incontinence: a hidden & embarrassing problem

Julia Herbert, our incontinence expert helps us understand the problems, and different approaches to managing this embarrassing problem.

caring for older people

Christine Brown Wilson introduces her book describing collaborative ways of working to ensure the best care for older people.
Welcome...

...to the first issue of Innov-age!

I’m in my 50s and already finding I’m slowing down and I’m wondering why?
My parents are in their 80s and incredibly fit and active and I’m wondering if this is down to genetics or lifestyle? My mother-in-law has dementia and I’m wondering how we would cope without fantastic care support?
My nephew is a whiz on the computer and I’m wondering how I will keep up? I’m also thinking about where and how I might want to live in my retirement and what new initiatives, technologies and care systems might be in place by then?

The Washington (USA) based Centre for Strategic and International Studies presents some striking statistics about global ageing. One hundred years ago only 3-4% of the population was considered elderly and this is set to rise to 25% by 2050 – reaching as high as 40% in some countries. Successful and happy ageing is therefore not only raising questions for us but is also posing challenges for worldwide consideration.

Such global focus and concentrated activity will undoubtedly result in an explosion of information making it difficult to know what to do for the best.

This magazine aims to seek the view of experts and to summarise and share as much up-to-date information as possible.
The content is aimed at anyone interested in happy, successful and healthy ageing - whether you are working or are interested in the area, are providing support for the elderly or are ageing yourself – yes just about everybody!

The Edward Centre for Healthcare Management Research will be producing the magazine on a quarterly basis and look forward to providing summaries of the best treatments and technologies for various conditions and ailments, anti-ageing products, care systems, book and report summaries. We will also give you a chance to meet the experts and understand the challenges for carers amongst many other developments. Each issue will have an area of focus on a particular theme and we are starting off by looking at incontinence. Future issues will cover exciting topics such as falls and rehabilitation, retirement tourism and nutrition.

If you would like to subscribe and receive a free paper or online copy then please let us know. We are also interested to hear about what you would like included. If you would like to contribute or have some personal perspective you would like to share please get in touch by sending an email or ringing the editorial team.

Hope you enjoy our first issue!

Edward Healthcare is committed to developing, improving and innovating in healthcare. We feel strongly that sharing of information and experiences, whether from technology providers, care professionals or those receiving care, is vital for enabling positive change in the industry. As an established care provider in China, our focus is to provide the best possible care for our customers through the assimilation of international best practice. We’re very lucky to have a dedicated and experienced editorial team based in our Research Centre in Manchester that is committed to searching out and bringing into view the latest research in this area.

Edward Healthcare is well established in the Chinese market, providing international standard healthcare services to thousands of middle aged and elderly people. Having received recognition for the quality of our services from the Chinese government, our future focus is on applying the latest best practice based on the findings of our UK research team. We are gradually developing the scope and scale of our services, with the ultimate goal of improving people’s quality of life.

We hope you’ll enjoy reading this first issue of Innov-age and would love to hear any comments or feedback you might have.

Yours Sincerely,

Haima Wang
Group Managing Director,
Edward Healthcare
Contents

page

4  Editorial Foreword - Incontinence

5  The innov-age Team

6  Incontinence - help is out there

8  Product Review

9  Advertorial - Pelviva

10  News...

12  Carer’s Perspective - Incontinence in the elderly

14  Caring for older people - Training/Courses

16  Cochrane Corner - Review

17  Book Summary - Caring for older people

18  Spotlight on... Julia Herbert
Editorial

Innov-age Issue One
Editorial Foreword...

We have chosen incontinence as the theme for this first issue of Innov-age as it affects so many people and in so many ways and yet remains a hidden, embarrassing and unseen problem. Julia Herbert our incontinence expert helps us understand why we develop problems, the different types of incontinence and also different approaches to treatment. As Julia outlines, there are many different approaches to managing incontinence and it can be difficult to know what is best to do. Pelvic floor exercises seem to be important providing they are done correctly. However, many of us don’t know how to do these exercises or simply can’t do them and we are fortunate enough to be able to share with you. Sadly, in some situations there are no current solutions and Alex shares with us his perspective on being a carer for his mum with dementia and finding her ‘weeing in the garden’ and other such challenges. In this case we have to find ways of discussing and managing this as sensitively as possible and Alex shares some of his day-to-day experiences.

There are many different approaches.

We clearly don’t have answers to all of the problems and we will continue to provide updates on a regular basis. Alongside Julia’s expertise we are fortunate to have Tracey Howe in the ‘Cochrane Corner’ who will keep us up to date with current research. Tracey helps us by summarising some of the excellent research on incontinence being undertaken by world leading experts.

In the meantime if you have any experiences you would like to share or any approaches we have not covered then please get in touch – we would love to hear from you.

Requires sensitive management.
Professor Jackie Oldham is Director of the Centre for Rehabilitation Science, University of Manchester. She has a PhD in physiology from Liverpool University and a specific interest in musculoskeletal rehabilitation and treatment for incontinence. She is Honorary Director of the Edward Centre for Healthcare Management Research. Professor Oldham is also Director of Manchester: Integrating Medicine & Innovative Technology (MIMIT), a collaboration between the University of Manchester and six Manchester NHS Trusts designed to enhance technology innovation. On a national basis Professor Oldham is a member of the NHS Innovation Challenge Prize Committee that recognises and rewards ideas that tackle some of the most challenging areas in healthcare.

Julia Herbert has specialised in Continence & Women’s Health for over 25 years. She currently works full time in her own private practice specialising in the treatment of bladder and bowel dysfunction. Julia is also the Clinical Director at Femeda Ltd a new company specialising in the development of products for Women’s Health. Her private work also allows involvement in lecturing, bespoke training courses and consultancy work; she is also a Trustee of the Bladder & Bowel Foundation and a founder member of Chartered Physiotherapists Promoting Continence. Julia is a faculty member of the International Continence Society, and also a member of the Association for Continence Advice and the Association of Chartered Physiotherapists in Women’s Health. She is currently also a clinical tutor and honorary lecturer at the University of Bradford.

Professor Tracey Howe is Professor of Rehabilitation Sciences at Glasgow Caledonian University, UK and Director for External relations and partnerships, Glasgow City of Science. Tracey is an editor for the Cochrane Musculoskeletal Review Group and a convenor for the Cochrane Health Care of Older People Field. She started her career as a physiotherapist in the National Health Service in England and enjoys strategic visioning, creative problem-solving, and creating vibrant, multi-disciplinary environments, through collaboration, partnerships, and relationships that empower others to succeed.
Incontinence - help is out there!

How many of us are suffering?
17% of women and 11% of men suffer from moderate to severe incontinence at some stage of their life. For women this figure may be as many as one in three as people keep it hidden out of fear of embarrassment and believe they should cope on their own. The problem tends to increase with age though can affect anyone at any stage of life. Treatments are many and varied and depend on the type, severity, frequency, predictability and social / financial impact of the incontinence.

What types of problem can we develop?
In 2008 Julia Herbert, our expert on incontinence, wrote a review on the importance of the pelvic floor muscles and published this in Continence Essentials. In this review Julia described the pelvic floor as a complex of muscles that form a large sheet rather like a hammock that supports the contents of the pelvis. In women if the muscle fibres weaken then the ‘hammock like’ support is lost and the contents of the pelvis (bladder, bowel, womb etc.) slip downwards. The increased pressure on the vaginal wall can result in a lump known as a prolapse. Sometimes the lump bulges out of the vaginal opening and requires surgical intervention. In less extreme cases it can create pain during intercourse and a heavy dragging sensation particularly after exercise. In both cases a prolapse may be associated with urinary problems such as difficulty in passing urine.

The pelvic floor muscles also have a role to play in controlling the frequency and speed of bladder emptying. If we want to go to the toilet and there is not one in sight, it is possible to voluntarily contract our pelvic floor muscles and stop the bladder from contracting and expelling urine. If this system does not work properly it can result in urine leakage before the toilet is reached – a condition known as urge incontinence.

Other muscle fibres play an essential role in maintaining continence when there is any increase in intra-abdominal pressure such as coughing, sneezing and jogging. Their primary function is to squeeze closed the urethra (the tube coming out of the bladder) and prevent urine loss. If this system does not work properly we develop what is termed stress incontinence. Some people can develop both urge and stress incontinence at the same time - a condition known as mixed incontinence.

So much is therefore dependent on the function of the pelvic floor and yet we rarely think about how we

Why do we develop problems?
Most people are aware of the various muscles in their body and that they have to be exercised in order to maintain their function. Few of us are aware, however, that we each have well over 600 different muscles and weakening of those specific to the pelvic floor has a big role to play in the development of incontinence. Women tend to be more aware of their pelvic floor than men as they are taught about the importance of pelvic floor exercises during pregnancy. Many men may not be aware that they have a pelvic floor until later in life when they may develop problems with their prostate.

Up to a third of us have problems with incontinence.

There are different types of urinary incontinence - urge, stress or mixed.
might maintain the health of our pelvic floor muscles. Women are more at risk than men as they have a wider pelvis for the muscles to span and a wider opening to keep shut. Once the muscles start to weaken we become more susceptible to other influences. In women hormonal changes during the menstrual cycle and the menopause can lead to a worsening of symptoms. In men incontinence can be associated with prostate problems.

**What can we do to help address the problem?**

So what can we do to prevent these problems? Exercising the pelvic floor like any other muscle has been the major focus of treatment for the past 20-30 years. Guidelines for the management of incontinence produced by the National Institute for Clinical Evidence recommended we should all be doing at least eight pelvic floor muscle contractions repeated at least three times per day. Like all exercise however, unless the contractions are done properly they are unlikely to make a difference. The action that should be performed is described as a squeezing the muscles in the centre of the bottom of your pelvis in an inward and upward direction. To be more specific it is recommended that you should:

‘Tighten the muscles around your rectum, vagina and urethra and lift up and squeeze inside as if trying to stop passing wind and urine at the same time.

You need to concentrate on using the correct muscles, so don’t squeeze your legs together or tighten your buttocks. However, many people find they tighten their lower stomach muscles at the same time, so if you hollow your lower stomach at the same time, that is OK - the muscles are helping one another.’

...continued on next page
Julia Herbert also suggests that each contraction should be made slowly and held for as long as possible.

At the moment exercise is probably the only approach to improving pelvic floor function that is available to men. Women on the other hand have other options available to them. Many of these are targeted at improving the quality of pelvic floor muscle contraction.

Biofeedback is also performed under the guidance of a professional. The process involves insertion of a small probe into the vagina in women and anus in men. The probe then provides feedback regarding the strength and quality of pelvic floor contractions and may help motivate some individuals.

A lot of the focus of current research attention is now on electrotherapy. Whist the details regarding various approaches are outside of the scope of this article a number of general principles for optimum therapy are emerging including comfort and ease of use.

**Where to next?**

Incontinence is a highly embarrassing problem but there is help out there and we should be encouraged to share the problem and seek help. As this magazine develops we will continue to visit the problem and share more tips, hints and latest treatments and draw upon the experience of our expert, Julia.

**Product Review**

This article has presented a number of approaches to managing incontinence and a number of products are on the market to help you improve your pelvic floor muscle function.

Products range from incontinence pads and mobile phone apps through to vaginal cones, pelvic floor toners, biofeedback and electro stimulation devices. Boots and other major chemists provide a range of products and it’s well worth exploring these web sites and others to get a flavour of merchandise available.

[www.boots.com](http://www.boots.com)
[www.lloydspharmacy.com](http://www.lloydspharmacy.com)
[www.co-operativepharmacy.co.uk](http://www.co-operativepharmacy.co.uk)

Many companies produce vaginal cones. There is generally not much to choose between them as they all perform the same function. Probably the most well-known companies are Kegel8 and Neen. Kegel8 provide a wide range of options including cones, smart balls and miniature barbells ([www.kegel8.co.uk](http://www.kegel8.co.uk)).

Neen produce a pelvic floor exercise system called Aquaflex that includes two vaginal cones and a set of weights to place in the cone ([www.neenpelvichealth.com](http://www.neenpelvichealth.com)).

Pelvic floor toners operate on a similar principle to weights but this time you squeeze against a resistance rather than hold in a weight. One of the most well researched is the Pelvic Toner. This toner is available on prescription throughout the UK ([www.pelvictoner.co.uk](http://www.pelvictoner.co.uk)).

Biofeedback and electro-stimulation devices can be quite expensive and tend to be used as part of a therapist-supplied service rather than for home use. There are some home use products emerging and one of the most recent developments is featured in the advertorial on the facing page.

Finally, if you want to stick to your exercises and be motivated to perform them more effectively and efficiently, then the free mobile phone app produced by Lightsbytena is worth considering ([www.lightsbytena.co.uk/myfffapp/](http://www.lightsbytena.co.uk/myfffapp/)).
Pelviva’s vision: 
Improve your confidence and love living your life

As a third of women experience moderate to severe incontinence at some point of their life it’s important that new technology is on its way to help support us all to live happy fulfilled lives and improve our wellbeing.

There are a number of ways in which incontinence can be managed to improve quality of life, some you may recognise include surgery, pharmaceuticals, electrical stimulation and pelvic floor muscle exercises. The treatment outcomes can be variable and so for some the condition can remain an untreated and a hidden problem, many just simply managing the problem by using incontinence pads. We believe we should now be uncompromising and look towards new technology to help and not be held back by embarrassment or taboo.

Here we are looking at Pelviva, an exciting new product to transform how women approach and treat bladder leakage...

What is Pelviva?
Pelviva is a single-use disposable pelvic floor exerciser, designed to strengthen weak pelvic floor muscles and reduce leaks. Most importantly, however, Pelviva is designed to fit into busy lives because it can treat any type of incontinence (stress, urge and mixed incontinence) and the product is easy to use like a tampon. There are no wires or complicated programmes and women can get on with other things while Pelviva is working. Pelviva believes that life’s more fun when you’re in control so their aim is to increase the confidence of the women who use it, so that they can get on with enjoying life.

How does it work?
Pelviva provides a 30 minute workout for the pelvic floor. The electro-stimulator in the soft foam pelpons mimics the firing patterns of nerves innervating healthy muscle, to strengthen your pelvic floor muscles. Like any muscle the pelvic floor responds to exercise and women are advised to use Pelviva every other day for between 1 and 4 months depending on the severity of their incontinence. To maintain pelvic floor fitness Pelviva advises just a few pelpons a month to keep the muscles strong.

Vision
Developed by a group of motivated enthusiasts lead by Chairman, Jim Bradley, who launched Tena Lady in the UK, the Pelviva team wanted to develop a product which would dramatically improve quality of life for women who suffer from incontinence but in a way that could easily fit into everyone’s lifestyle. One day Pelviva believes women will use ‘pelpons’ as routinely as tampons, buying them along with other Femcare products. Women will no longer have to put up with incontinence, as Pelviva will provide an easy way to take control.

Design
Pelviva is user-friendly, discreet and comfortable and crucially has delivered impressive results with 84% of women in a clinical trial experiencing an improvement within weeks.

Delivering impressive results:
Testing in a randomised controlled trial of 123 women published in Neurourology and Urodynamics in 2012 showed the device to be highly effective, comfortable and easy to use, significantly better than existing treatment.

Users found episodes of leakage reduced from daily to weekly and were accompanied by a 45% improvement in quality of life compared to 10% for existing treatment. Any women described themselves as dry after 20 years of suffering.

Pelviva plus exercise produced significantly better outcome when compared to unsupervised exercise alone. This translates to a change in frequency of leakage from once per day to once per week.

Women also described a reduction in severity of symptoms post treatment. Women generally were enthusiastic about using Pelviva, found it easy and comfortable to use and described moderate to strong contraction of the pelvic floor.

Would you like more information?
Visit www.pelviva.com to read the blog and sign up for offers when Pelviva becomes exclusively available online later this year.
New high tech early dementia assessment service to reduce time to diagnosis from 18 months to 3 months

London based world-class medical imaging company IXICO and a leading British developer of neuropsychological tests, Cambridge Cognition, have been awarded a grant from the Government-funded Biomedical Catalyst to allow the two companies to build and test a prototype national dementia early diagnosis service that reduces the time taken to diagnose this problem.

Currently, early diagnosis is possible but only in leading international research centres and not routinely in the NHS. The project brings world-class computer-based tests of memory and thinking with computerised analysis of MRI brain scans into the community.

Establishment of Brain Health Units and NHS Memory Clinics will result in fast track referrals and greater access to care. In addition, Cambridge Cognition’s CANTABmobile™ medical software is the first ever touchscreen assessment that will enable doctors to differentiate between patients with memory loss due to the earliest signs of Alzheimer’s or other dementias and normal age-related forgetfulness. The software is available to UK health care professionals, but not directly to patients.

To find out more please visit www.camcog.com

B&BF launches new catheterisation training courses

The Bladder and Bowel Foundation, or B&BF, is a UK wide charity that provides information and advice on a range of symptoms and conditions related to the bladder and bowel.

They have recently launched their own training courses aimed specifically at care home staff, general nurses, and district and community nurses. The first course covers male, female and suprapubic catheterisation.

Catheterisation represents an area of huge un-met need and is one of those subjects which can be overlooked in terms of training and basic knowledge, especially within a care home or community environment. They’ve also just launched a new booklet for patients called Catheter Care - A guide for users of indwelling catheters and their carers.

To find out more please visit www.bladderandbowelfoundation.org

New battery operated leg bag system promoting independence

Albert Medical Devices Ltd. has developed a new battery operated urine collection leg bag system designed for ease of use and to promote independence.

To encourage increased fluid intake and prevent overfilling, the leg bag contains a fill sensor that activates an adjustable alarm in a controller (worn at the waist) when the leg bag becomes 2/3rd full. The pump on the leg bag has been designed to replace traditional leg bag taps and eliminate the need to bend down or lift the leg to the toilet to drain. Emptying the leg bag is made easy by a simple push of a button on the controller at the waist. The leg bag is drained at waist height through an outlet tube attached to the pump. This can be capped off and avoids wetness and odour issues which are so often a problem for patients. The idea originated when the founder’s father suffered a severe stroke which left him incontinent. The product is currently undergoing numerous clinical and user case study trials, in order to allow it to be prescribed by healthcare professionals.

To find out more please visit www.albertmedicaldevices.com
New Care Home Programme tools; Wellbeing & Connect

In 2012, the Care Homes Programme was set up by the NHS Institute to provide easy to use guidelines on how to improve quality of care. The Care Homes Programme Team has worked with social care and care home professionals, residents and relatives, to co-produce ‘Care Homes Connect’ and ‘Care Homes Wellbeing’, both easy-to-use self-improvement methodologies for the care home sector.

Care Homes Wellbeing is focused on improving resident and staff experiences, increasing staff time with residents and creating safer internal environments.

Implementation (with clear guidance) is through a cycle of “measure, capture, understand and improve” that is repeated for sustainability. Masterclasses, 24 modular tools and support are used to help implement the cycle.

Care Homes Connect is focused on strengthening external relationships by enabling enhanced communications between care homes and the wider health and social care community. A six stage approach is used, including pre-engagement, the Care Homes Connect Event with formal reporting, implementation and ensuring sustainability.

The Social Care Improvement Group Ltd., a not for profit social enterprise organisation, has now been set up to manage the spread and adoption of Care Homes Wellbeing and Care Homes Connect.

To find out more please visit www.institute.nhs.uk/carehomes

Dementia Friends initiative is launched by the Alzheimer’s Society

Dementia Friends aims to give people an understanding of dementia and the small things they can do that can make a difference to people living with dementia - from helping someone find the right bus to spreading the word about dementia.

The Alzheimer’s Society says around 800,000 people in the UK have a form of dementia. And one in three people over the age of 65 will go on to develop the condition. The Dementia Friends initiative aims to reach one million people in England by 2015 with free information sessions, to help you understand what it’s like to live with dementia and the actions you can take to help, run by Dementia Friends Champions. The £2.4m scheme is supported by the government and funded by the Department of Health and Cabinet Office. The Prime Minister David Cameron announced plans for the initiative in November last year, saying awareness of the condition was “shockingly low” and the Health Secretary, Jeremy Hunt, has pledged to become a Dementia Friend himself.

The organisation wants the free volunteer-led information sessions, taking place in workplaces and town halls across the country, to “change the way the nation thinks, talks and acts”.

To find out more please visit www.dementiafriends.org.uk

Up Coming Events...

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<th>Event Name</th>
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<th>Details</th>
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<tr>
<td>Ageing Population 2013</td>
<td>Wed 17th April 2013</td>
<td>A one day conference at The Royal College of Surgeons, with speakers, case studies, and breakout sessions, exploring policy developments, and the issues of an ageing population. This conference is CPD accredited, to find out more visit <a href="http://www.ageing-population-conference.co.uk">www.ageing-population-conference.co.uk</a></td>
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<td>Age UK For Later Life: better health and care in tough times</td>
<td>Thurs 25th April 2013</td>
<td>The new Age UK conference. This event focuses on services for and improving the care of people in later life, to find out more visit <a href="http://www.ageuk.org.uk">www.ageuk.org.uk</a></td>
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<td>Dementia Awareness Week 2013</td>
<td>19-25th May 2013</td>
<td>Dementia Awareness Week is the Alzheimer’s Society’s annual awareness-raising campaign. The theme for this year’s Dementia Awareness Week is ‘talking’, to find out more visit <a href="http://www.alzheimers.org.uk/remembertheperson">www.alzheimers.org.uk/remembertheperson</a></td>
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<td>Carers Week 2013</td>
<td>10-16th June 2013</td>
<td>Carers Week raises the awareness of and aims improve the lives of carers and the people they care. The theme for this year’s Carers Week is ‘prepared to care’ to find out more visit <a href="http://www.carersweek.org">www.carersweek.org</a></td>
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Incontinence in the elderly... and the consequences for the sufferer and the carer

Caring for a person who is beginning to experience the difficulties associated with age is a continuum. I’ve experienced a wide variety of experiences, emotions and problems to overcome as my Mum makes the journey down this path, and felt as though I’m playing catch up as the situation develops and her faculties have changed or more accurately waxed and waned. It is this very situation of shifting sands that has made the management of incontinence so challenging.

In our case, we had a holiday cottage business that my mother loved visiting, but obviously had to be maintained to a very high standard of cleanliness and I felt we had to broach to subject – quite apart from the longer term issues of management in her own home.

The initial discussion with an elderly relative can be the most embarrassing and emotive of a lifetime relationship.

In our case, we had a holiday cottage business that my mother loved visiting, but obviously had to be maintained to a very high standard of cleanliness and I felt we had to broach to subject – quite apart from the longer term issues of management in her own home.

What I missed in hindsight was that this incontinence was more an indicator of behavioural change – a deterioration of a vascular health that would have much wider implications than what I had thought was a physical marker of the ageing process.

The discussion was made more difficult because of this lack of understanding of what was going on in addition to the natural awkwardness.

The immediate (and for me very pressing) issue was the control of the symptoms to limit the damage to both my and her home so off we toddled to get some pads from the chemist and whilst she glared at the mere idea that such a measure should be needed, we bought them (at what seemed to be a shocking price). It was only when we got back to the cottage and I found her weeing in the garden (a longer distance than she was from the nearby downstairs lavatory) that I began to realise there was more to this than a mere incontinence problem.

What made this so shocking to me was that my mother had been a woman whose physical appearance, cleanliness and decorum was of the highest standard and she would have been horrified to have witnessed something such as this, let alone behave like this.

There seemed to be a sense of oblivion (rather than denial) that swept over her expression as I clumsily attempted to address the issue. I felt I needed some help.

She was very resistant to discussing this with the doctor and after many stressful discussions I rang him and explained. He was completely understanding and referred her to the urology dept of the local hospital - where she used to work!

After this we had a real struggle to get someone to supply pads – a district nurse specialist told me that they did not supply them for either urge or stress incontinence, so I asked when did she supply them? We continued to buy them until I took it up with the doctor, who approved the supply and they have been fantastic (for the past 8 years) and enabled her to remain in her own home as this was ironically...
Alex is in his 50s, runs a busy holiday cottage and professional letting business and manages, with considerable support, to be the principal carer for his elderly Mum - who lives a 100 mile round trip away!

His Mum is in her mid eighties, has vascular dementia and continues to live at home. Alex will be providing a regular feature in this magazine and sharing his carer’s perspective.

enough the biggest issue we faced. When we started down this journey I knew nothing about the potential solutions for incontinence and whilst I knew the terms urge and stress in relation to incontinence, which of these was affecting my mother was far from clear.

It’s wonderful to see this topic being broached in this magazine and in the first issue. We have found a way of managing with pads but it seems like there are many more options available.

The biggest message for me however, is to share and talk about the situation both with your relative and with healthcare providers and don’t take no for an answer.

You don’t have to struggle on your own - a small cost in support can prevent a much larger cost by all measures!
Caring for Older People - Continuing Professional Development Possibilities

Are you interested in further training or Continuing Professional Development (CPD)?

Caring for older people requires not only compassion, respect and dignity but a whole range of skills to be effective, including knowledge and understanding of a number of conditions that can affect the older generation. These include, amongst others, falls prevention, nutrition, incontinence and mental health.

Continuing Professional Development (CPD) can help both healthcare professionals and those who work with the older person, with the challenging role of responding to the changing needs of each individual person. Taking part in CPD can be hugely rewarding and give an important confidence boost by providing an opportunity to share best practice and develop new skills.

Here a small selection of examples demonstrates the different types of courses available to healthcare professionals and those who work with older people to help continue your professional development. We encourage you to look around for yourself and visit the websites below and other similar courses for more information.

Quick glimpse at what is currently out there...

The University of Glamorgan
www.glam.ac.uk

The University of Glamorgan provides a distance blended learning **MSc Care of the Older Person** course. Students are allocated a personal and supervisory tutor and the assessments involve a variety of approaches, such as written assignments, presentations, case studies and projects. The course is designed for both healthcare professionals and those who have an interest in the issues surrounding caring for older people to improve their knowledge and skills. Some of the core modules include ‘Implementing the National Science Framework for Older People 1 & 2’, ‘Leading, Managing and Co-ordinating Integral Care’, and both long-term and intermediate care for older people and perspectives in dementia.

Blackburn College
www.blackburn.ac.uk

There are a few different online short courses available at Blackburn College. With these e-learning modules you can complete the training in sections and log on whenever you have time. These include **NCFE Level 2 Certificate in Dementia Awareness** a distance learning course designed for anyone who wishes to improve their knowledge and understanding of dementia. This course provides students with an understanding of the common types of dementia and helps develop an awareness of the support framework that exists for people with dementia. Students are provided with assessor support via e-mail and telephone. On successful completion students gain a NCFE accredited certificate.
The care home market is growing and as the number of older people in society grows it is estimated that 23% of the UK population will be over 65 by 2031.

This is leading to an increasing demand for staff with skills, knowledge and understanding about caring for older people.

The Assessment and Management of Urinary Incontinence and Bladder Dysfunction in Adults module also at Blackburn College is targeted primarily at healthcare workers in NHS organisations who are required to undertake assessments of individuals with urinary incontinence and bladder dysfunction. The course also provides a useful overview of the subject to anyone working in the healthcare sector in general. This course takes approximately 3 to 4 hours to complete. Another online course is Falls and Fracture Prevention in Older People aimed at anyone who wishes to learn about falls, and the methods that can be implemented to prevent falls and fractures for older people, specifically for those working within a care home, or home care environment such as community nurses. This course will take approximately 2-3 hours to complete.

The Open University has a number of distance learning modules and short courses relevant for both healthcare professionals and those who work with older people including the following. The short course in Dementia Care helps students to understand what treatments are available, how to care effectively, and the ethical dilemmas people with dementia and their carers face every day and at the end of life. The course is based online and students are sent a study guide to support them with the content.

The Adulthood, Ageing and the Life course aims to develop the learner’s knowledge and critical understanding of adulthood and ageing, and of how this can make a significant and positive difference to the role of carer, a service user, and as a professional. Students get access to online forums to discuss topics with others, are sent a study guide and are assigned a tutor to support them via email or phone.

University of Stirling
www.stir.ac.uk

The University of Stirling provides a distance blended learning course including web-based materials, campus days with face to face contact and use of video-conferencing. Their MSc in Health and Wellbeing of the Older Person contains three core modules that are focused on older person care, plus two additional specialist modules. The 15-week modules are at SCQF level 11 and include 'exploring the complexities of caring for the older person’, ‘anticipating and enhancing the health and wellbeing of the person with dementia in practice settings’ and ‘partnership in care for managing long-term conditions’.

In summary, there are a range of courses available, both for those interested in a specific topic area, and those who are looking for an overall more rounded course, studying at different levels to meet what needs you may have. It’s worth hunting around to investigate which is the best course for you.
Feedback or biofeedback is often the first treatment offered. Women who had regular and repeated contact with the person who taught them to do the exercises and monitored their progress were more likely to report they were improved after treatment. Pelvic floor muscle training also helps women with all types of incontinence although women with stress incontinence who exercise for three months or more benefit most.

Exercise for the pelvic floor muscles is often the first treatment women are offered. Women who had regular and repeated contact with the person who taught them to do the exercises and monitored their progress were more likely to report they were improved after treatment. Pelvic floor muscle training also helps women with all types of incontinence although women with stress incontinence who exercise for three months or more benefit most.

Feedback or biofeedback are used as ways to teach women to contract the correct muscles, learn when and how to contract the muscle to prevent leakage, assess whether the muscle contraction is improving over time, and can be used as a ‘trainer’ for repetitive exercising. A common method of feedback is for the health professional to feel the pelvic floor muscles during a vaginal examination and describe how well the muscles squeeze and lift when the woman contracts them. Biofeedback uses a vaginal or anal device to measure the muscle squeeze pressure or the electrical activity in the muscle. The device gives this information back to the woman using the device as a sound (for example, the sound gets louder as the squeeze increases) or a visual display (for example, more lights meaning a stronger squeeze). There was some evidence that adding biofeedback was beneficial. However, it was not clear whether this was the effect of the biofeedback device itself. It is possible that the benefit came from spending more time in clinic with the doctor, nurse or physiotherapist.

Vaginal cones are cone-shaped weights that can be inserted into the vagina, and then contracting the pelvic floor muscles to stop the weights from slipping out again. The use of vaginal weights is better than having no treatment but not more effective than other treatments, such as pelvic floor muscle training without the weights, and electrical stimulation of the pelvic floor. Some women find vaginal weights unpleasant or difficult to use, so this treatment may not be useful for all women. However it is difficult to say what happens to women with stress urinary incontinence in the longer term.

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Bladder training encourages people to extend the time between going to the toilet so that continence might be regained. This can take months to achieve but may help people who are physically and mentally able to use this method.

The limited evidence available suggests that bladder training may be helpful in treating urinary incontinence but this is not definite.

Fixed interval of voiding (going to the toilet) is thought to be common in aged care homes for people who require assistance from other people for toileting and continence care. Reductions in the number of incontinence episodes were reported in two trials. However, there is not enough evidence on the effects of timed voiding for the management of urinary incontinence.

Habit retraining involves identifying an incontinent person’s toileting pattern and developing an individualised toileting schedule to pre-empt involuntary bladder emptying. However there is not enough evidence on which to judge whether or not there is sufficient improvement in continence to make a habit-retraining programme worthwhile.

Prompted voiding (going to the toilet) is a behavioural therapy used mainly in North American nursing homes. It aims to improve bladder control for people with or without dementia using verbal prompts and positive reinforcement. There is suggestive evidence of short-term benefit from prompted voiding, but it is not known if this persists. Prompted voiding is also resource-intensive for nursing staff and carers time and this hinders its wider use.
Caring for Older People - a shared approach

Caring for Older People introduces and describes collaborative ways of working, ensuring that those caring for older people are better equipped to provide consistently high-quality care that can make a positive difference. It has been described as equipping the reader with key skills that can be used to challenge poor ways of working and to identify methods through which inadequate provision can be turned around.

This book is divided into two sections: underpinning principles followed by developing practice.

The first section presents an evidence based framework developed in collaboration with older people, families and staff that was implemented by student nurses undertaking a care of the older person module. Christine Brown Wilson takes the reader step by step through different approaches to nursing care and shows clearly how that care can move from being a task-focused to a person-focused experience. Individualising care is the first step towards developing a person centred approach and requires staff to get to know the older person reflecting their choices, likes and dislikes into their plan of care. Examples from practice demonstrate how this is possible and the impact small things have on the wellbeing of an older person. The role of family caregivers is becoming increasingly important when caring for older people, but their needs are not always seen as of equal importance. Relationship centred care recognises that everyone involved in the care-giving relationship has needs of equal value and the book provides practical suggestions for how care might be organised to ensure all needs are met.

The second section of this book focuses on developing practice and presents practical strategies for how nurses can develop practice in the acute, community and long term care setting. Challenging some of the myths and stereotypes of older people, this section explores how the living and care environment influences physical functioning such as continence, nutrition and falls.

Practice scenarios are provided along with an in depth case study that demonstrates how to integrate an older person’s biography in the assessment and planning of care. These scenarios demonstrate how nurses can integrate this information into their professional assessment resulting in care that matters to the older person, family caregivers as well as staff.

Throughout this book, the value of recognising the contribution of older people, families and staff together is demonstrated. Achieving this requires motivation and teamwork on the part of staff and leadership from key figures in the organisation to ensure person or relationship centred practice.

“Caring for Older People - a shared approach is insightful, accessible and timely.”

Liz Williams
University of Glamorgan

Dr Christine Brown Wilson has extensive experience of working with older people in the health service and long term care for the past 30 years. She works for the University of Manchester where her teaching and research focuses on gerontology. She is currently on secondment in Singapore where she is Programme Director for the BSc. (Hons) Nursing Practice and Director of Operations.
Julia Herbert

Here we speak with our incontinence expert Julia Herbert and ask the expert the questions…

What is your current position and what was your career path that took you there?

I am an independent practitioner working as a specialist physiotherapist in women’s health and continence care. I am self-employed and work freelance; I am the Clinical Director for Femeda Ltd. a small start-up company developing products for women with bladder problems. I also see patients in my private practice, lecture nationally and internationally and I am one of the clinical leads for the Bradford University Masters module in Continence for Physiotherapists. I am also a Trustee for the Bladder and Bowel Foundation a UK charity promoting continence care to the public.

I qualified as a physiotherapist in 1982, started working in women’s health in 1984 and have worked in various settings in the NHS in both acute and community care.

What changes in elderly care do you anticipate in the next few years?

I think we will see an improvement in medications to help improve the management of diseases such as Parkinson’s, multiple sclerosis and dementia.

What challenges do you face in your current position and which has been the greatest one?

My work with Femeda has been both exciting and challenging. I think the biggest challenge in the last year has been overcoming my lack of confidence and understanding about statistics. With the help and support of Professor Oldham; whilst still by no means an expert, I am now able to talk with confidence about statistical analysis.

In your opinion, what are the top 3 issues affecting the care of older people?

1. A lack of time to give to elderly people when they are admitted into an acute care setting. In the current climate of shrinking resources it is concerning that there are less staff available on wards but there is a growing elderly population who will need to access services. In these situations even the basics of making sure that an elderly person can eat and drink adequately can easily be overlooked.

2. A lack of awareness of continence issues – the prevalence of bladder and bowel dysfunction increases in the elderly but often the ability to control these functions is not assessed.

3. The impact of dementia on the ability to control bladder and bowel. There needs to be an improved awareness of how dementia and deteriorating mental health impacts on the ability to control the bladder and bowel and how to assist in maintaining the elderly person’s dignity when these functions are failing.

What experience has influenced your career the most?

I think that the patient satisfaction of improving the bladder or bowel problems is what has kept me motivated to continue in my job. When patients describe that I have helped them in ‘getting their life back’ that is great. I hope that my work will allow even more women to overcome their bladder problems and improve their life.

I do also get a ‘high’ from teaching and sharing my knowledge with new people coming into the speciality.

If you hadn’t become a physiotherapist, what might you have done?

I really enjoy interior design so possibly that might have been a career pathway?

What is your current position and what was your career path that took you there?
What advice would you give to someone contemplating following in your footsteps?

I still think physiotherapy is a great career with so many different areas in which you can specialise. I do not regret having chosen my career as a physiotherapist and although it is not the most ‘sexy’ aspect of physiotherapy, working in the speciality of continence and women’s health is definitely an interesting and rewarding area to work in.

What do you enjoy doing when you are not working?

I like to have some down time with my family and love to get out on a lovely sunny day into the Lancashire countryside with our dog ‘Harry’.

What do you do in a typical working day?

Since leaving my part-time NHS job at the end of 2011, my working life is never the same one day to the next. I could be at home in my private practice seeing patients or working in my office on a literature review or report. Over the last 2 weeks I have been away teaching on two of the Women’s Health specialist courses for our professional group (ACPWH) in Suffolk and Goole. I sometimes get really exciting trips like going to Beijing for the International Continence Society meeting last October and travelling to South Africa to teach at the South African Urogynaecology Society meeting in Cape Town in January this year.

If you were stranded on a desert Island what would be your one luxury?

A radio – I don’t like being completely on my own for long periods so at least the radio could keep me company and I could keep up to date with what is going on in the world.

Who would you most like to work with?

I would love to have the opportunity to work with an American Urogynaecologist called John de Lancey. He is such a ‘fan’ of the pelvic floor muscles and their role in female health and he has carried out a lot of interesting research into their function. He is also an extremely inspirational man.

Julia Herbert
Specialist Physiotherapist in Women’s Health and Continence Care
Slips, trips and falls are a major problem that can have disastrous consequences for health, mobility and confidence. Our next quarterly issue of Innov-age will focus on this important area by sharing thoughts on Falls and Falls Prevention, as well as other health and eldercare issues...

We will introduce you to our resident falls expert, Emma Stanmore, who will share some thoughts on the reasons why we fall and how we might reduce or prevent them happening. Emma will also share a little about herself in our Spotlight On... You will also hear more from Alex as he shares some further challenges in caring for his mum.

We will also be able to share with you some thoughts on investment in the social aspects of eldercare from the Senior Programme Manager of NESTA – an organisation promoting innovation in the UK. In addition Tracey Howe will share with us some of the excellent work being undertaken by the Cochrane Collaboration by summarising the findings of some of the reviews relating to falls.

To subscribe for free or comment on any of our features please email the team at info@innov-age.org and visit our website www.innov-age.org for more information.