

Incontinence



**Help the Aged
Policy Statement 2008**

Overview

This briefing outlines why Help the Aged considers incontinence to be a key policy issue. Many older people find it distressing and embarrassing to discuss incontinence. But it is important that the condition is assessed by a health professional as incontinence can often be treated or ameliorated.

Background

- It is difficult to gauge the prevalence of the condition because it is poorly reported. In the UK, it is estimated that at least 6 million adults cannot control their bladders as they would wish and about 500,000 adults have similar trouble with their bowels.
- One-third of us develop incontinence at some point in our adult lives.¹
- Incontinence is second only to dementia as the main reason for entering a care home.²
- For carers, incontinence can be the 'last straw' and is often the main reason for the breakdown of the caring relationship, leading to admission to residential care.³
- 25 per cent of men and women in residential homes suffer from urinary incontinence; this rises to 40 per cent in nursing homes. Faecal incontinence affects 10 per cent of the same age group in residential homes and 30 per cent in nursing homes.⁴
- 15 per cent of older men and women aged over 65 and living at home have faecal incontinence.⁵

The issue of incontinence was highlighted in the *National Service Framework for Older People, Standard 2: Person Centred Care*, which called for integrated continence services to be established by April 2004. In 2005, the Healthcare Commission sponsored a National Audit of Continence Care which established that only 38 per cent of primary care and 26 per cent of secondary care sites offered an integrated continence service.⁶ Of the 27 care homes that took part in the audit, 10 offered a similar service.

1 *Talking Incontinence: understanding urinary incontinence*, Research into Ageing fact sheet, 2005, Help the Aged.

2 *Good practice in Continence Services*, Department of Health, 2000.

3 *ibid.*

4 *Research Focus: bladder and bowel weakness*, 2002.

5 www.continencefoundation.org.uk

6 National Audit of Continence Care for Older People, Royal College of Physicians, November 2005.

It also identified the rationing of incontinence pads in primary and care home settings to an average of four pads per person per day. This is a potentially humiliating restriction as people will be reluctant to go out if they are not adequately provided with pads to prevent accidents.

Being incontinent affects older people's lives in many ways. Help the Aged is starting to fill gaps in understanding by commissioning biomedical and social research into this neglected issue, the former funded through Research into Ageing, the Charity's biomedical research programme.

Incontinence affects personal hygiene and overall health, causing pressure sores and urinary tract infections that can potentially be life-threatening. It is not just the physical aspect of incontinence that is distressing but also the psychological and social effects. A report published by Help the Aged in May 2007, *Incontinence and older people: is there a link to social isolation?*, is helping to increase understanding by exploring the social impact of incontinence. Through a series of interviews with older people, the report reveals how some people have an optimistic and courageous way of dealing with this distressing problem; others manage with the support of family and friends and through their participation in outside interests, while a small number regard their shrinking social involvement as permanent. The impact on older people's quality of life and loss of dignity is shocking – and unnecessary.

Poor facilities and services have only exacerbated this situation. In 2006, a Help the Aged report identified that 77 per cent of older people agreed that there are not enough public toilets, which can make it difficult for older people get out and about.⁷ A further survey conducted by Help the Aged in 2007 via a questionnaire examined the impact that public toilet provision has on older people's independence and inclusion in society. The findings, summarised in the report *Nowhere to Go*, revealed that 82 per cent of respondents said that public toilet provision in their area did not meet their needs and 52 per cent agreed that the lack of public toilets in their area prevented them from going out as often as they would like.

The Charity links with other organisations in the field including the Continence Foundation and InContact to promote better awareness and the importance of assessment and treatment. Help

7 RoAD, ICM survey, Help the Aged, London 2006.

the Aged is also a key player in a campaign to improve standards of toilets and toileting in hospital wards. Help the Aged has worked with the British Geriatrics Society and other organisations on the campaign 'Behind closed doors', which aims to ensure dignity for older people when using the toilet in hospital wards and in care homes. Reports of older people being left on bed pans for lengthy periods of time in mixed wards are an appalling indication that systems are failing. Best practice in healthcare settings can ensure that older people are treated in a dignified and appropriate way.

Summary

Being incontinent can be a distressing for an older person. It can create social isolation, cause embarrassment and bring discomfort to millions. Help the Aged is committed to addressing this issue nationally and locally by commissioning research, undertaking policy work and supporting the work of existing charities. By raising awareness of the condition, we hope that many older people with incontinence will get the treatment and support they expect and deserve.

The Help the Aged position

Help the Aged is committed to ending the conspiracy of silence on the subject of incontinence. It believes that greater awareness of the condition will improve understanding and treatment.

Help the Aged is calling for:

- greater awareness of the impact of incontinence on people's lives, so that the subject is brought into the open and the taboo surrounding incontinence is broken;

- better understanding of the impact that incontinence can have on older people's lives;
- more investment in research on the biomedical aspects and social impact of incontinence;
- better training of hospital and care home staff, to foster understanding of the impact of incontinence on the quality of life;
- provision of decent public toileting facilities in hospitals and in other public places to ensure that older people can retain their dignity when using the toilet.

Practical resources from Help the Aged

- *Bladder and Bowel Weakness*: a free advice leaflet on incontinence for older people, their relatives and carers. Available as printed publication or via www.helptheaged.org.uk

Research from Help the Aged

- *Taking Control of Incontinence: exploring the links with social isolation* (report summary)
- *Incontinence and Older People: is there a link to social isolation?* (report)
- *Nowhere to Go: public toilet provision in the UK* (report)

All are available to download at <http://policy.helptheaged.org.uk/healthyageing>

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WE WILL fight to free disadvantaged older people in the UK and overseas from **POVERTY, ISOLATION and NEGLECT**

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