Module 20
Incontinence and Old Age

STRUCTURE AND FUNCTION IN HEALTH AND DISEASE

- Revisit anatomy of lower urogenital tract and pelvic floor
- Describe the physiology of micturition and male sexual function
- Outline the classification of causes of urinary incontinence.
- Discuss the investigation and management of urinary incontinence in both sexes.
- Describe physical changes experienced as a direct consequence of the ageing process in late life
- Debate the relationship between ageing, its amelioration and pathological processes.
- Discuss the genetic and environmental determinants known to influence the ageing process.
- Compare the pharmacokinetics and pharmacodynamics of an older person with that of a younger adult and explain the implications for the doctor and patient in management of disease in later life.
- Discuss the relationship of changes in metabolism and body composition to diet in the older person.
- Explain the pathophysiology of osteoporosis and osteoarthritis.
- Understand the implication and assessment of memory impairment
- Revise the anatomy of the upper limb

POPULATION PERSPECTIVE

- Outline process of completing a death certificate (related to epidemiological use of data) consequences of inaccuracy and reasons for quality assurance.
- Outline key features of interpreting a life table; survival curve; demographic and epidemiological transitions; measuring quality of life in clinical research.
- Outline the broader issues involved in using a population health care needs assessment to develop a strategy to meet the health needs of the elderly given the demographic transition.

INDIVIDUALS, GROUPS AND SOCIETY

- Debate the impact of urinary incontinence on both the individual and society.
- Discuss the effects of social influences on the quality of the ageing process (disengagement).
- Outline changes in cognition, emotional development, function, attitude and beliefs that occur with increasing age.
- Discuss the incidence, nature and causes of abuse in the elderly and propose how it may be detected and combated.
Consider the functional, experimental and socio-economic effects of osteoporosis and osteoarthritis in the elderly.

PROFESSIONAL AND PERSONAL DEVELOPMENT

- Debate the role of care when intervention cannot cure and the psychological coping mechanisms involved.
- Discuss the concept of stereotyping, stigmatisation and discrimination in healthcare and their consequences as applied to the elderly.
- Debate strategies to ensure the avoidance of health care professionals’ attitudes to stereotyping etc
- Discuss the GMC and EC Guidelines on respect for the individual
- Examine the “quality of life versus quantity” debate with respect to the elderly.

HARC

- Anatomy of lower urogenital tract including muscles of pelvic floor
- Micturating cystogram
- Revise the components of the central nervous system
- Revise anatomy of upper limb

CLINICAL SKILLS

- Revisit examination pelvic examination in both sexes
- Interpretation MSSU culture
- Aids to urinary incontinence
- Cognitive Examination
Mrs Grey called in to see her father on the way back from work to pick up his weekly wash. She returned home feeling mildly depressed. He was in his early 80s, fiercely independent, but having increasing difficulty coping with living alone. It was clear from the increase in the weekly wash that his ‘waterworks trouble’ was becoming worse. He never mentioned it, and Mrs Grey did not know how she was going to get him to see a doctor. He was always frightened that prostate surgery made men impotent. Mrs Grey had also noticed recently that her father was becoming a bit forgetful.

He also feared the side effects of any drugs prescribed instead of surgery in view of his advanced years. His own father lived to 95 (and was independent to the end of his days despite fracturing his wrist following a fall at the ripe old age of 92!) and so he wanted to ‘pace himself’. He was drinking plenty of milk to make sure his bones wouldn’t crumble away as he didn’t see why his name should appear in the obituaries column of the newspaper before his time! …but he was not sure how long he could continue to cope on his own as he had noticed he was becoming rather forgetful but wasn’t sure if anyone else had spotted it yet!

When Mrs Grey got back home she sat down with a cup of tea and on opening her mail found a questionnaire from her local GP. The covering letter said that the survey was to find out the extent and nature of incontinence amongst middle-aged and elderly women and the degree to which it affected their lives. It formed part of a clinical audit of the existing services for patients registered with the practice.

The letter also said that anyone who was worried about incontinence could call Marie, one of the practice nurses. Mrs Grey had never thought of herself as being incontinent but she was surprised at how many of the questions she answered positively. She had thought this was normal at her age and after 4 children. When she thought about it however, she realised that she had been using pads more and more frequently lately to prevent any embarrassing leakage. She decided to see Marie, and was soon referred locally for further tests to identify the cause of the problem.

The partners in the practice had set up the survey as they recognised they had no idea how much of a problem incontinence was among their patients and forgetfulness was another big problem among the older generation. They had had quite a debate in a practice meeting, as they were concerned that there might not be anything they could do medically for large numbers of these patients but felt it was important that they at least provided some support services. Quality of life is very important. The discussion broadened to the complex health needs of the elderly, and what a challenge it was to meet them. One of the GP registrars, Dr Rose, presented a life table analysis which showed
that the life expectancy in those reaching aged 50 was increasing faster among women than among men. The senior partner, Dr Beech looked up from the death certificate he was completing, and commented “Even in my lifetime, I have seen a change in the patterns of death. I seem to write ‘cancer’ and ‘heart disease’ on these things a lot more than I used to”.