

WHAT MATTERS MOST in the Evaluation and Treatment of the Geriatric Incontinence Syndrome

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Introduction

The geriatric incontinence syndrome (GIS) is a phenotype of urinary incontinence (UI) defined by moderate to severe UI symptoms presenting concomitantly with physical, cognitive, or sensory geriatric impairments. To facilitate the development of a non-surgical treatment for GIS, we conducted a qualitative study to understand patients' perceptions of the of geriatric impairments on UI evaluation and attitudes towards non-surgical and surgical treatment options for UI.

Methods and Materials

Semi-structured interviews were conducted to assess: (1) treatment priorities, (2) perceived barriers to therapy, (3) preferences and attitudes towards treatment delivery (group-based vs individual, in person vs virtual), and (4) solutions to perceived barriers. Targeted participants were 70 years or older, with a diagnosis of GIS based on confirmation of severe UI symptoms and gait speed of slower than 1 meter/second (m/s) on a 4 meter usual gait speed assessment. Interviews were conducted by trained qualitative researchers. All interviews were audio recorded and transcribed. Transcripts were cleaned and imported into Dedoose for coding. A codebook was developed using a combined inductive-deductive approach, and transcripts were independently coded by two researchers. Coded text was reviewed iteratively and synthesized into themes.

Results

Table 1. Demographic characteristics of the cohort

	N=23
Age (mean±SD)	77.4 ± 4.3
Race N(%)	
Non-Hispanic White	87%
Black/Other	13%
BMI kg/m ² (mean±SD)	29.4 ± 8
Charlson comorbidity index (mean±SD)	4.1 ± 1

Figure 1. Summative themes and illustrative quotes on the evaluation of the geriatric incontinence syndrome from qualitative interviews

EVALUATION

Theme 1 – How patients with geriatric UI focus on geriatric impairments

- a) *Physical function* - Evaluation of physical function impairments are important. Living with mobility impairments and UI symptoms negatively impacts life by limiting life space.
- b) *Cognitive function* - Evaluation of cognitive impairments may be important if the impairment is severe enough that it impacts on one's ability to remember to void.
- c) *Sensory function* - Evaluation of senses is not clinically important when considering geriatric UI symptoms.

Theme 2 – Barriers to Urinary Incontinence Evaluation

- a) *Embarrassment*
- b) *Dependence for transportation*
- c) *Acceptability of evaluation measures*

A. Illustrative quotes on the impact of UI on daily life of women with geriatric incontinence



Figure 2. Summative themes and illustrative quotes on the treatment of the geriatric incontinence syndrome from qualitative interviews

TREATMENT

Theme 1 – “What Matter’s Most” for women seeking care for geriatric incontinence

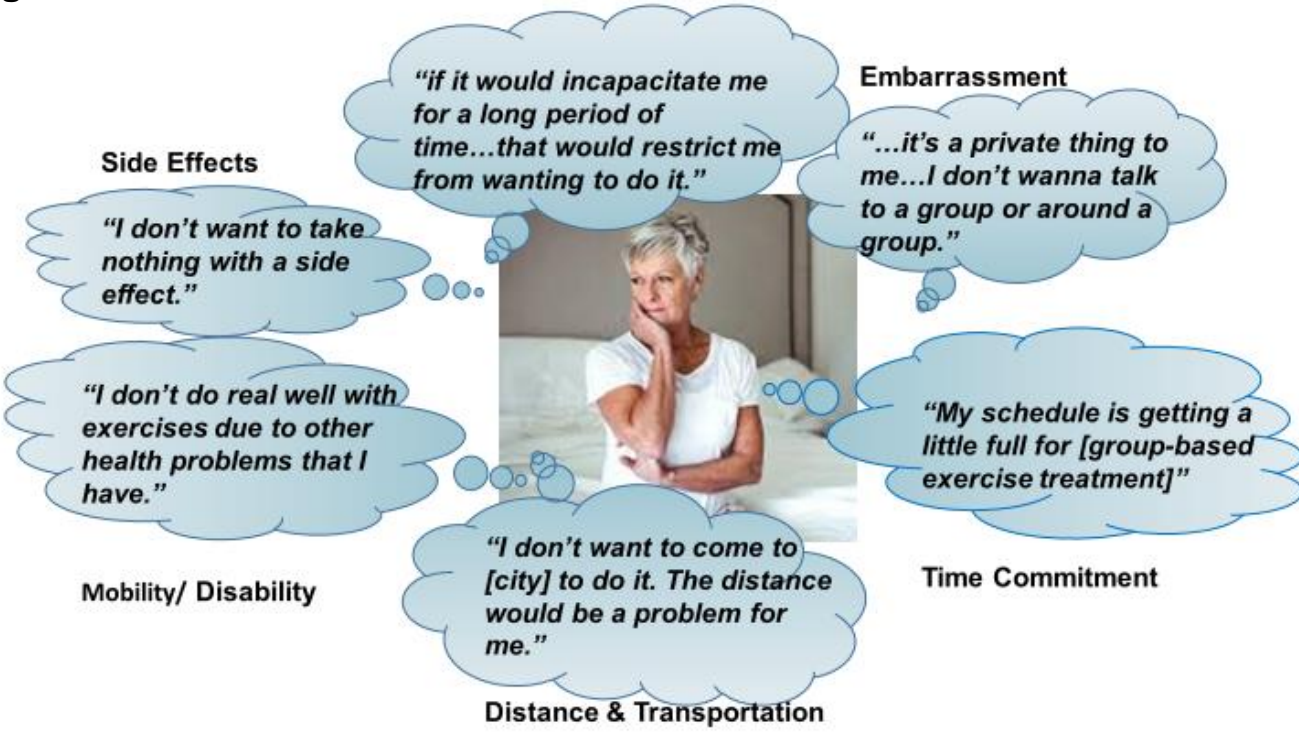
- ✓ To stop or significantly decrease UI episodes
- ✓ To be able to do physical activities outside of the home
- ✓ To be normal and enjoy life
- ✓ To decrease pad use

Theme 2 – Treatment acceptability was influenced by efficacy and prior personal experience or environmental exposure to treatments.

Theme 3 – Barriers to Urinary incontinence treatment

- a) *Physical weakness and disability* – The ability to physically engage in exercise influenced attitudes towards exercise-based treatment
- b) *Dependent living* – Relying upon other adults/services to schedule and have transportation for appointments
- c) *Concern for negative impact of surgical treatment on their mobility or cognition*
- d) *Concern about side effects of medication therapy*
- e) *Time commitment*
- f) *Embarrassment*

A. Illustrative quotes on the impact of UI on daily life of women with geriatric incontinence



Discussion

Table 2. Considerations of provider action items based on disclosed patient themes.

Patient Theme	Provider Action Item
EVALUATION	
Theme 1 – How patients with geriatric UI focus on geriatric impairments	There is significant clinical and personal value for evaluation of physical and cognitive function in women with geriatric incontinence.
Theme 2 – Barriers to Urinary Incontinence Evaluation	Maximize privacy in the evaluation of geriatric incontinence. Educate patients on the role and potential impact of each step in the evaluation for geriatric incontinence Modify the evaluation and treatment options to include the priorities established by our patients with geriatric incontinence
TREATMENT	
Theme 1 & 2 – What Matters Most and Treatment Acceptability	Evaluate ‘what matter’s most’ for patients with geriatric incontinence and design their treatment plan to meet this goal.
Theme 3 – Barriers to Urinary Incontinence Treatment	Design a treatment plan considering physical and cognitive function impairments, the dependence of patients on care providers, and the impact of treatment on physical and cognitive function

Conclusions

Women seeking care for the treatment of geriatric urinary incontinence seek evaluation and treatment to obtain a significant improvement in their UI symptoms. They prioritize increasing their confidence in leaving their homes for daily life activities and remaining physically active as treatment goals. Evaluation of physical and cognitive function is valued by patients as it may impact on their treatment. While most treatments are acceptable, most prioritized treatments based on efficacy. Many were concerned about the feasibility of exercise-based treatments based on the presence of mobility impairments and transportation. Adapting a program for home implementation and/or virtual follow up may be targets to improve participation.