

Benefits for continence care through improved initial assessment and treatment in the community

Public health and continence care

Almost 400 million people worldwide suffer from incontinence, a serious medical condition and silent disease that significantly impacts patients' quality of life, mental health and active living.ⁱ Incontinence, is defined as the complaint of any involuntary loss of urine or faecal materialⁱⁱ and is recognised by the World Health Organization as a set of diseases which can occur in any age, but impact older men and women at the same rate of cardiovascular diseases, cancers, musculoskeletal problems, diabetes, mental illnesses and sensory impairments.ⁱⁱⁱ In Europe alone, it is estimated that between 4 – 8% of the total population suffers from this disease and the prevalence of both urinary and fecal incontinence increases with age (depending on gender and population).^{iv}

While the qualitative impact on both patient life and the lives of caregivers has been well documented, the economic burden has been difficult to ascertain because incontinence often goes undiagnosed or is considered to be a consequence of ageing or of another disease. However, there are direct and indirect costs to the health and social care systems which are comparable to global diseases such as arthritis and pneumonia.^v Moreover, such figures do not take account of intangible costs, -such as quantified burden of disease - exist, as well as that the hidden nature of incontinence means many affected individuals do not seek treatment and therefore real costs are likely much higher.^{viii}

Barriers to cost-effective treatment for incontinence

The lack of in depth knowledge of generalist healthcare professionals about incontinence is a major contributor to the costs of continence care in Europe. For example, a literature review showed that the identification of cases of incontinence and the adherence to prescribed treatments, was not delivered well by generalist practitioners.^{viii}

The lack of specialist understanding in this area hinders not only the proper initial assessment of the disease, and the information available to patients/carers about treatment/care options, but also quite often leads to more invasive and more costly treatments than necessary.

Adherence to national or international clinical guidelines is a must, and reimbursement strategies for products and services should also address the different needs of the patients. For example, patients with neurological incontinence have different needs, and are characterized by different patient profiles than older/cognitively impaired patients with incontinence, or younger men/women with urinary and/or faecal incontinence.

Reducing costs and improving care for patients in the community

Specialized continence nurses and systems designed around patient profiles are key factors for implementing optimal continence care and reducing unnecessary costs to the system. Supporting education and training programs for specialized continence nurses in community care throughout Europe will support improved detection, initial assessments and treatment of patients. Greater understanding of patient profiles and funding systems designed around them would result in clearer patient pathways, more transparency and efficiency.

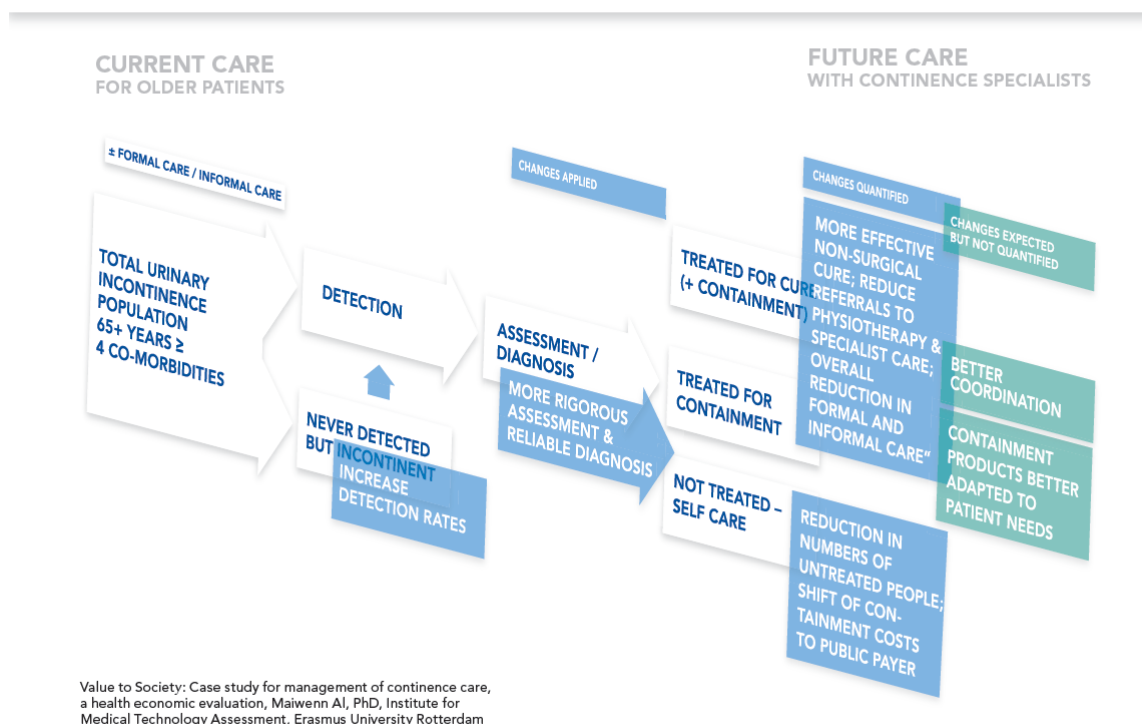
A study in the Netherlands for one patient profile (older/cognitive impaired patients) showed that having a continence nurse practitioner in a GP practice is likely to reduce the level of incontinence, improve quality of life and reduce costs from a payer perspective as well as from a societal perspective.^{ix} These outcomes have also been echoed in the UK where continence nurse practitioner-

led intervention reduced the symptoms of incontinence, frequency, urgency and nocturia at 3 and 6 months. Even more, patient satisfaction with the interventions was rated highly.^x

Instituting policies and educational programs that incentivize better detection and diagnosis of incontinence will become increasingly important given the ageing population of Europe. Policymakers at both European and national levels have a duty to broaden community care services and access to specialized continence nurses so that patients receive optimal care for their particular patient profile from the initial assessment onwards.

CONTINENCE CARE

A HEALTH ECONOMIC EVALUATION



List of References

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