

WORLD HEALTH ORGANISATION FELLOWSHIP

STUDY: NURSING APPROACHES TO THE PROMOTION AND
MANAGEMENT OF CONTINENCE

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1. INTRODUCTION

Incontinence is being increasingly recognised as a health problem of sizeable proportions affecting a wide age range of the population and having medical, financial and personal implications for both health care and sufferers (Mohide 1986). The International Continence Society (ICS), which has a membership of more than 1,200 multi-disciplinary health professionals involved with clinical practice and research related to incontinence, recently held its 20th annual conference in Aarhus, Denmark and demonstrates the growing commitment of health workers. It has been estimated that some 3 million people in the United Kingdom (UK) (Smith 1982) and 10 million in the USA (National Institutes of Health Consensus Development Conference 1990) suffer from incontinence. One of the earliest prevalence studies carried out in the UK established that urinary incontinence occurred in all ages but, was predominantly found in the elderly (Thomas et al 1980). It can be argued that if more emphasis is placed upon prevention and early detection of incontinence we could prevent the increased prevalence within the older population. As incontinence is not a consequence of normal ageing, all attempts to prevent its occurrence or initiate treatment would be a prudent strategy faced with the demographic changes and ageing populations of some countries.

Over ten years ago in the UK Dame Phyllis Friend, Chief Nursing Officer at the Department of Health recommended that district health authorities appoint a nurse to be responsible for ensuring the needs of patients who suffer with incontinence were met (CNO(SNC)(77)1). This was further supported by the findings of the Action on Incontinence Working Group, Kings Fund (1983) which identified a lack of nursing and medical education regarding continence and recommended the appointment of a continence advisor (clinical nurse specialist) in each health district. Since then, more than 300 continence advisors have been appointed in the UK (Mandelstam 1990) with the development of their practice and continence advisory services varying around the country largely due to how the posts were initially created and

funded (Roe 1990). Badger et al (1983) attempted to quantify the effects of the role of a continence advisor and found that hospital admissions due to incontinence and use of resources did not diminish, although subjects stated they benefited due to the increased understanding of their problems and the opportunity to obtain help. More recently continence advisory services have also been set up but to date no study has evaluated their outcomes and effectiveness. Despite this lack of research evidence other countries are adopting similar approaches with clinical nurse specialist posts being created in the USA, Canada, Sweden, New Zealand and Australia. What is applicable to one country's health care system does not necessarily suit another and initiatives do not always transfer identically between countries. The aim of this World Health Organisation Fellowship was to compare nursing initiatives for the promotion and management of continence in the United Kingdom and Denmark. As part of a two week study information was collected by interviewing health professionals selected by the Danish Board of Health using a semi-structured interview technique (Appendix 1). The information collected related to; prevalence of incontinence, clinical practice, management, education and research. No attempt was made to quantify the findings but are used as the basis for discussion in this report. Comparisons were made between countries along with recommendations and the sharing of initiatives presented.

2 PREVALENCE OF INCONTINENCE

Incontinence has been defined as:-

'a condition were involuntary loss of urine is a social or hygienic problem and is objectively demonstrable (International Continence Society 1983)'.

This definition could easily be broadened to include faecal loss as well as that of urine. Studies that have investigated the prevalence of incontinence have been critically reviewed (Mohide 1986) and are difficult to compare because of the wide range of definitions of incontinence, varying research designs, aetiology