

Why incontinence gets no respect: a multinational and multidisciplinary perspective

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Disclosures

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 - Canadian Continence Foundation, International Continence Society

Respect:

“a feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements”

<https://en.oxforddictionaries.com/definition/respect>

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Incontinence is a source of amusement

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...even in Canada

OBFUSCATION

by *Kisbore Visvanathan, MD*

The Saskatoon Clamp™: a new anti-incontinence device



The problem of male urinary incontinence has received much less attention than its female counterpart. Although numerous procedures have been developed to cure incontinence in females, males to a large extent have had to make do with stopgap measures. This may be due in part to the lower incidence of stress-induced incontinence in males. However, several factors, including an aging population and the increased popularity of radical prostatectomy to treat prostate cancer, have resulted in an increased incidence of male urinary incontinence. For this reason, our group decided to revisit this clinical problem and develop a new device for its correction.

Grasping the issue

At present, management options for male urinary incontinence include use of external urine-collection devices (condom catheters), insertion of an artificial urinary sphincter, periurethral injection of collagen or use of a urethral compression device (urethral clamp). Because the first option seems technically fully developed, and the artificial sphincter and collagen injections involve invasive procedures, our group focused on the last option, urethral clamps.

The ideal clamp must satisfy 3 criteria: ease of application, reliability and affordability. Our device, the Saskatoon Clamp™, satisfies all of these criteria.

Ease of application is the most striking feature of the Saskatoon Clamp™. Current devices require men to use both hands to manipulate the urethral clamp onto the penis. It can be difficult to stabilize the penis for accurate placement. The Saskatoon Clamp™ features an automatic applicator, thus freeing the man's hands to allow consistent placement on the penile urethra (Fig. 1). This is particularly useful because many patients with male

urinary incontinence are elderly and may have impaired vision or lack fine motor coordination.

Reliability of the Saskatoon Clamp™ is excellent. It applies a urethral closure pressure of about 450 cm H₂O, virtually guaranteeing freedom from urine leakage. In addition, its unique design makes accidental dislodgement — a common problem with current devices — unlikely.

Finally, the Saskatoon Clamp™ is modestly priced (Table 1) and should be within financial reach of most men suffering with male urinary incontinence. In a Phase I clinical trial our group tested the Saskatoon Clamp™ on 13 men with male urinary incontinence. A double-blind design was used (i.e., the test subjects were blindfolded and the investigators closed their eyes just before application of the device). After the device was applied, none of the 13 men complained further of male urinary incontinence.

The Saskatoon Clamp™ promises to make a significant impact in the management of the vexing problem of male urinary incontinence.

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Fig. 1: The Saskatoon Clamp™, a new "hands-free" device for managing male urinary incontinence, features an automatic applicator that allows consistent placement on the penile urethra and guarantees freedom from urine leakage. Its unique design prevents accidental dislodgement.

Table 1: Price of Saskatoon Clamp™ through various suppliers

Supplier	Cost, \$
Home Hardware	1.59
Zellers	1.67
Canadian Tire	1.89

CMAJ • DEC. 15, 1998; 159 (12): 1487

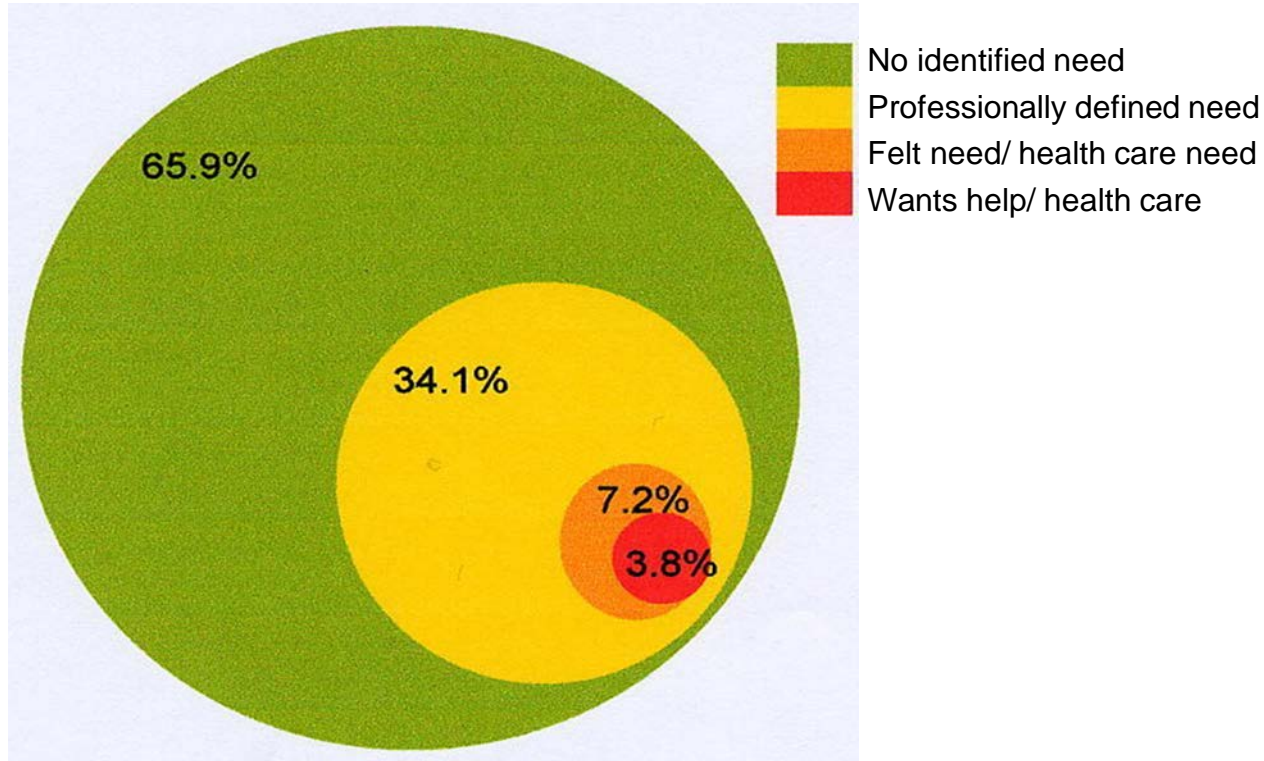
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CMAJ 1998; 159 (12):1487

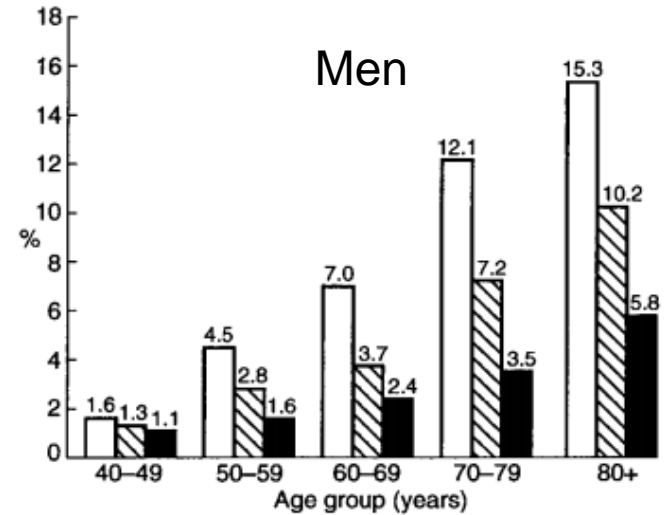
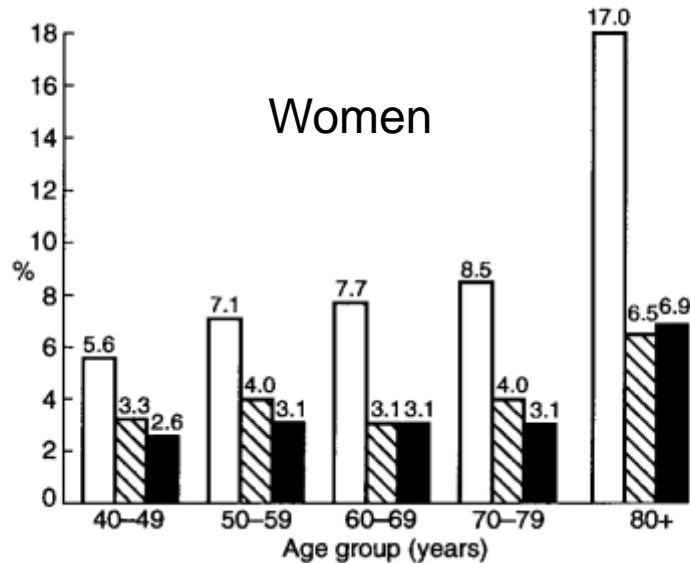
Incontinence is a “hidden” condition:

Relationship between prevalence and healthcare need in community dwelling adults



J Public Health Med. 2000 Sep;22(3):427-34

Prevalence of felt need in adults by age



White bars - bothersome symptoms
 Striped bars - want help
 Black bars - socially disabling symptoms

J Public Health Med. 2000 Sep;22(3):427-34

Incontinence is a stigmatizing condition

- *stigma* refers to an attribute of a person that is deeply discrediting and reduces the person “in our minds from a whole and usual person to a tainted, discounted one”

- the inability to keep incontinence a secret can be profound.
- Individuals who are incontinent are often subject to gossip, hostility, and other forms of social ostracism.
- For older persons, incontinence can precipitate institutionalisation, particularly for those with dementia

Attitude of caregiving staff

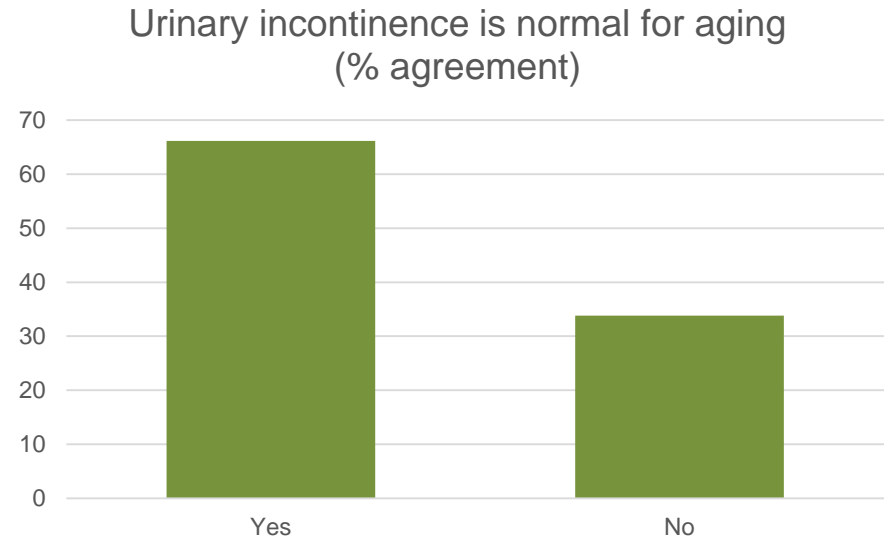
- More negative reactions from nursing staff working in the acute care setting than from nursing assistants working in nursing homes
- Medical social workers and home care nurses were asked to evaluate elderly with incontinence, confusion, and mobility impairments, older adults with incontinence received the most negative evaluations
- Staff tended to blame the victims, whereas at least half the sample could find something positive to say or had neutral responses about the other 2 conditions.

J Clin Nurs. 2001;10:455-464.

J Gerontol Soc Work. 1986;9:63..

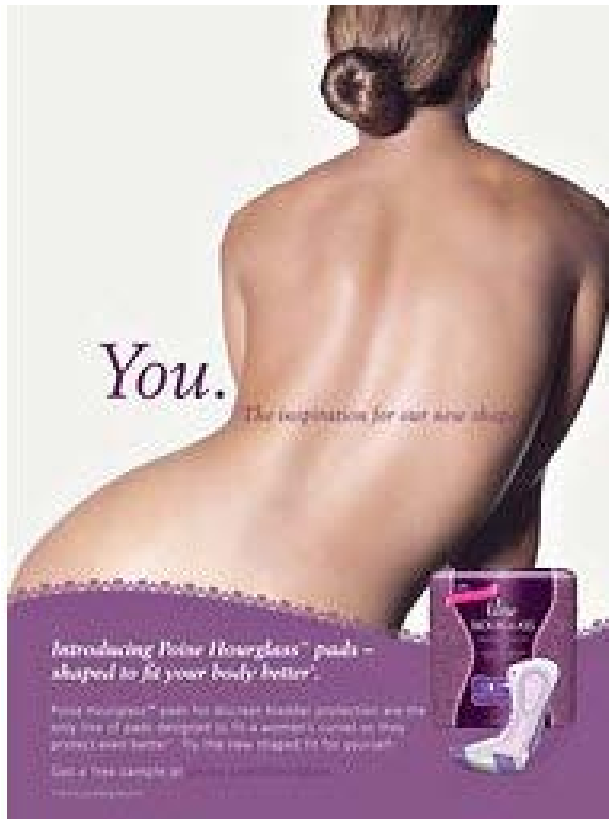
Incontinence is a “normal part of aging”

- Of 792 community dwelling women >65y of age:
- 66% felt UI normal with aging, independent of UI severity (Sandvik) or QoL (ICILUTSQoL) scores



(Wagg, unpublished data)

This may be reinforced....



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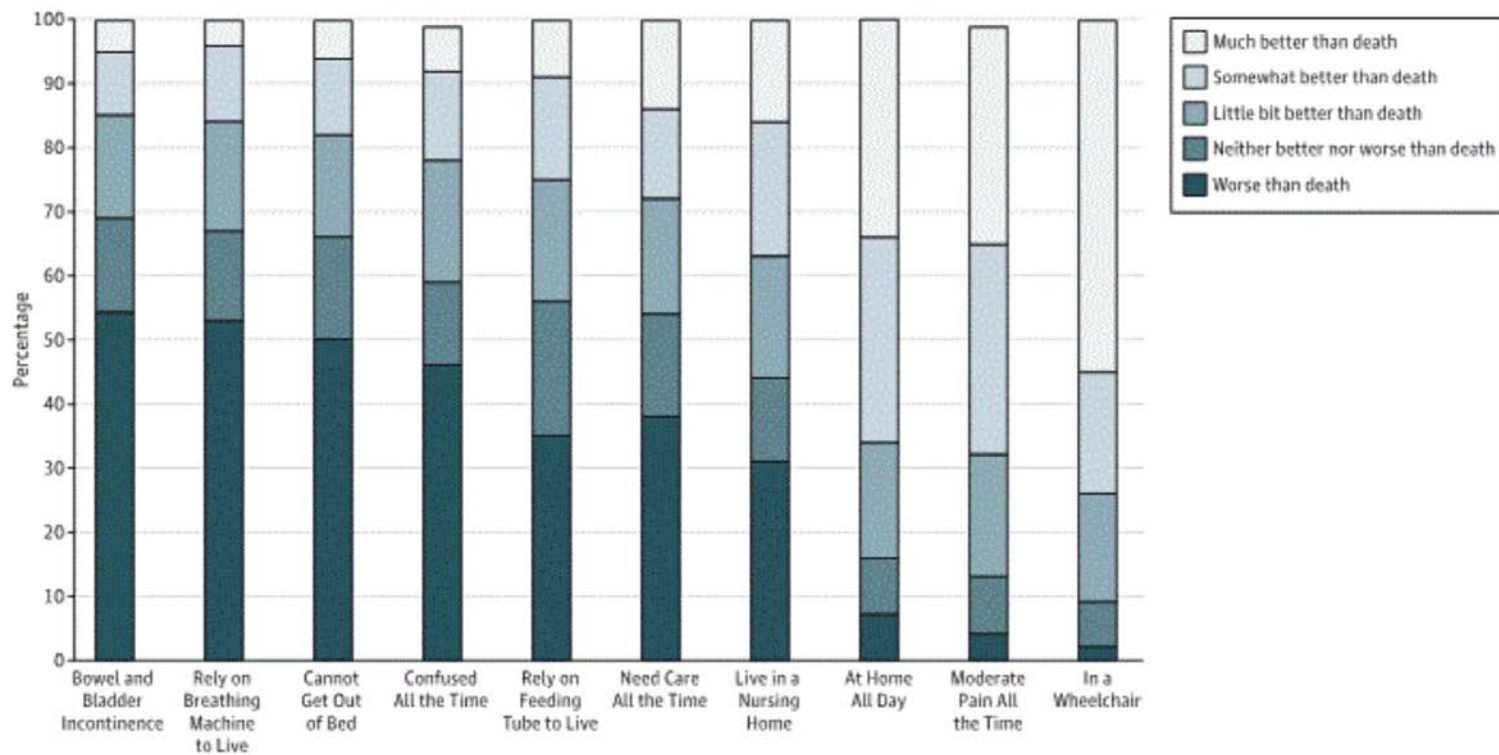


*Enjoy dance-all-you-want
bladder leak protection.*

always
bladder protection *discreet*

But thought by some to be worse than death..

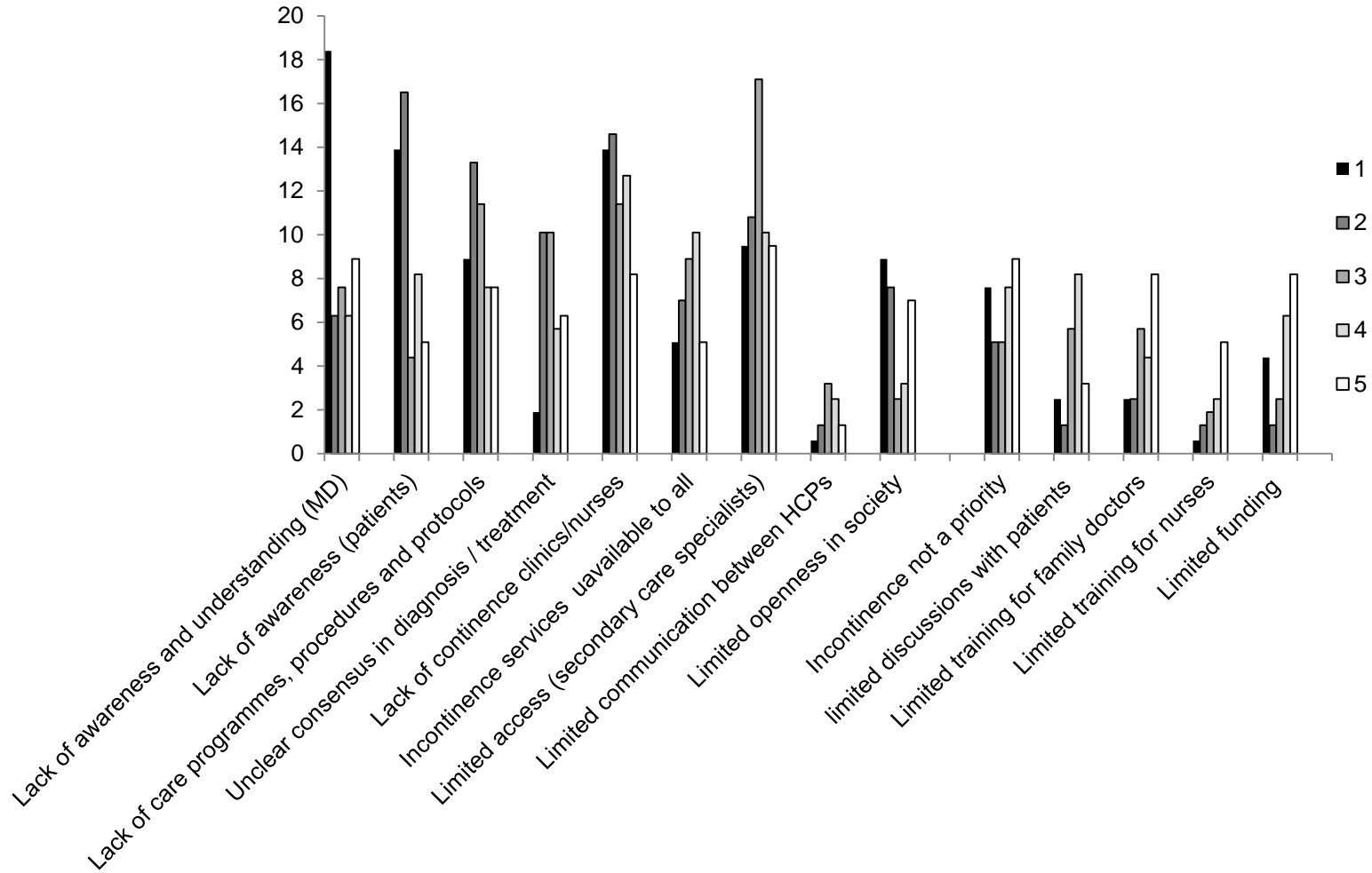
Figure. Ratings of States of Functional Debility Relative to Death by Hospitalized Patients With Serious Illnesses



Distribution of patient ratings of each queried health state on a 5-point Likert scale.

JAMA Intern Med. Published online August 01, 2016. doi:10.1001/jamainternmed.2016.4362

Barriers to care are many and varied...



Can Fam Physician. 2013 Jul;59(7):e330-7

Incontinence isn't a high priority...

- In a 2012 survey, 112/158 (70.8%) of family physicians reported that improving the treatment and management of patients with incontinence was a fairly high if not high priority to them personally
- 25.9% (41/158) reported it as either a fairly low or low priority.
- When asked about improving continence care within the context of their office or institutional practice, 35.4% (52/158) reported continence as a low or very low priority

Can Fam Physician. 2013 Jul;59(7):e330-7

Why persons with UI do not seek care

- A belief that UI is
 - too personal or too embarrassing to reveal
 - a normal part of aging or childbearing
 - a problem that does not interest doctors
- UI is not
 - a serious medical condition
 - bothersome enough of a problem
- There is a
 - lack of desirable treatments available
 - low expectation of treatment benefit

- Despite its prevalence, family physicians estimated the frequency of UI to be low.
- 68% of 158 responding physicians had received no training on urinary incontinence and its management within 5 years and approximately half of these had received none since medical school.
- family physicians felt that UI was not a major cause of impairment of quality of life or associated morbidity.

Can Fam Physician. 2013 Jul;59(7):e330-7

And, in primary care is considered difficult with which to deal..

- In a 2002 national survey, differentiating the type of incontinence was reported as difficult by almost two thirds of family physicians, with managing incontinence considered a difficult task by 60.0%.
- less than half of family physicians indicated that they clearly understood incontinence
- 37.9% identified having an organized plan for continence issues.

Can Fam Physician. Jan 2002;48:86-92.

No powerful consumer voice



v



A story of failure?

Contingence needs a burning platform

Public awareness

Provider confidence

Policymaker sophistication