinence Severity Index (FISI)"</u>. (FIQOLS and FISI-both determined as reliable and valid indexes in turkish language.)

"Sociodemographic and bowel habit data form" included 27 questions about age, gender, marital - education - general health status of the resident , facilities (toilet in room, presence of roommate, extra food serving service) about the nursing home and presence of any type fecal incontinence and its risk factors.

Results

Total of 721 residents are interviewed and only 283 residents were found eligible for the study.

Number of residents from private versus public nursing homes were nearly equal.

13.5% of elderly in nursing homes stated fecal incontinence (38/283 residents)

The scores of the domains of the residents' FIQOLS and FISI are ; life style :3.2 \pm 0.55 (normal: 21.4 \pm 6.6) depression/self perception:3.2 \pm 0.49 (normal: 15.3 \pm 3.4) embrassment: 3.26 \pm 0.49 (normal: 5.8 \pm 1.9) competence/behavior: 2.74 \pm 0.65 (normal: 17.0 \pm 4.9) All scores

were found to be lower than normal.

FISI: 14.69 ± 3.17 (normal: 31.70 ± 12.80) (max score 61,means severe)— means mildlysevere.

Significant correlation was found between the FISI and p<0.05) and embrassment (r=-0.9 p<0.05).



FIQOLS included questions about 4 domains; life style, behaviour/coping, depression/selfperception and embarrassment.

FISI included questions about the type of the incontinent material and its frequency. First sociodemographic and bowel habit 'surveys were given to the resident. If fecal incontinence was observed, then the resident answered FIQOLS and FISI. Statistical calculations were done by using SPSS 17 to calculate the means, percentages, via chisquare, Mann- Whitney U and Kruskall Wallis tests.

