

## Nurses' role in the management of urinary incontinence in the elderly for the promotion of quality of life



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### **ABSTRACT**

Urinary incontinence is one of the most important syndromes of psychological and psychological quality, which interfere with the quality of life of the elderly, as they cause low self-esteem, limiting the individual's autonomy. Objective: To describe the role of nurses in the management of patients with urinary incontinence, promoting an improvement in the quality of life. Method: It's about a literature review, integrative type, composed of 09 studies, whose data collection was carried out through the following data base: Base de Dados de Enfermagem (BDENF), Índice Bibliográfico Español en Ciencias de la Salud (IBECS), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Biblioteca Regional de Medicina (MEDLINE) and U.S. National Library of Medicine (PUBMED). Results: The importance of training nursing professionals in care, planning and interventions aimed at the elderly affected by UI is highlighted, in which the management of the geriatric syndrome is stimulated. Final considerations: It is noted the importance of the nurse's role as an agent to promote quality of life in geriatric patients affected by urinary incontinence.

**Keywords:** Aged, Nursing, Urinary Incontinence.

## **1 INTRODUCTION**

Aging is an individual process and inevitable to all living beings, expressed by the ability of the individual to adapt to the environment and the decrease in functionality. To understand aging is to know that biological, psychological and social changes occur and that these changes affect the quality of life in old age when not conducted in a preventive way. With aging, geriatric syndromes arise, which are a group of clinical changes that can lead to disabling situations, affecting the autonomy, functionality and well-being of the elderly, making them vulnerable and fragile<sup>1-2</sup>.

Urinary incontinence is considered one of the most important and recurrent geriatric syndromes, because it produces numerous socioeconomic and psychological problems, and physical and biological changes that establish difficulties for the routine of daily life, negatively interfering in



the QoL of the elderly, as it causes social isolation in the face of the fear of involuntarily urinating in public places, in addition to embarrassment and activity restrictions, generating feelings of low self-esteem and interfering in personal relationships and household chores, limiting the autonomy of the individual. UI is defined as any involuntary loss of urine, and should not be interpreted as a natural part of aging<sup>1-3</sup>.

The main agent of intervention and promotion of continence for the hospitalized patient or in treatment is the nurse and the nursing team. Therefore, the nurse's evaluation must understand the patient in all areas, from the social to the psychological, always based on theoretical references to define a nursing intervention that is consistent with the patient's reality. It should also aim at the implementation of the prevention of urinary incontinence and the need for hospitalization, as this leads to distancing from the family and social life and may cause isolation of the elderly<sup>4-5</sup>.

In this context, knowing the importance of health education for the recovery of autonomy and reestablishment of the social life of the elderly, as well as the role of the nurse in the intervention of the geriatric syndrome urinary incontinence, this study aimed to identify studies that exert on the role of the nurse in the management of patients with urinary incontinence, aiming at the promotion and improvement of quality of life, the following guiding question was defined for this question: "What is the role of the nurse in the management of patients affected with urinary incontinence, to promote the improvement of quality of life?".

## 2 METHOD

It consists of an integrative literature review, whose data collection was carried out through the following databases: Nursing Database (BDENF), Spanish Bibliographic Index in Health Sciences (IBECS), Latin American and Caribbean Literature in Health Sciences (LILACS), MEDLINE (Medical Literature Analysis And Retrieval Online), from the Descriptors in Health Sciences (DeCS): "Elderly", "Nursing" and "Urinary Incontinence" that were combined with the Boolean operator "AND", the descriptors in the English language referred to as: "Aged", "Nursing" and "Urinary Incontinence" were also used. The selection of articles followed the following inclusion criteria: original indexed articles published in Portuguese and English, freely available in full, from 2018 to 2023.

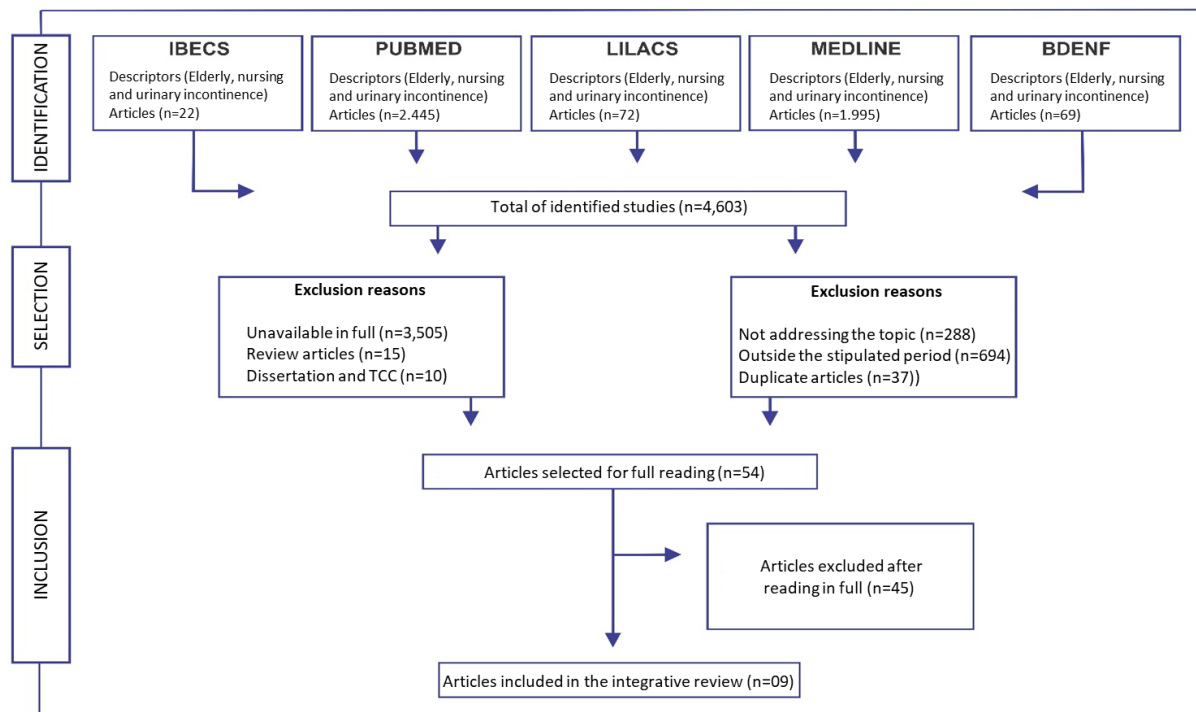
As exclusion criteria, dissertations, monographs, theses, course conclusion papers (TCC), articles that did not meet the objective of the study, literature reviews, articles that did not answer the guiding question of the study, duplicate articles in the databases and incomplete articles, other syndromes were disregarded.

After separately exploring each database by crossing the descriptors, 4,603 articles were found, organized in a flowchart through the PRISMA flow diagram, adapted according to the



recommendations of Galvão TF (2015). Thus, 54 articles were selected for full reading, and only 09 were included to compose the integrative review (Figure 1).

Figure 1 - Flowchart of crossings, search results in the databases and the reasons for exclusion, adapted in the flow diagram PRISMA, DF – 2023.



Source: Own elaboration, based on PRISMA.

### 3 FINDINGS

As a final sample, we obtained 09 studies that fit the inclusion criteria of the research, met the guiding question and the determined objective, in which it was possible to establish the information grouped in (Chart 1).

Table 1- Distribution of articles included in the review according to title, author, year of publication, objective, type of study and results.

Author / Year of publication	Goal	Type of study	Findings
Lenardt et al. (2020) <sup>1</sup>	To analyze the association of markers and the condition of physical frailty with urinary incontinence in outpatient geriatric and gerontology care.	Cross-sectional study	The presence of urinary incontinence is associated with frail elderly, related to muscle strength. Gerontological nursing needs to ensure the recurrent assessment of physical frailty in the elderly with UI.
Matos et al. (2019) <sup>2</sup>	To analyze the repercussions caused by urinary incontinence on the quality of life of the elderly.	Descriptive and exploratory research	The testimonies originated negative feelings of the elderly with UI and social aspects that interfere in the quality of life of the elderly with urinary incontinence.
Felisberto et al. (2021) <sup>3</sup>	To develop a nursing consultation instrument for	Methodologic study	An instrument was constructed aimed at nursing consultation with elderly women with UI for an



	elderly women with urinary incontinence.		outpatient service to be performed by the nurse.
Góes et al. (2021) <sup>4</sup>	To learn the factors related to the onset and worsening of urinary incontinence in hospitalized elderly patients.	Qualitative, exploratory and descriptive research	The factors related to the onset or worsening of UI in the elderly were most reported were interconnected to structure, with emphasis on human resources, followed by material resources and physical structure.
Percival et al. (2021) <sup>5</sup>	Identify the factors that help promote continence in elderly patients aged 65 years and older.	Qualitative research	There are still barriers to providing good quality care to patients aged 65 years and older with UI. The promotion of continence in hospitals would require evaluation and planning, open communication and regular continence care.
Yuan et al. (2019) <sup>6</sup>	Implement a psychological intervention program and explore the effects on anxiety and depression in patients with urinary incontinence.	Randomized controlled pilot study	Psychological nursing intervention improved symptoms of anxiety and depression, which resulted in improved quality of life in older adults with UI.
Geissbuehler et al. (2020) <sup>7</sup>	Present the main activities of a urotherapist, an advanced nursing professional, in the care of patients with pelvic floor disorders and to assess satisfaction with the service that urotherapists provide.	Observational study	Management by a urotherapist was greatly appreciated. The role of the urotherapist as care coordinator, their level of autonomy, and barriers to implementation in primary care require further exploration.
Martín-Losada et al. (2021) <sup>8</sup>	To evaluate the efficacy of an immediate urination program to restore continence at discharge in hospitalized elderly who had UI on admission to a functional recovery unit.	Exploratory research	Nurses need to be aware of the importance of UI in the elderly, detecting factors that influence and contribute to its appearance and the need to develop care plans for effective management.
Schlögl et al. (2022) <sup>9</sup>	Evaluate the factors that can help promote continence in the elderly.	Descriptive and exploratory research	Patients should be informed about continence, especially in elderly people with frailty. Careful evaluation and establishment of etiological factors require multidisciplinary evaluation.

Source: Prepared by the authors, 2023.

## 4 DISCUSSION

Urinary incontinence affects not only the physiological factors of the individual, but also has the potential to harm the patient socially and psychologically. The elderly affected by UI tend to feel ashamed and limited, because the fear of episodes of incontinence in front of loved ones or public places is developed, which leads them to isolate themselves. Thus, this geriatric syndrome brings limitations to the daily activities of the elderly, preventing the development of the patient's autonomy and affecting their quality of life 6,8.

Since the nursing team is the main agent in the intervention and promotion of patient care, it is of paramount importance that nurses have a scientific basis to provide support to the elderly as a whole, from continuing education in health, care with personal hygiene and skin integrity, to care for their mental well-being in the reacquisition of their autonomy and self-esteem<sup>9</sup>. For this, it is necessary the



presence of nurses specialized in mental health, as well as nurses trained in the management of geriatric patients<sup>10</sup>.

Nursing has an important role in deciding whether or not to place urinary control devices, such as geriatric diapers, in elderly people with mobility restriction or not, because the lack of stimulation in the control of eliminations and sphincter control can lead to the aggravation of incontinence by causing a vicious cycle. Therefore, nursing interventions have significant weight in the improvement or worsening of UI, evidencing once again the importance of investing in the qualification of the team focused on this care, both of elderly patients and their relatives/caregivers, also providing a safe transition to the home<sup>2,11</sup>.

With regard to strategies for the treatment of UI performed by nurses, studies address treatments that include physical exercise, behavioral therapy and lifestyle modifications that aim to reduce the risk factors associated with the development of UI in the elderly. The stimulation of fluid intake is controversial, as there are studies that suggest that it increases urine production and losses<sup>5</sup>. On the other hand, some authors agree that it should be performed, since many elderly people restrict water intake in order to reduce urine production and consequently UI. However, its reduction makes the urine more concentrated, which may contribute to urinary tract infection (UTI) and constipation, important risk factors for UI in the elderly<sup>12-13</sup>.

The orientation of the elderly regarding the reduction of the intake of foods considered bladder irritants, such as caffeine, carbonated drinks, pepper, and acidic foods and beverages is another relevant factor to be considered in the management of the syndrome, because the bladder irritation caused by these foods increases the instability of the detrusor muscle (smooth muscle of the urinary bladder wall that contracts to expel urine from the bladder) and favors urge urinary incontinence<sup>14-15</sup>. Weight reduction is another strategy to reduce episodes, since its excess leads to a chronic increase in intra-abdominal pressure and, consequently, intravesical pressure, which may compromise the function of the lower urinary tract<sup>2</sup>.

In the studies by Geissbühler and Góes, the consensus among authors that the practice of physical exercises helps in the maintenance of good mobility is also remarkable, which favors the access of the elderly to the bathroom and, thus, contributes to the reduction of involuntary urine loss<sup>17</sup>. Another extremely important measure is highlighted, which refers to the strengthening of the pelvic floor muscles, based on two functions of the musculature, which are, to offer support to the pelvic organs and to assist in the urethral closure mechanism. The program to strengthen this musculature includes the identification of the muscles by the elderly and strength training through contraction, with the objective of promoting a reduction in episodes of urinary loss<sup>16</sup>.

Nursing also has the greatest participation of multidisciplinary teams in the care of hospitalized geriatric patients due to several factors that may contribute to the emergence of UI. Thus, it is



considered that, from the moment in which the UI of the hospitalized elderly person is not recognized as a nursing problem, but as a normal consequence of aging, interventions that can reverse the situation are not planned, executed and evaluated. Thus, the use of diapers is established without proper prior evaluation and determined criteria, discouraging patient autonomy<sup>1,18</sup>.

Thus, the importance of training nursing professionals in the care, planning and interventions aimed at the elderly affected by UI is evidenced, in which the management of geriatric syndrome, the promotion of continence, and nursing care in psychological and social aspects are encouraged, providing self-esteem and patient safety. Nursing should promote health in all life processes, so it is necessary to see all aspects of life that are affected in the emergence of UI, seeking to improve the QoL of these elderly.

## 5 FINAL CONSIDERATIONS

This study showed how the onset of urinary incontinence can affect several areas of the life of the elderly, causing physical, social and psychological suffering. Incontinence, when not approached in the correct way, can also lead to hospitalization of the patient, increasing his frailty and enabling the development of other problems, such as the impairment of skin integrity and the risk of falls.

It is also noted the importance of the nurse's role as an agent to promote quality of life in geriatric patients affected by urinary incontinence. It was also verified the various interventions that can be put into practice by the nursing team in favor of the maintenance of self-esteem, autonomy and continence, in order to reduce or delay the process of fragility of the elderly, since the presence of incontinence is associated with the syndrome of the frail elderly.

Although there is a growth of the elderly population in the current century and studies point out the great occurrence of urinary incontinence in this population, there are few studies that mention the work of nurses, despite the proven impact on the lives of the elderly and their families. Given this situation, it is necessary to develop clinical research on the treatment of urinary incontinence by nurses, aiming to provide scientific evidence to support this practice, since this is a promising area of nursing activity.





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