UNIVERSITY OF ALBERTA
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Initial Management of UI in Frail Older People

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ALBERTA CONTINENCE
RESEARCH NETWORK

CGS·SCG
CANADIAN GERIATRICS SOCIETY
LA SOCIÉTÉ CANADIENNE DE GÉRIATRIE

Fluid Intake

- Excess fluids leads to polyuria
- Limited fluids leads to constipation
- Limited evidence for caffeine reduction
- No evidence for avoiding fruit juice

Treat constipation

- PEG
  - Increase and decrease to response
- Psyllium
- Stimulant laxatives

- No docusate!

Address comorbidities and culprit drugs

- Identify and treat contributing factors
  - Heart failure
  - Obesity
  - OSA
  - Diabetes
  - Impaired mobility
  - Depression
  - Cognitive impairment
  - …

Drugs

- Cholinesterase inhibitors
- ACEi
- Diuretics
- NSAIDS
- Amlodipine
- Gabapentin
- Opioid analgesics
- Tricyclics
- Antihistamines
- Anything with anticholinergic effects

Mobility and toilet access

- Continence is the ability to pass urine in a time and place of one's own choosing
- So actually getting there is important!
- Strength and mobility exercise
- Mobility aids
- Signage

Pelvic Floor Muscle Therapy

- Self Directed
- Supervised
- Helps both UUI and SUI
- Three times a day for 3 months

Urgency Supression

- Urgency is, by definition, difficult to defer
- Rapid pelvic floor contraction
- Distraction
- Relaxation
- Sitting on a hard surface

Bladder Training

- Once urgency is suppressed
- Count to 5
- Then go to the bathroom

- When they can do that, count to 10
- And so on.

Cognitive impairment?

- Prompted voiding
  - Caregiver cues
  - Invites individual to toilet
  - Positive reinforcement
  - Aim to identify individual's pattern and pre-empt

- 3 day trial

Timed Voiding

- Voiding to a schedule
- No attempt to maintain normality
- Even the very demented will pee on a toilet if they're on it

Continence paradigm