



For seniors, urinary incontinence (UI) is a common problem that, if left untreated, can result in social isolation and hygiene issues. The severity of UI ranges from occasionally leaking urine to a sudden urge to urinate, which can often lead to people not getting to a toilet in time.

Causes and Risk Factors

Causes of UI include:

<ul style="list-style-type: none"> • Age • Anxiety or anger • Certain drinks, foods, vitamins and additives • Congenital problems • Cystitis • Dementia 	<ul style="list-style-type: none"> • Depression • Diseases/conditions (physical and neurological) • Enlarged prostate • Fistula • Hysterectomy • Medications 	<ul style="list-style-type: none"> • Menopause • Mobility and dexterity issues • Obesity • Smoking • Spinal cord injury • Surgical procedures • Urinary tract infection
---	--	--

Triggering actions that can aggravate UI include:

<ul style="list-style-type: none"> • Coughing • Exercise • Heavy lifting 	<ul style="list-style-type: none"> • Laughing • Sex • Sneezing 	<ul style="list-style-type: none"> • Sound of running water • Sudden change in position
---	---	---

Patient/Provider Interaction

If the patient is too embarrassed to discuss UI with even his or her doctor, UI will go untreated. It's important that you make the patient feel comfortable about the subject so he or she will speak openly with staff and physicians. Some ways you can do this include:

- Being matter of fact about UI. Talk to the patient about the way you would any medical condition and make your questions seem routine (“We ask all our patients this question”).
- Getting a sense of the patient’s perception of the problem, such as symptoms, quality of life and barriers.
- Educating the patient about treatment options and assuring him or her that help is available.

Office Staff Training

Urinary Incontinence in Seniors (cont.)

Case Study

While taking the vitals of Mrs. Roberta Thomas during a routine office visit, the medical assistant, Georgia, notices a faint smell of urine and that Mrs. Thomas' pants are slightly soiled. Mrs. Thomas also seems to be avoiding eye contact and mentions in passing she hasn't been visiting with friends as often as she once did.

How to Speak to the Patient

Georgia should ask Mrs. Thomas:

- “Are you having accidents because you can't get to the bathroom in time? How often does this happen?”
- “Are you doing anything when this happens?” (bending, sneezing, sleeping, etc.)
- “How much caffeine, alcohol or other liquids do you drink each day?”
- “Do you ever feel like the need to go to the bathroom is urgent or uncontrollable?”
- “How many times during the day do you have to use the bathroom?”
- “How many times during the night do you have to use the bathroom?”

Next Steps:

Mrs. Thomas may:

- Feel embarrassed and reluctant admitting she's having a problem
- Worry she'll have to wear absorbent underwear for the rest of her life
- Think it's better to learn to live with UI
- May not be aware of the variety of treatment options available to her

Georgia should tell Mrs. Thomas:

- UI is very common condition – especially as we get older
- UI isn't a “normal” part of aging or something she should simply tolerate
- About the many treatment options that are available to her, including lifestyle changes, exercises, medication, medical devices and surgery

Georgia should then bring Mrs. Thomas' responses to her doctor's attention so her doctor can talk to Mrs. Thomas about developing a treatment plan.

More Information

- National Institute on Aging Urinary Incontinence in Older Adults: <https://www.nia.nih.gov/health/urinary-incontinence-older-adults>