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The Management of Faecal Incontinence in the Elderly: Perspectives on current policy and practice.

Dr. Warren Gillibrand RN, M.Sc. PGCE, PhD, FHEA, PGCEP

Senior Lecturer Adult Nursing

Chair of the M.Sc. Course Ethics Panel

Deputy Chair of the School of Human and Health Sciences Research Ethics Panel (SREP)

University Ethics Representative, UTLC

Division of Podiatry and Clinical Science

Department of Health Science

University of Huddersfield

Ramsden Building Room RG/11

Queensgate

Huddersfield

HD1 3DH

Tel: 01484473689

e-mail: w.p.gillibrand@hud.ac.uk

Faecal incontinence in the elderly, community-based population, is an important daily practice issue for community nurses, and poses particular sensitive intervention and care challenges. Prevalence estimates from various studies indicate that approximately 10% of the elderly suffer from chronic faecal incontinence, however this figure could rise to 25% in a nursing home population (Whitehead et al. 2009, NICE 2014). Faecal incontinence, is often a taboo subject and people who face this issue experience feelings of loss of dignity, embarrassment, social isolation, depression and loneliness (Stenzelius et al. 2007, Razjouyan, Prasad & Chokhavatia 2015). Elderly people suffering from this debilitating condition also increase the burden of care to their family, care-givers and health care services (Alavi et al. 2015). Care and intervention that is focussed on individual needs is at the forefront of modern nursing practice, and when effective management of faecal incontinence is achieved, this can have a significant effect on the patient's quality of life, self-esteem, dignity and social inclusion (Ousey et al. 2010, Gillibrand 2012).

Introduction

A core aspect to nursing practice has always been to address the elimination needs of patients in their care. This is no more apparent in community nursing practice, when providing complex interventions to the elderly, who live with chronic faecal incontinence. Therefore it is important that community nurses are knowledgeable, and able to implement current guidelines and evidence – based practice in the care of the elderly with faecal incontinence. Community nurses are highly competent in managing faecal incontinence, and are ideally placed to lead developments and implement state of the art practice, however, in any area of practice, continuing education and training is needed, especially when considering new policy and intervention strategies. This article aims to provide the reader with an update on current policy and practice, with recommendations for service improvement, future possibilities for intervention and enabling self-management within a framework of family and social care.

Current Policy

A specific quality standards policy on the issue and management of faecal incontinence in adults was produced by NICE (2014) in response to the increasing need for formal standardised guidance, and in addition to the NICE current practice guide (NICE 2007). This was also in response to a growing need that services in the community were of high quality and equitable across the primary care sector, including nursing and care homes. The NICE (2014) standards particularly highlight and focus on the issue in an ever-increasing elderly population and efforts to develop self-management and close care-giver strategies should be increased, to prevent more elderly patients being housed in nursing homes, because of incontinence management issues. The quality standard emphasises the link to three major NHS and Social Care policy drivers, the Adult Social Care Outcomes Framework 2013-2014, (Dept. of Health 2013a), the NHS Outcomes Framework 2014-15, (Dept. of Health 2013b) and the Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, (Dept. of Health 2015). The quality standard policy re-iterates that faecal incontinence can affect a significant proportion of the elderly population, can be hidden due to embarrassment, and is often a symptom experienced co-jointly with urinary incontinence. The policy also makes clear that improvements in faecal incontinence management should be directly linked to improvements in the individuals' quality of life, particularly for those who have care and social support needs.

Specific reference is made in the policy for the need to develop, commission, and implement an integrated service level faecal incontinence care pathway, which is person-centred, and of high quality in the full range of care delivery settings. Furthermore the key role of family care givers is acknowledged and the need for education and training to be on-going for all stakeholders and those

who have a responsibility in delivering care to the elderly with faecal incontinence. The policy is framed within five main quality of care statements, which are detailed in Table 1. (Insert Table 1)

The standards are measured for achievement via the National Audit of Continence Care (Healthcare Quality Improvement Partnership 2010) who publish nationally collected data collected at a local level, every 4-6 years.

Nursing Practice and Faecal Incontinence Management

The cornerstone of community practice in continence interventions, is a comprehensive individual patient assessment, which includes a range of important parameters (Gillibrand 2012). The assessment should, in the first stages, be aimed at identifying factors which may be causing the faecal incontinence, with a primary outcome aim of preventing the incontinence. Some authors have purported the use of assessment tools, e.g. the Faecal Incontinence Quality of Life Scale (Rockwood 2000), or Faecal Incontinence Severity Index (Madoff et al. 2004) to aid in determining the most appropriate intervention strategy. However, the criticism of such scales are that they are time-consuming, not individualised enough, do not account for the experience of the patient, family care giver or practitioner, and the informed clinical judgement and decisions the community nurse will make competently and expertly. The NICE (2014) policy details examples of care pathways in the management of faecal incontinence , which can be viewed on-line as they are subject to update in response to changes in the evidence base (See https://pathways.nice.org.uk/pathways/faecal-incontinence/faecal-incontinence-overview#content=view-index&path=view%3A/pathways/faecal-incontinence/managing-faecal-incontinence.xml**).** However in terms of chronic faecal incontinence in the elderly, it is probably more pertinent for community nurses to focus on the long –term strategy recommendations;

- “Give advice on the preservation of dignity and, where possible, independence.
- Offer psychological and emotional support, possibly including referral to counsellors or therapists if it seems likely that people's attitude towards their condition and their ability to manage and cope with faecal incontinence could improve with professional assistance.
- Perform at least 6-monthly review of symptoms.
- Enable discussion of other management options (including specialist referral).
- Provide contact details for relevant support groups.
- Offer advice on continence products and information about product choice, availability and use.
- Offer advice on skin care.
- Offer advice on how to talk to friends and family.
- Assist in planning travel and advise carrying a ‘toilet access card’ or ‘RADAR key’.
- Consider options for long-term management for people who prefer symptomatic management to more invasive measures”. (NICE 2014).

Summary

The prevention and management of chronic faecal incontinence in the elderly remains an important, but often reluctant to discuss, issue, that is relevant to community nursing practice on a daily basis. The fact that NICE and the Department of Health continue to audit and publish updated policy and guidelines, suggests that faecal incontinence receives due cognisance and importance in national service development and delivery. However, given the severe financial constraints the NHS is facing currently, and the continued shortage of community nurses, it remains challenging to optimise care for vulnerable and dignity-compromised patients with faecal incontinence. Continued research, education and training, it is argued, are vital in developing improved nursing interventions in the prevention and management of faecal incontinence. Involving the person and family/ care givers

centrally in individualised care planning, and exploring self-management strategies, it is hoped, will improve quality of life and outcomes in the elderly living with faecal incontinence.

Table1: The NICE (2014) Five Quality Statements for the Care of Adults with Faecal Incontinence.

Statement	Quality Standard
1. Identification in high risk groups.	Adults in high-risk groups for faecal incontinence are asked in a sensitive way, at the time the risk factor is identified and then at times according to local care pathways, whether they have bowel control problems.
2. Baseline Assessment.	Adults reporting bowel control problems are offered a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.
3. Coping with Symptoms.	Adults with faecal incontinence and their carers' are offered practical support, advice and a choice of appropriate products for coping with symptoms during the period of assessment and for as long as they experience episodes of faecal incontinence.
4. Initial Management.	Adults with faecal incontinence have an initial management plan that covers any specific conditions causing the incontinence, and diet, bowel habit, toilet access and medication.
5. Specialised Management	Adults who continue to experience episodes of faecal incontinence after initial management are offered referral for specialised management.

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