healthfirst®

Spectrum of Health

Dear Colleague:

Multiple studies demonstrate that pelvic floor disorders—urinary or fecal leakage occurring at an inappropriate time or place—has a significant negative impact on quality of life. **Thirteen million Americans suffer from urinary incontinence.** This includes 50% of seniors living at home or in long term care. Among seniors, about 17% of men and 38 percent of women suffer from urinary incontinence. Fecal incontinence rises from 2.6% in those aged 20–30 to up to 15.3% in those 70 and older.

No matter the type of incontinence, the more severe the frequency and volume of leakage, the greater the decrease in quality of life for your patient. The socioeconomic and quality-of-life impact of incontinence can be significant. Patients may avoid social settings because of embarrassment, may lose employment, may cease attempting exercise, and may be subject to the cost of purchasing adult incontinence supplies such as diapers. Patients may suffer from nocturia, contributing to disrupted sleep. A survey showed that, on average, patients waited 6.5 years between their first symptoms and obtaining a diagnosis.

Only 40% of Healthfirst® seniors who report a problem with urinary leakage state that their primary care physician or provider has asked them about their condition.

The incidence and risk of each type of urinary incontinence differs by age and gender:

- **Stress Incontinence** – loss of urine associated with cough or exercise; tends to occur in women under age 60 and in men after prostate surgery
- **Urge Incontinence** – sudden, involuntary urine loss due to bladder contraction is common in older adults
- **Mixed Incontinence** – both stress and urge incontinence occur commonly in older women

Fecal incontinence is significantly associated with urinary incontinence, with the number of chronic illnesses, and with self-reportage of poor or fair health status.

Note that there are additional factors associated with increased risk for incontinence, such as medical comorbidity (and the medications used to treat the comorbid diseases), current major depression, a history of hysterectomy, multiple pregnancies, and having had only cesarean deliveries. Finally, incontinence may signal cognitive changes that warrant attention.

Both urinary and fecal incontinence can be managed, often with straightforward measures that can be implemented in the primary care setting, such as:

- Having patients track fluid intake, bathroom usage, and episodes of incontinence
- Simple lifestyle changes (e.g., weight loss) can decrease the frequency of leakage
- Bladder training and strengthening of the pelvic floor muscles
- Medication trials, including management of urinary tract infection and diarrhea
- Referral for more complex incontinence

What does this mean for you?

Attention to systematic assessment, diagnosis, and management of incontinence can improve outcomes for your patients. Join with Healthfirst as we focus on optimizing outcomes for our

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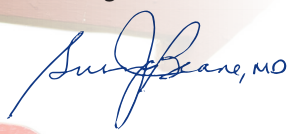
members with urinary and fecal incontinence by screening each patient to determine the need for management of these common conditions.

This Healthfirst Spectrum of Health bulletin contains tools for screening, assessment, and patient education that can be of value to you and your staff in caring for your patients with incontinence.

Contact me if I can be of assistance as you promote optimal health outcomes for your patients.

Warm regards,



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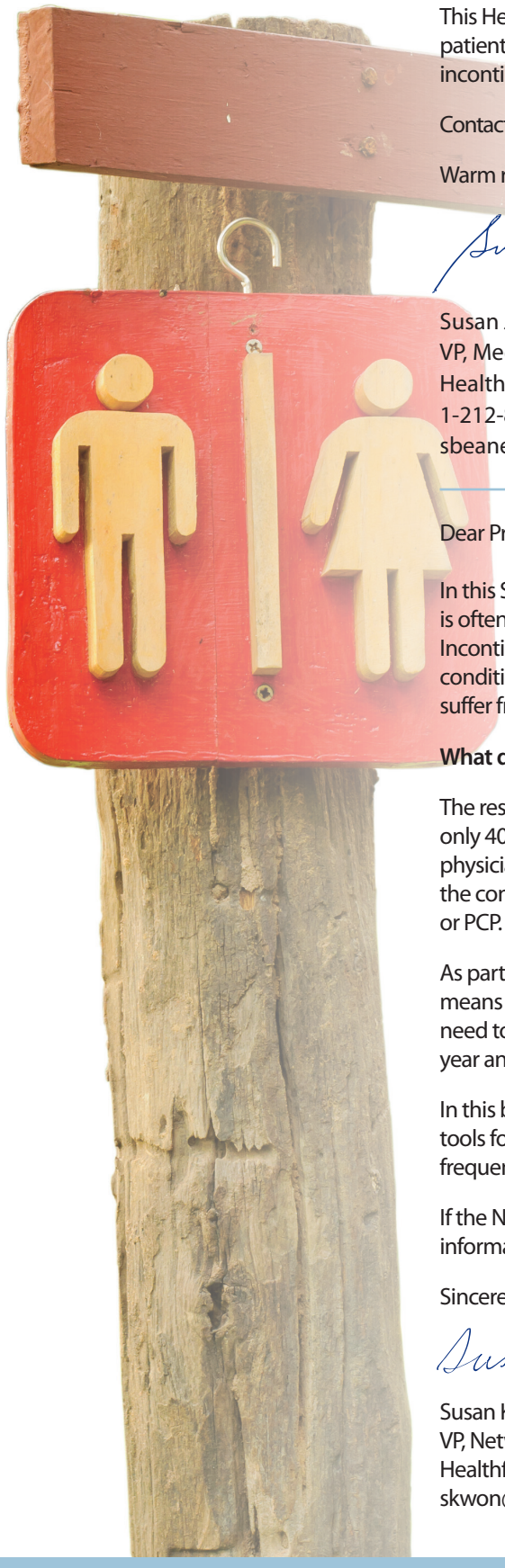

Dear Practice Administrator and Quality Team:

In this Spectrum of Health bulletin, we discuss a health condition—incontinence—that is often uncomfortable for all involved: patients, healthcare staff, doctors, and providers. Incontinence means leakage of urine or stool at times when patients don't expect it. This condition is not normal, and up to 38% of your patients who are older than 60 years of age suffer from it.

What does this meant to you?

The results of our annual surveys of Healthfirst's senior members reveal that, on average, only 40% of patients with this condition receive the help they need from their primary care physician or provider. You can help by making sure that you and the office staff understand the condition and can put patients at ease talking about incontinence with their doctor or PCP.

As part of our Quality Program, Healthfirst tracks the management of incontinence. This means that if your practice is eligible for the Healthfirst Quality Incentive Program, you will need to ensure that all of your adult patients are asked about incontinence at least once a year and that they are able to follow the treatment plan of their doctor and PCP.

In this bulletin, we provide a sample of questions that patients can be asked, important tools for understanding what kind of leakage a patient may be suffering, and a section on frequently asked questions.

If the Network Management and Provider Relations team can be of help in providing more information about this Spectrum of Health bulletin, please do not hesitate to get in touch.

Sincerely,

Susan Kwon
VP, Network Management
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The following are questions about incontinence that can be found on the

Health Survey for Healthfirst Medicare Plan Members

10. Now, we'd like to know about your experience with a health problem that is more copmmon than people think. The problem involves urinary inontinence. In the **past 6 months**, have you accidentally leaked urine?

    ☐ Yes ☐ No ➔ *If No, go to Question 13*

11. have you talked to your current doctor or other health provider about your urine leakage problem?

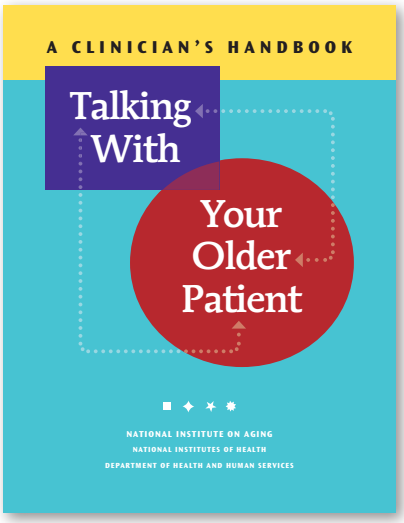
    ☐ Yes ☐ No

12. Have you received any treatments for your current urine leakage problem? This might include things like bladder training, exercises, medication or surgery.

    ☐ Yes ☐ No

Key resource for discussing difficult topic with patients

Talking with Your Older Patient: A Clinician's Handbook—Talking About Sensitive Subjects



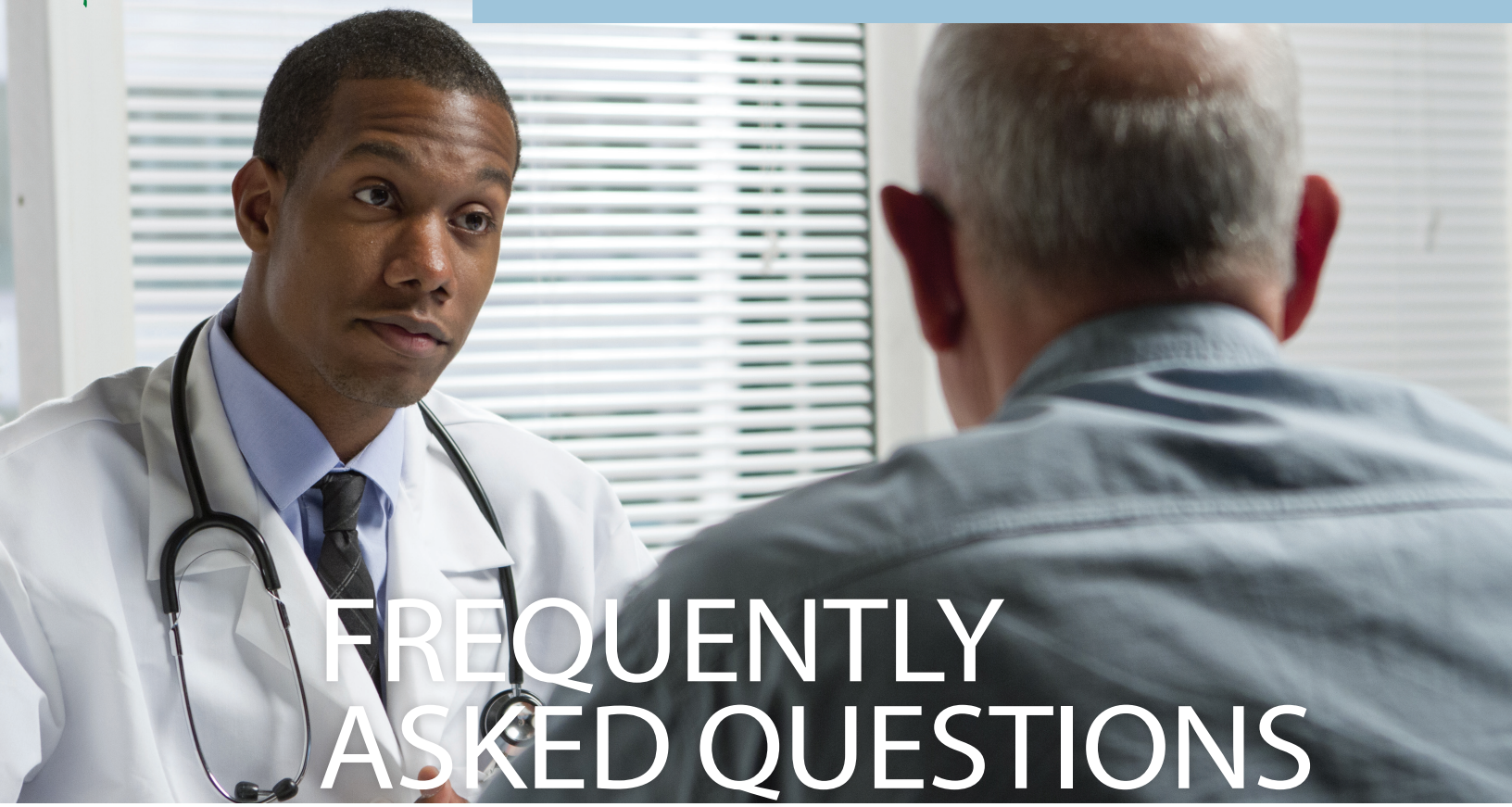
A few excerpts...

"Caring for an older patient requires discussing sensitive topics. You may be tempted to avoid these discussions, but there are helpful techniques to get you started and resources to help.

"Many older people have a "don't ask, don't tell" relationship with health care providers about some problems, especially those related to sensitive subjects, such as driving, urinary incontinence, or sexuality… You may feel awkward addressing some of these concerns because you don't know how to help patients solve the problem. This chapter gives an overview of techniques for broaching sensitive subjects, as well as resources for more information or support."

"Try to take a universal, non-threatening approach. Start by saying, "Many people your age experience…" or "Some people taking this medication have trouble with…" Try: "I have to ask you a lot of questions, some that might seem silly. Please don't be offended…" Another approach is to tell anecdotes about patients in similar circumstances as a way to ease your patient into the discussion, of course always maintaining patient confidentiality to reassure the patient you are talking to that you won't disclose personal information about him or her."

www.nia.nih.gov/health/publication/talking-your-older-patient/talking-about-sensitive-subjects. Accessed April 20, 2014.



FREQUENTLY ASKED QUESTIONS

Q The truth is, my patients are embarrassed to talk to me about this. What can I do to make it easier for them?

A According to ***www.urologyhealth.org***, avoid statements that include how patients "should" feel (don't say that they shouldn't be embarrassed, for example). Rather, you might say, "I understand that incontinence may be an embarrassing topic to discuss, but there is a lot that can be done to reduce your symptoms, and it can be medically important to find their cause."

Q How can I add the screening and management of incontinence to my routine visit workflow?

A Add a question to your template in the health record (definitely during the annual visit) and let the patient know that you are going to ask them about conditions common for people their age that may need treatment — leaking of urine or stool. Then consider a simple screening questionnaire to help determine the type of incontinence.

Q Are there screening questions that can help to determine the type of incontinence?

A Here is a quick, four-part question that may help:

During the last three months, did you leak urine most often:

1. **When you were performing some physical activity, such as coughing, sneezing, lifting or exercising?** *(Likely stress-only or stress-predominant urinary incontinence)*
2. **When you had the urge or the feeling that you needed to empty your bladder but you could not get to the toilet fast enough?** *(Consider urge-only or urge-predominant urinary incontinence)*

3. **Without physical activity and without a sense of urgency?** *(May mean incontinence due to other causes. Consider another reversible cause or referral)*

4. **About equally as often with physical activity as with a sense of urgency?** *(May mean a mix of incontinence types)*

Q Is there a tool that can screen for reversible causes of incontinence?

A Yes. Many clinicians use a mnemonic acronym—"DIAPPERS"—for the treatable causes of fecal and urinary incontinence:

- Delirium
- Infection—urinary
- Atrophic urethritis and vaginitis
- Pharmaceuticals
- Psychological disorders, especially depression
- Excessive urine output; e.g., from heart failure or hyperglycemia
- Restricted mobility
- Stool impaction

Q What if the incontinence is complex? I may need to make a referral.

A A consultation with a urologist may be helpful if a reversible cause is not evident and/or conservative treatment, including a trial of medications, is not sufficient.

Q What are some simple tips for patients to help with incontinence?

A The good news is that the healthy lifestyle choices that you recommend for your patients will also help them reduce the impact of incontinence.

- Maintain a healthy weight. Obesity can lead to incontinence.
- Empty your bladder regularly (at least every 2–4 hours). It is also important to sit or stand in front of the toilet and wait for your bladder to empty completely.
- Practice pelvic muscle exercises regularly to strengthen the muscles that support your pelvic organs.
- Stop smoking. Coughing due to smoking can increase abdominal pressure and may contribute to stress incontinence. Nicotine may cause frequency and urgency, leading to urge incontinence.
- Limit the use of alcohol. Alcohol can cause urgency and frequency, leading to incontinence.
- Have a regular bowel routine. Constipation can lead to difficulty emptying the bladder. Maintaining an adequate amount of fiber, whole grains, fruits, and vegetables in your diet will promote regularity.
- If you suspect a problem, keep a record of your diet and voiding habits and take them with you to your next appointment. This information will help your healthcare professional discuss any concerns you may have.
- Talk to your healthcare professional and find out how your medications may be affecting your bladder control. Changes in dosage or times may prevent incontinence.

RESOURCES:

www.kidney.niddk.nih.gov

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) provides information, links to patient organizations, and interactive health features and tools about diseases of the kidneys and urologic system.

www.nafc.org

The National Association for Continence offers brochures detailing what every woman and man should know about bladder and bowel control; disease-specific booklets; and caregiver resources.

www.urologyhealth.org/SUI/find-healthcare-provider-resources.cfm

The Urology Care Foundation provides free brochures, patient guides, and FAQs on urologic health for patients, caregivers, community organizations, and healthcare providers.

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[i] National Institute on Aging. *"Talking With Your Older Patient: A Clinician's Handbook."* NIH Publication No. 08-7105 October 2008. Reprinted September 2011.

[ii] Gastroenterology. 2009 August; 137(2):512–17.e3. Accessed April 20, 2014.

[iii] Barentsen et al. *Health and Quality of Life Outcomes* 2012, 10:153.

[iv] A 1999 survey of women showed that 43% of respondents spent over $500 a year managing incontinence.

[v] 2004 survey conducted by the National Association for Continence; original article by Muller, N. *What Americans Understand and How They Are Affected by Bladder Control Problems: Highlights of Recent Nationwide Consumer Research*. Urologic Nursing. 2005:25(2): 109–115. www.nafc.org/media/media-kit/facts-statistics/ Accessed April 20, 2014.

[vi] ACOG FAQ081—*Urinary Incontinence*, May 2011. www.acog.org/~/media/For%20Patients/faq081.pdf?dmc=1&ts=20140420T0327114308 Accessed April 20, 2014.

[vii] Gastroenterology. 2009 August; 137(2):512–17.e3. Accessed April 20, 2014.

[viii] Jennifer L. Melville, MD, MPH; Wayne Katon, MD; Kristin Delaney, MPH; Katherine Newton, PhD *Arch Intern Med.* 2005;165(5):537–542.

[ix] **www.urologyhealth.org/_media/_pdf/OABHCP.pdf** Accessed April 20, 2014.

[x] **www.suna.org/download/members/urinaryincontinence.pdf** Accessed April 20, 2014.

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