



How common is hospital-acquired incontinence in older people?

Purpose

Hospital-acquired incontinence (HAI) and persistent hospital-acquired incontinence (PHAI) are recognised hospital complications, yet reliable incidence data are lacking. The aim of this study was to describe baseline prevalence of incontinence (urinary and/or faecal) in older acute care inpatients, and measure the incidence of HAI and PHAI

Methods

This secondary analysis used data collected prospectively from medical and surgical inpatients in four Queensland hospitals. Participants were aged 65 years or older, with length of stay three days or more; we excluded cases with in-dwelling catheter or stoma pre-admission.

Baseline urine and faecal incontinence were established by asking 'in the two weeks before you came into hospital did you ever lose urine [control of stool] when you didn't want to.'

Questions were repeated at discharge and at 30-day telephone follow-up

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Incontinent 2 weeks prior to admission - 31.2%

Hospital-acquired incontinence – 13.1%

Persistent hospital-acquired incontinence – 15.8%



Primary outcome

HAI and PHAI were defined as the presence of urinary and/or faecal incontinence at hospital discharge (HAI) or at 30 days (PHAI), in participants reporting they were continent prior to hospital admission.

Results

Analysis included data for 972 participants (mean age 77 years [SD 8]; 474, [48.8%] female).

Participants with urinary catheter (n=15), faecal stoma (n=28) or both (n=5) were excluded from analyses.

Two weeks before admission 310/972 (31.2%) participants reported urinary or faecal incontinence.

HAI was reported by 74/567 (13.1%) participants

PHAI was reported by 85/537 (15.8%).

Conclusion

Almost one third of older inpatients reported incontinence prior to hospital admission, and new incontinence affected about 1 in 7 people. Better recognition of this common and distressing hospital-associated complication is essential to design prevention and management strategies.