Adult Urinary Incontinence: Assessment, Intervention, and the Role of Clinical Health Psychology in Program Development

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Urinary incontinence (UI) is a disorder receiving little attention from clinical health psychologists. This paper establishes the importance of addressing the issue of UI within the clinical and research practices of clinical health psychologists. Over 10 million Americans suffer from loss of bladder control. Incontinence affects over half of older individuals in long-term care institutions, about one-third of hospitalized elderly, and up to 30% of Americans over the age of 60 living at home. Because of social stigma and misconceptions attached to urinary incontinence, it is estimated that less than half of those affected see a physician about their condition. Since UI is generally associated with medical, social, psychological, and economic consequences, a multidisciplinary perspective is important because these factors are integral in the selection of appropriate treatment. Definitions of UI, its incidence and costs, and brief reviews of treatment and management techniques are presented. Psychological sequelae and treatments are presented as a foundation for developing further treatment and research approaches. Guidelines for collaboration and consultation by clinical health psychologists with medical professionals in the area of UI are also discussed.

KEY WORDS: urinary incontinence; psychological treatment and assessment; program development.

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INTRODUCTION

The role of clinical psychologists in medical settings is expanding significantly to include a wide range of medical problems (Sweet, Rozensky & Tovian, 1991). From the present literature review, however, adult urinary incontinence (UI) appears to be a disorder receiving little attention in health psychology. UI presents concerns for public health professionals, physicians, nurses, and psychologists due to its high incidence, its medical implications, and its psychological sequelae. It also imposes a large financial burden on the patient, his or her family, and society.

The number of patients with urinary incontinence who are not successfully treated, either medically or psychologically, remains surprisingly high due to several factors, including underreporting by patients, underrecognition as a significant clinical problem by health providers; lack of education of health providers regarding new research findings, inadequate staffing in long-term care settings, and persistent major gaps in understanding the natural history, pathophysiology, and most effective treatments of the common forms of UI. The amount of basic research as well as research focusing on prevention is meager (National Institutes of Health Consensus Development Conference, 1988). The purpose of this article is to stimulate the interests of clinical health psychologists in UI, offer resource information, and, hopefully, urge further clinical and research approaches to this population.

Definition

Incontinence is a symptom, not a disease (Orzech & Ouslander, 1987) and can result from pathologic, anatomic, or physiologic conditions within the urinary system or elsewhere in the body. UI is a condition in which involuntary loss of urine can be a social or hygienic problem and is objectively demonstrable (Ory, Wyman, & Yu, 1986). Many causes of UI can be reversed, such as infection, atrophic vaginitis, acute confusional states, restrictions in mobility, fecal impaction, and the side effects of drugs. Longer term or permanent causes of UI include diabetes, stroke, cerebral palsy, multiple sclerosis, prostate enlargement, cancer, spinal cord injuries, and birth defects such as spinal bifida (American Association of Retired Persons and Simon Foundation, 1993). Depending on the underlying cause, the bladder may malfunction in different ways resulting in several types of UI.