

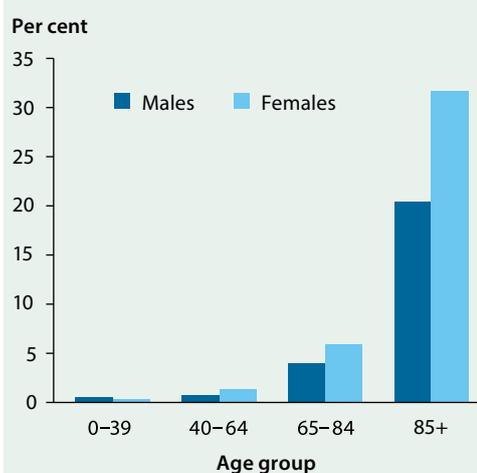


3.16 Incontinence

Incontinence, or any involuntary leakage of urine or faecal matter, is a widespread condition that can affect people at any age. However, it is particularly common among older people, and both its prevalence and severity increase with age. The condition varies by type, cause, and associated risk factors (ICI 2013)—ranging, for example, from idiopathic childhood bedwetting, to having trouble with toileting due to dementia. In many cases it can be treated effectively through non-drug measures such as exercise, weight loss or lifestyle changes, or through medical treatments such as medications and surgery. However, for some people, incontinence is a severe chronic condition that requires personal assistance and/or continence aids to manage. As a result, incontinence can have a major effect on a person's physical and emotional health, and it places demands on both the health care system and on informal carers.

Prevalence and management

Figure 3.16.1: Prevalence of severe incontinence, by age and sex, 2012



Source: AIHW analysis of the 2012 Survey of Disability, Ageing and Carers (ABS 2013).

Based on the 2012 Australian Bureau of Statistics Survey of Disability, Ageing and Carers, 1.8% of Australians (or 391,000 people with disability) experienced severe incontinence—determined by the need for assistance with bladder or bowel control, and/or the use of continence aids (ABS 2013). This increased by 24% (or 75,000 people) between 2009 and 2012. Severe incontinence was more common in women (2.2%) than in men (1.3%) in 2012 and, overall, prevalence increased with age (Figure 3.16.1). People aged 85 and over were more than 5 times as likely to experience severe incontinence as people aged 65–84 (28% compared with 5.0%).

Around 81% of people with severe incontinence 'always' or 'sometimes' needed assistance with their bladder

or bowel control. People also commonly use aids and equipment to manage their condition: 45% of people with severe incontinence used aids to go to the toilet (such as toilet frames or chairs), and 64% used continence aids (such as absorbent pads, briefs and pants). The Australian Government subsidises this through the Continence Aids Payment Scheme, which cost \$83.5 million in 2014–15.



Risk factors

Urinary incontinence is commonly linked to pregnancy, childbirth and menopause. Other risk factors include constipation, prostate problems, impaired mobility and underlying neurological or musculoskeletal conditions (such as stroke, dementia, or arthritis), and other health and lifestyle issues (such as diabetes or cardiovascular disease; obesity or physical inactivity; developmental disorders; and food/water intake). Risk factors for fecal incontinence are similar, and the presence of urinary incontinence is associated with an increased risk of fecal incontinence (ICI 2013).

Some commonly used medications—such as anticholinergic agents, many psychopharmaceuticals and sedatives, and diuretics—also contribute to triggering or worsening incontinence.

Frail older people experience incontinence more than other population groups (ICI 2013), and incontinence is a risk factor for admission into residential aged care (ICI 2013; Pearson 2003). At 30 June 2014, 81% of women and 75% of men in permanent residential aged care had some degree of incontinence that was not self-managed. The majority of people (71% of women and 65% of men) were in the most dependent category, experiencing three or more episodes of incontinence a week that required assistance.

What else do we know?

People commonly perceive incontinence as a normal or untreatable consequence of life events and age, and can experience shame, depression and reduced quality of life because of it (Coyné et al. 2013; Siddiqui et al. 2014). Fewer than one-third of people with incontinence seek medical attention for the condition (Avery et al. 2014). However, active diagnosis and management of incontinence may lead to the identification of a reversible or treatable cause (ICI 2013).

What is missing from the picture?

The estimated severity and prevalence of incontinence vary across studies. This is partly due to differences in how incontinence—and its severity—are defined, identified and measured, and partly due to differences between the studied populations. To improve the accuracy and comparability of data, the AIHW has suggested a set of standard questions for collecting information on incontinence, which may be accessed at [Incontinence in Australia](#).

No comprehensive estimates of incontinence expenditure are available, and because incontinence is typically not the main condition for which people seek treatment, estimates of expenditure require more complex attribution of costs from different parts of the health system, including out-of-pocket costs.

Where do I go for more information?

More information is available in the AIHW report [Incontinence in Australia](#). Information about support for people with incontinence and their carers can be found on the bladderbowel.gov.au and the [Continence Foundation of Australia](#) websites.



References

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