

# Why is incontinence important to a psychiatrist?

Dr Ian Presnell

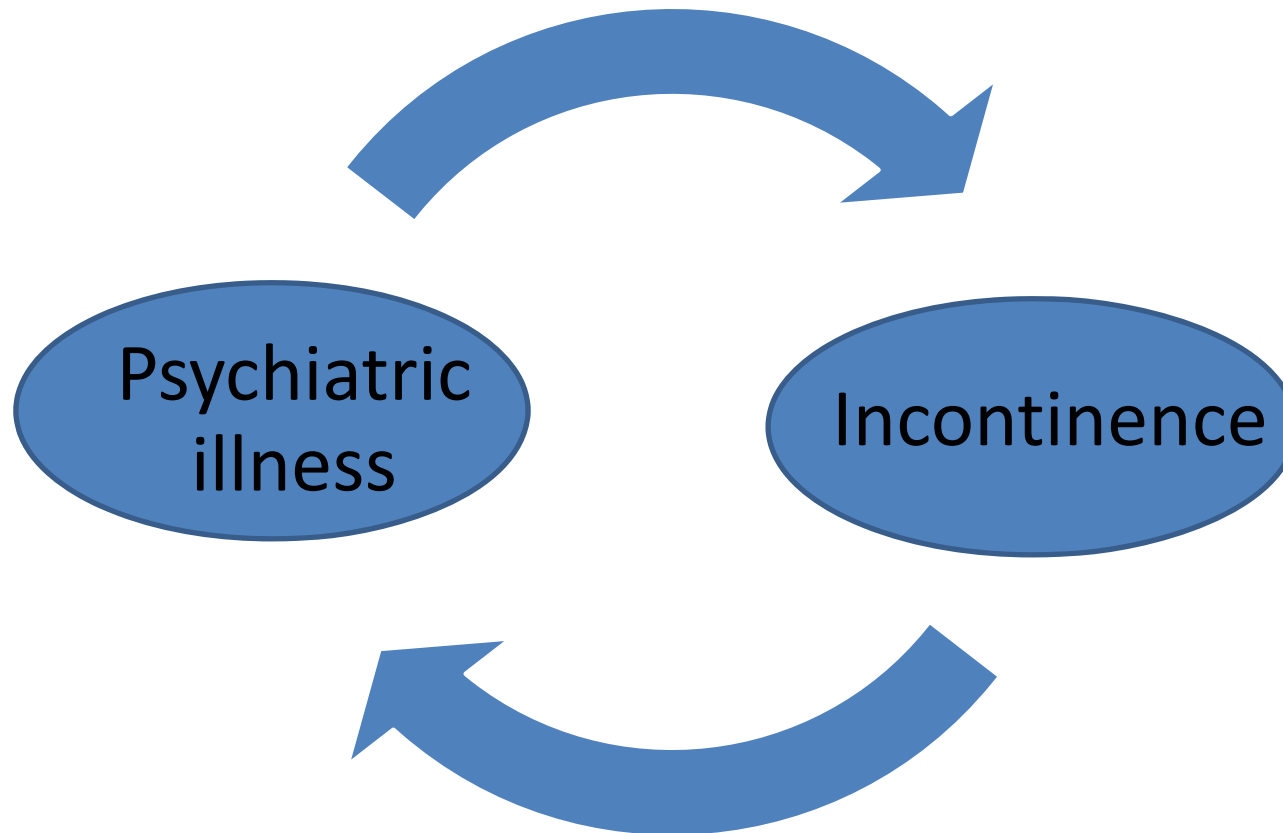
Senior Lecturer Monash University

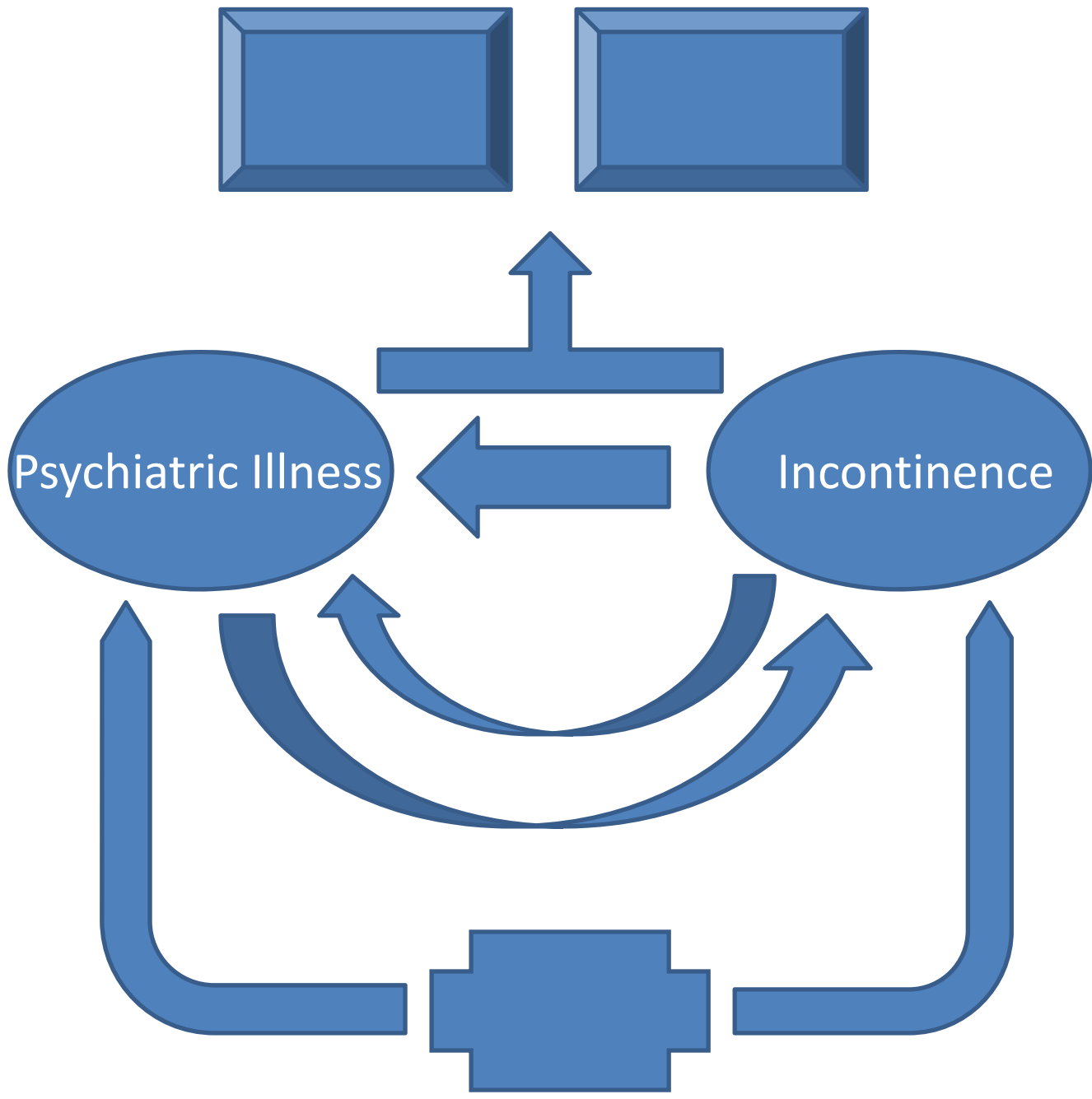
Psycho geriatrician Southern Health

# Medline Search Results

- Incontinence: Lots
- Geriatric Psychiatry: Lots
- Incontinence AND Geriatric Psychiatry:
  - Not very many at all

# Initial thoughts on the relationship between incontinence and psychiatry

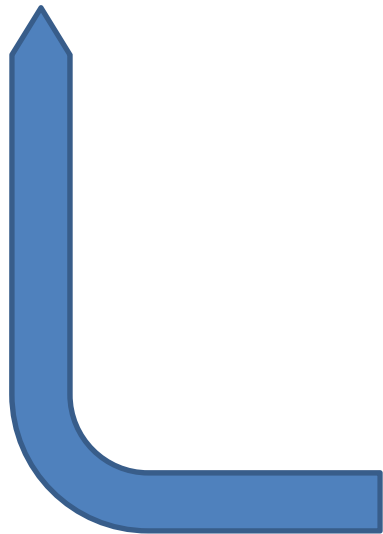




Psychiatric Illness

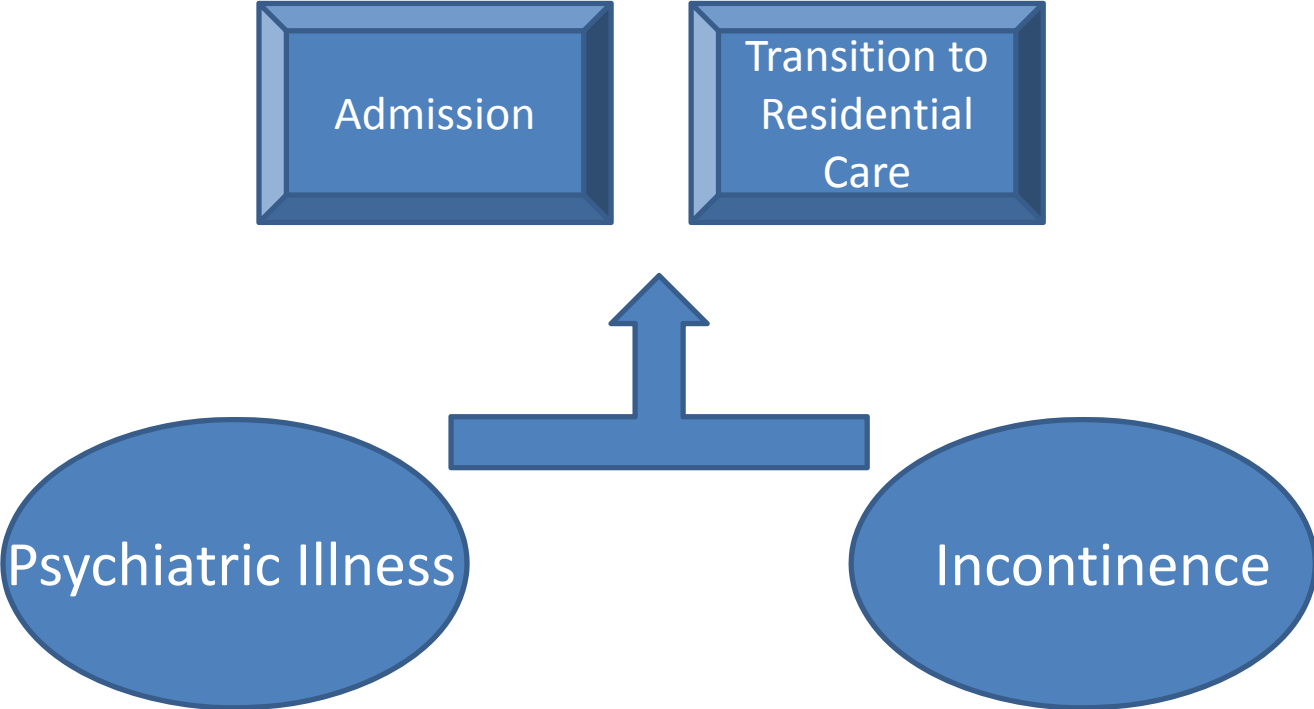
Incontinence

Treatment



# Psychotropic Drugs leading to Incontinence

- Diuretic effects
  - Lithium
- Decreased mobility
- Urgency
  - Anti psychotics, sedatives
- Sedation
- Retention with overflow
  - Drugs with anti cholinergic properties



## The behavioural characteristics of local authority home residents referred to a geriatric psychiatry service.

### Most significant

Behaviour*	X squared value
Incontinence	37.89 (p<0.001)
Untidy appearance	24.82 (p<0.001)
Confused	22.25 (p<0.001)
Can't understand	20.00 (p<0.001)
Objectionable behaviour (night)	14.60 (p<0.001)
Not amenable to suggestion	13.72 (p<0.01)

### Not significant

Behaviour	X squared value
Poor r/ship with others	5.27
Doesn't help in home	4.88
Help required to walk	2.97
False accusations	2.49
In bed during day	1.79
Objectionable behaviour (day)	0.76

\*Stockton Geriatric Rating Scale  
(Behaviour items)

Masterton et al (1980)

# Risk factors for nursing home placement in older adults with and without Dementia.

## Overall sample

- 1943 frail\* elderly remaining at home for first 3/12 of the study
  - 37% admitted to NH within 4 years (av time = 16/12)
- 587 with Dementia
  - 55% admitted to NH within 4 years (av time = 14/12)
  - Only age, race and marital status significant predictors
- 1356 without Dementia

## People without Dementia

Factor	Odds ratio
Age 75-84	1.5
Age 85+	2.0
White	1.7
Widowed	0.6
Carer	0.7
Diabetes Mellitus	1.4
Incontinence	1.3
Stroke	1.3
Instrumental ADL	1.05 (0.5 per point)

# Factors affecting Level of Care

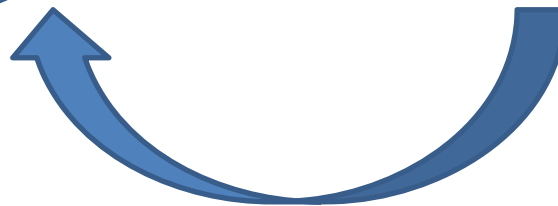
- Physical Care requirements
  - Carer factors, level of cooperation
- Behavioural problems
  - Drugs don't work very well
  - Approach, speed, deferral
  - Incontinence generally means it has to be done now (that the patient may well be distressed) with associated collateral damage

# Implications

- Prefer continent AND independent AND cooperative
- The absence of one is often manageable
- The absence of two is the tipping point

Psychiatric Illness

Incontinence

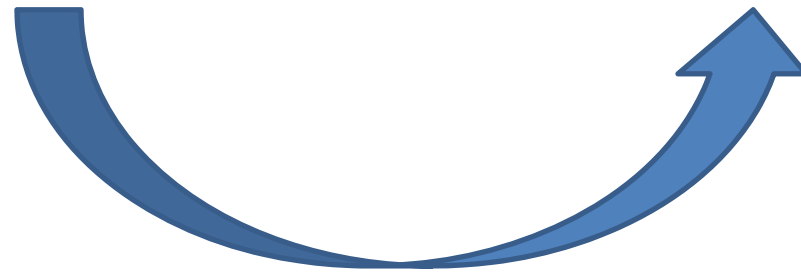


# Incontinence leading to Psychiatric Illness

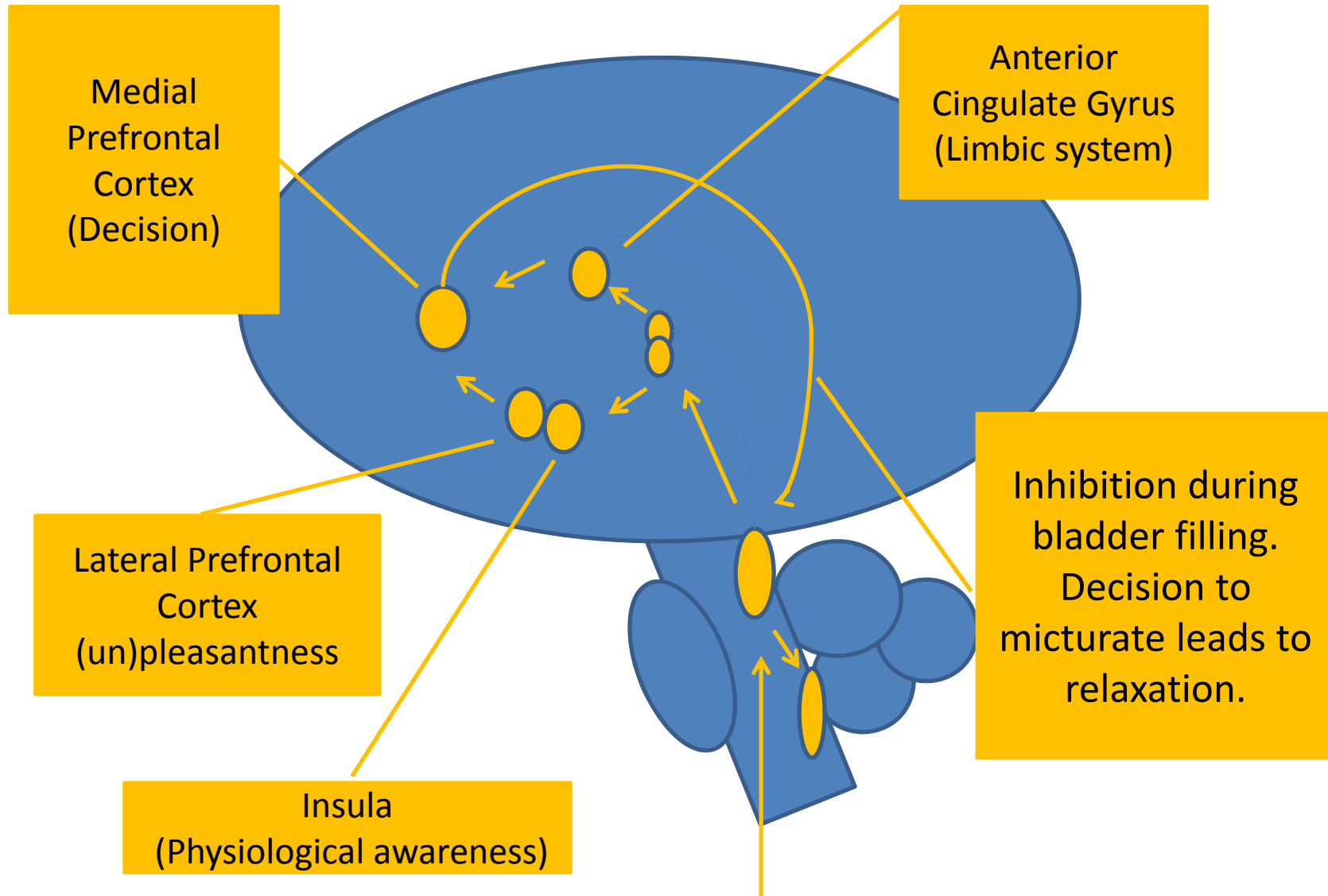
- Delirium
  - Direct: secondary to UTI
  - Indirect: as a result of misapplied coping strategies e.g. reduced fluid intake.
- Avoidance behaviour
- Agoraphobia
- Depressive Syndromes
  - Reactive, but also secondary to social isolation
  - These syndromes might mask incontinence

Psychiatric Illness

Incontinence



# Normal Control of Micturition



# Prevalence and Correlates of Urinary Incontinence in a Large Cohort of Psychiatric Inpatients

## Association with psychiatric disorders in patients <45 years

Disorder	Odds ratio
General medical condition	2.81
Substance use	0.67
Dissociative disorder	5.09
Intellectual disability	2.56
Positive Sx (mild)	1.08
Positive Sx (mod)	1.5
Positive Sx (severe)	2.52

## Significant correlations in patients >65 years

Variable	Odds ratio
Urinary problems (previous 3/7)	3.63
C.I.(mild to moderate)	1.58
C.I.(moderate to severe)	3.50
ADL impairment (mild to moderate)	4.19
ADL impairment (moderate to severe)	14.45
Chair restraint (previous 3/7)	3.39
Drowsy (past 3/7)	1.47
Daily pain	1.46
Sleep disturbance (past 3/7)	1.28

Rabinowitz et al 2011

# Psychiatric Conditions associated with an increased risk of Incontinence

- Progressive Cognitive Decline.
- Dissociative states
- Severe Psychotic symptoms
- Psychological Symptoms associated with a medical condition

# Common underlying problems

- Lack of motivation
  - No correlation with depression.
- Lack of awareness

# Implications

- Mitigate the consequences
  - this detracts from the person
- Reverse cause (e.g. depression, psychosis)
- Give them a reason
- Provide externally imposed structure

# Implications in order of capacity to empower the individual

- Reverse cause
- Give them a reason
- Provide externally imposed structure
- Mitigate the consequences

Psychiatric Illness



Incontinence

# Erikson

Self esteem

Doing the wrong thing

Hope	Trust vs Mistrust	0 to 12-18/12
Will	Autonomy vs Shame & Doubt	18/12 to 3
Purpose	Initiative vs Guilt	3 to 6
Competence	Industry vs inferiority	6 to 12
Adolescence	Identity vs Role confusion	12 to 18
Love	Intimacy vs Isolation	18 to 40
Care	Generativity vs Stagnation	40 to 65
Wisdom	Ego Integrity vs Despair	65 +

“Reactive” syndromes  
- avoidance, agoraphobia,  
depression

# Think about what is personally important to most people

- Independence

- Driving

- Residential Care

- Control

- Administration

- Guardianship

- Delegation

- Fear of Dying\*

- Fear of death itself

- What comes after

- Process of dying

- Pain

- Loss of dignity

- Loss of control

Think about what it means to be incontinent in Eriksons' terms.

- Autonomy as indicated by continence is extremely important to a sense of self
- Loss of autonomy as indicated by a loss of continence especially accompanied by a lack of concern is significant

# Prevalence and Correlates of Urinary Incontinence in a Large Cohort of Psychiatric Inpatients

Association with psychiatric disorders in patients <45 years

Disorder	Odds ratio (95% CI)	Disorder	Odds ratio (95% CI)
General medical condition	2.81	Psychotic Illness	NS
Substance use	0.67	Disorder of childhood or adolescence	1.78
Dissociative disorder	5.09	Impulse control disorder	4.39
Intellectual disability	2.56		
Positive Sx (mild)	1.08		
Positive Sx (mod)	1.5		
Positive Sx (severe)	2.52		

Psychotic Symptoms

Rabinowitz et al 2011

# Prevalence and Correlates of Urinary Incontinence in a Large Cohort of Psychiatric Inpatients

Association with psychiatric disorders in patients 45 to 65 years

Disorder	Odds ratio	Variable	Odds ratio
General medical condition	NS	Psychotic Illness	1.41
Substance use	NS	Disorder of childhood or adolescence	2.80
Dissociative disorder	NS	Impulse control disorder	3.91
Intellectual disability	NS		
Positive Sx (mild)	NS	Delirium or Dementia	2.42
Positive Sx (mod)	NS		
Positive Sx (severe)	NS		

# Prevalence and Correlates of Urinary Incontinence in a Large Cohort of Psychiatric Inpatients

**Significant correlations in patients >65 years**

Variable	Odds ratio
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# Sub cortical Vascular Dementia

- CADASIL and Binswanger Disease\*
  - Both characterised by clinically by a frontal sub cortical picture with depressive mood changes, motor involvement, small stepping gait, parkinsonian features, urinary disturbances and pseudo bulbar palsy\*\*

