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Platinum Priority – Editorial

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# Aging in Place: Implications for Continence Care for Older People

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Late life often leaves individuals requiring help with personal care, including assistance with maintenance of continence. In the last year of life the proportion of patients experiencing a period of at least 1 mo with urinary incontinence (UI) or faecal incontinence ranges from 43.9% to 47.6% [1]. Frail older people tend to have the highest rates (65.3–67.2%) and for patients with dementia, up to 72% experience UI in their final year of life [2]. The prevalence of UI and faecal incontinence in the last weeks and months of life varies by diagnosis and proximity to death, with significant correlation with both physical and cognitive functional decline [3]. Incontinence in older people in receipt of home care also appears to be associated with mortality, probably reflecting their greater vulnerability [4].

In this issue of *European Urology*, Chugtai et al. [5] add to what is known about older people in receipt of home care by exploring the prevalence of UI and its associated risk factors in a series of patients receiving home hospice care from a home nursing service in New York. The nature of the service, referred to as a home hospice service, appears to have more in common with home care services in other jurisdictions.

Given the increasing thrust to keep people in their own homes as a result of aging-in-place policies, coupled with the desire of older people to remain in their own homes for as long as possible, up-to-date information on UI prevalence, risk, assessment, and management is clearly required. The needs of older people at home are becoming more complex as admission to long-term institutional care is increasingly delayed. The findings of Chugtai et al for a predominantly female, elderly (>75 yr) cohort of 15 432 patients who received these home-based services over 4 yr revealed UI in up to one-third of individuals. This is a similar proportion to that reported by Drennan et al. [6] among individuals with dementia living at home. In this retrospective study, UI was defined as any involuntary loss of urine based on self-reports and observations during home visits and developed within 1 mo of service provision. Women (twice the rate of men), those with a stroke or a dementia diagnosis, and those with functional impairment were most likely to experience UI. Individuals with UI used higher levels of available services, but we know nothing about the nature of their input. Those who were higher functioning, defined according to the Palliative Performance Scale, and those who had a health care proxy were less likely than more dependent individuals and those without a proxy to experience UI. Interestingly, those with a cancer diagnosis were also less likely to report UI. There is no information on the proportion of individuals who had UI before receipt of home care, UI subtype, or what management was initiated for the UI, but it is likely that in this group of people, as the authors note, the majority would have multiple underlying causes. There has been little systematic analysis of continence services delivered as part of home care, but what data do exist suggest that management by containment is the norm and that there is little active management in an attempt to ameliorate symptoms [7]. Functional mobility appears to be a key factor in the maintenance of continence [8] and it may be that individuals with a health care proxy were kept more mobile than those without. Mobility is clearly important; its loss leads to severe loss of independence and a greater need for care. Evidence from nursing home residents suggests that physiotherapy aimed at improving gait speed and stamina can lead to a reduction in incontinence [9]. The provision of interventions designed to encourage or improve mobility should be a component of such services, in addition to core and continence specialist nursing [10]. As a greater proportion of our older population ages in place

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with multimorbidity and frailty, greater attention needs to be paid to the provision of continence care in the home care setting.

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