Re: Lower Urinary Tract Symptoms in Elderly Population with Multiple Sclerosis

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Int Neurourol J 2018; 22: 58–64. doi: 10.5213/inj.1835054.527

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/29609425

Editorial Comment: Multiple sclerosis (MS) is a common neurological disorder associated with bladder storage and voiding dysfunction. Many patients experience lower urinary tract symptoms associated with MS, and symptoms may change or progress through time depending on overall neurological status. Although MS is often diagnosed in young or middle-aged individuals, older people with this condition also tend to have urinary problems.

This retrospective case-control study compared 2 age groups with MS (individuals age 65 years or older vs younger than 65 years) and examined clinical and urodynamic parameters. Cases and controls were matched on the specific subtype and severity of MS. The only major urodynamic difference was decreased maximal urethral closure pressure in the older patients. Older and younger male patients had no significant differences in either clinical or urodynamic parameters. Older women tended to have a slower urinary stream but also received less urological treatment compared to younger women. Interestingly lower urinary tract symptoms appeared to be comparatively less bothersome to the older women, perhaps because they had learned to adapt to the symptoms.

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Suggested Reading

Mauruc E, Guinet-Lacoste A, Falcou L et al: Nocturnal urinary disorders and multiple sclerosis: clinical and urodynamic study of 309 patients. J Urol 2017; 197: 432.

Koldewijn EL, Hommes OR, Lemmens WA et al: Relationship between lower urinary tract abnormalities and disease-related parameters in multiple sclerosis. J Urol 1995; 154: 169.

Re: Health Literacy, Cognition, and Urinary Incontinence among Geriatric Inpatients Discharged to Skilled Nursing Facilities

J. A. Cohn, A. S. Shah, K. M. Goggins, S. F. Simmons, S. Kripalani, R. R. Dmochowski, J. F. Schnelle and W. S. Reynolds

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Neurourol Urodyn 2018; 37: 854–860. doi: 10.1002/nau.23368

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/28762548

Editorial Comment: Transitions between different clinical settings have recently gained attention as a point where care for older adults could potentially be improved. This study examined urinary incontinence and association with underlying clinical factors in a cohort of geriatric patients transitioning from acute hospital care to skilled nursing facilities. Incontinence was assessed by nursing reports and patient self-reports. Overall health literacy, risk of depression and cognitive status were measured using validated instruments. The data demonstrated that poorer health literacy, poorer cognition and more need for assistance with toileting were associated with higher rates of urinary incontinence as documented by nursing staff. Worse scores on the screening tool for depression were associated with increased rates of self-reported incontinence. Need for toileting assistance, which was the predominant risk factor, increased the odds of self-reported and nursing reported urinary incontinence by 2.5-fold and sevenfold, respectively.
Cognitive impairment may contribute to issues with poorer health literacy, which in turn can make successful treatment of urinary incontinence more challenging. Providers caring for older individuals may want to screen for these issues, particularly around the time of transitions between care settings, to help identify those at risk.

Re: Urinary, Bowel and Sexual Health in Older Men from Northern Ireland

D. W. Donnelly, C. Donnelly, T. Kearney, D. Weller, L. Sharp, A. Downing, S. Wilding, P. Wright, P. Kind, J. W. F. Catto, W. R. Cross, M. D. Mason, E. McCaughan, R. Wagland, E. Watson, R. Mottram, M. Allen, H. Butcher, L. Hounsome, P. Selby, D. Huws, D. H. Brewster, E. McNair, C. Rivas, J. Nayoan, M. Horton, L. Matheson, A. W. Glaser and A. Gavin

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BJU Int 2018; 122: 845–857. doi: 10.1111/bju.14182

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/29489050

Editorial Comment: Rates of various urological conditions tend to increase with advancing age. However, studies have shown that men may be reluctant to discuss these issues with health care providers. Appreciation of baseline epidemiology for these conditions is important to put findings from other studies and overall clinical care into better context.

This study examined population based rates of sexual, urinary and bowel dysfunction in men in Northern Ireland. Among those age 60 years or older 9.3% reported urinary dysfunction, 6.5% had bowel dysfunction and 32.8% reported sexual dysfunction. Identified risk factors for worse issues included more chronic underlying comorbidities, higher body mass index and lower levels of physical activity. Urinary issues and sexual dysfunction were more common with increasing age, and all conditions were seen more often in patients who were unemployed. Several of these factors may be modifiable for some people, including physical activity and body mass index. Better management of comorbid conditions may also help to ameliorate some of these urological issues. Efforts to decrease health inequalities, promote healthier lifestyles and encourage men to seek treatment for these conditions will also help.

Suggested Reading

Markland AD, Goode PS, Redden DT et al: Prevalence of urinary incontinence in men: results from the National Health and Nutrition Examination Survey. J Urol 2010; 184: 1022.

Re: Urinary Incontinence and Sexual Health in a Population Sample of Older People

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BJU Int 2018; 122: 300–308. doi: 10.1111/bju.14177

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/29623691

Editorial Comment: Urinary and sexual health are closely linked. Rates of urinary incontinence (UI) and sexual dysfunction increase with advancing age. Although there has been some research on