56% of long term care facility residents experienced urinary incontinence, but only 10% of residents were on a program for bladder training, according to CMS 2010 OSCAR data, derived from the results of long term care facility surveys. The data shows a high rate of incontinence for residents who are actually low risk for incontinence. Surveyors examine how facilities assess urinary function, identify types of incontinence, and implement individualized care plan interventions to address each resident’s particular needs.

The surveyor guidelines stress that identifying the nature of the incontinence is a key aspect of the assessment.

Interventions and programs should be specific to the type of incontinence:

**Urge Incontinence**

The most common cause of urinary incontinence in elderly persons

Urgency, frequency, and nocturia

Resident can feel the need to void, but is unable to inhibit the urge long enough to reach the commode

Causes are: age-related, neurological, bladder infection, urethral irritation
Stress Incontinence

Second most common type of urinary incontinence in elderly women
Loss of small amount of urine with physical activity such as coughing, sneezing, laughing, walking stairs or lifting

Overflow Incontinence

Occurs when the bladder is distended from urine retention
Symptoms may include: weak stream, hesitancy, intermittency, dysuria, nocturia, incomplete voiding, frequent or constant dribbling
May be caused by obstruction or neurological condition
May mimic urge or stress incontinence, but is less common than those

Functional Incontinence

Secondary to factors other than inherently abnormal urinary tract function
May be related to: physical weakness or poor mobility/dexterity (poor eyesight, arthritis, stroke, contracture, cognitive problems, medications, or environmental factors

Transient Incontinence

Related to a potentially improvable or reversible cause
Temporary or occasional incontinence from variety of causes such as delirium, infection, medication, increased urine production