

Managing Faecal Incontinence (FI) in people with advanced dementia resident in Care Homes: emergent findings for discussion from a realist review

Bridget Russell on behalf of the FINCH team



Care Homes

- Approximately 17,500 care homes in England
- Two thirds residents living with dementia, a third of whom have 'advanced' dementia
- Prevalence of incontinence highly variable in care homes = quality of care?

Realist Reviews: A theory driven approach – Pawson, Wong

- *What* works for *whom* under what *circumstances*, how and *why*?

Four Stages

- *Initial scoping*: interviews, and a preliminary literature review; theoretical propositions
- *Iterative review* of data sources (primary research, reviews and professional accounts)
- *Review and refinement* of the emergent programme theories
- *Recommendations*

WONG et al. (2013) RAMESES publication standards: realist syntheses. BMC Medicine 11:21

PAWSON, GREENHALGH, HAERVEY and WALSHE (2004) Realist synthesis: an introduction, ESRC, Research Methods Programme

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FINCH study: Evidence review of “what works when in what circumstances”

- Few intervention studies
- Resident distress, dermatitis, weight loss, dehydration, delirium, pain and discomfort, hospital
- Negative impact on quality of life/dignity
- Contributes to isolation & reduced interactions
- Affects staff morale
- Cost implications

Multiple possible 'causes'

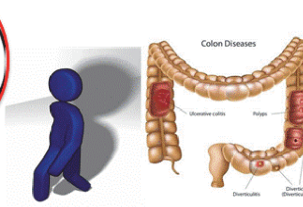


constipation

Communication



Assessment
Knowing the
resident



How to define FI for this population?

- Starting definition

“leakage of solid or liquid stool which is a social or hygienic problem” (Norton et al 2009)

- EXPANDED to include definition that considers dementia i.e. behavioural incontinence

“The voiding of urine or faeces either following an unsuccessful effort, or with no apparent attempt to employ an acceptable facility (e.g. toilet, commode, urine bottle)” (Stokes 2013)

Stokes proposes a checklist of toileting difficulties where incontinence is one of 9 causes/contexts.

NORTON, C. & WWHITEHEAD 2009. Conservative and Pharmacological Management of Faecal Incontinence in Adults. In: ABRAMS, P., CARDOZO, L., KHOURY, S. & WEIN, A. (eds.) *Incontinence*. 4th ed. Paris: Health Publication Ltd.

STOKES, G. 2013. Toileting difficulties or incontinence? Changing the landscape of dementia care. *British geriatrics Society Bladder and Bowel Conference*. British Geriatrics Society.

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Emergent findings

- 62 studies included, 39 continence specific, of which 15 FI specific, 18 offered transferable learning (e.g. CH intervention seeking practice change)
- Surprisingly little transferable learning about nutrition/hydration/mobility and person centred care that could inform continence care in care homes
- SILO working: dementia seen as a risk factor for incontinence, 20 continence studies that included people living with dementia, 16 had an 'assessment' for dementia but only 1 considered impact of dementia on uptake of intervention
- Unintended consequences of single issue interventions in care homes
- Almost no evidence on environmental adaptations

Emergent findings – study outcome measures

Theme	Study title	First author (year)	Study outcome measure
Continence	Improving and ensuring best practice continence management in residential aged care.	Heckenberg (2008)	Six criteria based on Canadian nursing standards for continence care.
Dementia or CI	Caring for People with Dementia Disease (Dd) and Working in a Private Not-for-Profit Residential Care Facility for People with Dd	Ericson-Lidman (2014)	Thematic analysis of interviews: 'Struggle to do PCC' 'Ambiguous work situation'
Dementia CI and Continence	Physical Environmental Cues to Reduce the Problems of Incontinence in Alzheimer's Disease Units	Namazi (1991)	Pre-post-test comparison of the frequency of entering toilet cubicles by residents (observation)

ERICSON-LIDMAN, E., LARSSON, L. L. & NORBERG, A. 2014. Caring for people with dementia disease (DD) and working in a private not-for-profit residential care facility for people with DD. *Scand J Caring Sci*, 28, 337-46.

HECKENBERG, G. 2008. **Improving** and ensuring best practice continence management in residential aged care. *Int J Evid Based Healthc*, 6, 260-269.

NAMAZI, K. H. & DINATALE JOHNSON, B. 1991. Physical environmental cues to reduce the problem of incontinence in Alzheimer's disease units. *American Journal of Alzheimer's Care and Related Disorders & Research*, 6, 22-28.

Most promising theory so far

When the intervention's approach fits with the care home work flow and a shared understanding of "doing the right thing" [Theory 1]

What is "Doing the right thing"?



FINCH – some putative examples of CMOs

Resource	Context	Mechanism	Outcome
Prompted voiding plan implemented in specialised unit... (NB US study of UI, 25yrs old)	...resident returns to usual CH with a successful PV plan CH & staff receive the plan & instruction	Performance feedback	Patients were 10% drier post intervention than @ baseline & still significantly drier at 3 month follow up.
Regulation / financial incentives require proof of continence assessment	Staff belief that incontinence inevitable in older people	Triggers focus on assessment for pad requirement rather than a continence assessment	No promotion of continence or reassessment on clinical need
Increased choice of mid-morning & afternoon drinks and improved presentation.	The provision of extra fluids presented as a social activity and supported by extra staff.	<i>Residents interest in the social event provided by the arrival of the morning and afternoon drinks trolleys.</i>	Less constipation and less laxative use.

ENGEL, B. T., BURGIO, L. D., MCCORMICK, K. A., HAWKINS, A. M., SCHEVE, A. A. S. & LEAHY, E. 1990. Behavioral treatment of incontinence in the long-term care setting. *Journal of the American Geriatrics Society*, 38, 361-363.

MANDL, M., HALFENS, R. J. & LOHRMANN, C. 2015. Incontinence care in nursing homes: a cross-sectional study. *J Adv Nurs*, 71, 2142-52.

OSTASZKIEWICZ, J., O'CONNELL, B. & DUNNING, T. 2015. *RE: Night-time continence care in Australian long-term aged care facilities: Findings from a Grounded theory study.*

ROBINSON, S. B. & ROSHER, R. B. 2002. Can a beverage cart help improve hydration? *Geriatric Nursing*, 23, 208-211.

Opening the black box of education and training for care home staff: Stein-Padbury et al 2012

- **Experiential learning**, linked with **how they worked** linked with how to achieve **outcomes**
- Change champions: **2 care workers** per care home
- **Acknowledged the challenges** care home staff face
- Addressed stigma
- Need for empathy and how to work with people with dementia
“**feeling, knowing and engaging with the environment of their practice**”
- Ongoing **support** from research team
- **Targeted particular residents**

Key points

Dementia only considered as a risk factor

- *Almost* no guidance for care home staff on managing continence care at each stage of the trajectory
- Education and training
- Stigma
- Nihilism
- Symptom assessment
- Physical activity
- Hydration
- Signage

Important contextual factors but not sufficient to trigger outcomes

Most promising approaches?



The natural technique to sitting on a toilet is to counter-balance the buttocks as they push out over the toilet. A squatting action is used by bending the knees and leaning forward, thereby moving the torso forward.

This action keeps the weight evenly distributed over the stable standing base.



In this photograph Angela demonstrates that if she does not bend at the hips it makes it extremely difficult for her to sit on the toilet.



Rachael shows that if Angela stiffens, her centre of balance is lost and her weight pulls away from her.

Rachael attempts to counter-balance Angela's weight by bending her knees and holding her own weight back.

DO NOT do this.

Continuing to attempt to position a person on to the toilet, who becomes rigid during the transfer, is likely to result in injury.



Angela mimics losing her balance and grabs Rachael by the blouse.

Angela is now on the verge of falling and if she does Rachael may also sustain a back injury by attempting to stop her from falling.



The correct technique is for Rachael to support Angela's upper body with one hand, by holding her shoulder, whilst using her other hand to push down on Angela's hip, to encourage her to bend at the hip and sit down.

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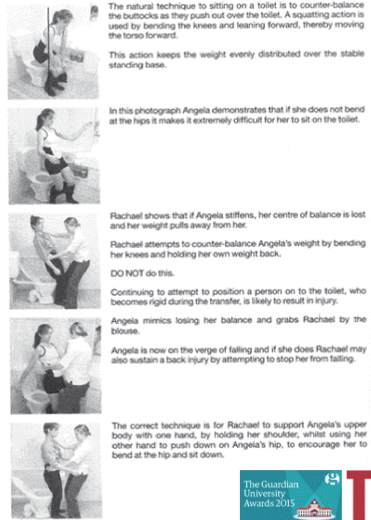
The Guardian
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Awards 2015
Winner



Key points - Most promising approaches?

Those that address:

- How junior care home staff understand personal and intimate care and their responsibilities for care
- The particular challenges that someone with dementia encounters when toileting or using continence aids/pads
- The integration of person centred care with clinician led continence assessment and review addressing secondary causes of FI (e.g. prescribing and constipation)



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ONE HUNDRED
UNDER
FIFTY

Acknowledgement and Disclaimer

This project is supported by the National Institute Health Research (NIHR) HTA project 13/75/01 Managing Faecal Incontinence in people with advanced dementia resident in Care Homes, a realist synthesis of the evidence (FINCH study). It will be published in full in Health Technology Assessment (www.hta.ac.uk)

The views and opinions expressed are those of the authors and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.



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Thank you

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