

Evidence-to-recommendations table

The prevalence of urinary incontinence reported in population-based studies ranges from 9.9% to 36.1%, and is twice as high in older women as in older men. Urinary incontinence has a profound impact on the quality of life of older people, their subjective health status, levels of depression and need for care.

No studies reported harm associated with non-pharmacological management of urinary incontinence.

There is limited low-quality evidence which suggests that prompted voiding may benefit older people in managing urinary incontinence. Eight trials included in this analysis investigated the benefit of prompted voiding compared with no prompted voiding for older people with urinary incontinence. All of the analysed trials were conducted in the United States. Seven of the eight studies were carried out in nursing home settings. The duration of the interventions ranged from 20 days to 32 weeks. Two trials reported the effectiveness of prompted voiding in terms of reducing the number of urinary incontinence episodes in 24 hours. Both Hu et al. (39) and Schnelle et al. (40) found a reduction in the number of incontinent episodes per day in the prompted voiding group. The pooled result was statistically significant (weighted mean difference [WMD]: -0.92, CI: 95% -1.32 to -0.53). Two other trials reported a similar outcome, but could not be included

in the meta-analysis. One of them reported a substantial reduction in the number of incontinent episodes (60% lower) in the treatment group compared with the control group (37%). Another trial found a significant decrease in incontinence, falling from 80% to 20%, in the treatment group, whereas the control group remained almost the same.

There is adequate moderate-quality evidence suggesting that pelvic floor muscle training (PFMT) combined with bladder training benefits older women to manage urinary incontinence. Six randomized controlled trials (RCTs), with a total of 1132 participants, investigated the benefit of PFMT combined with bladder training with or without biofeedback. All six RCTs recruited older people living in the community; five of them recruited older people aged over 55 years, while in the other trial, participants were aged 65 years and over. The intervention was delivered at home or in clinical settings. The mean age of the study participants ranged from 65.4 to 74.7 years. In one trial, nearly 34% of study participants were older men; all other studies only recruited older women.

Three of the six trials tested PFMT with biofeedback and a bladder control strategy with or without self-monitoring. One RCT examined PFMT without biofeedback, bladder training or selfmonitoring. Two other RCTs combined

PFMT with other behavioural interventions: one used a group education approach consisting of bladder training, a strategy to manage the urge to urinate, and group support for PFMT, while the other trial administered PFMT and bladder training with individualized voiding schedules. Apart from one trial that offered a self-help booklet to the control group, the control groups in all the other trials received no active intervention.

Five of the analysed trials reported outcome data on the number of incontinence episodes per week. The overall pooled effect of PFMT plus bladder training, with or without biofeed-

back, was WMD: -3.63 (-5.19 to -0.99 lower), favouring the treatment ($P < 0.001$). Three trials reported data on participants' perception of improvement in urinary incontinence. The pooled estimate for this outcome was relative risk [RR]: 4.14 (95% CI: 2.70 to 6.37) in favour of the treatment group.

No trial has reported adverse effects, and the guideline development group guideline development group believed that the potential for harm is likely to be minimal.

Fuente:

World Health Organization. (2017). Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. World Health Organization. <https://www.who.int/ageing/health-systems/icope/evidence-centre/ICOPE-evidence-profile-urinary-incont.pdf>