Improving Urinary Continence in Women

Simple techniques make a difference.

Simple self-management techniques are often suggested as a first-line treatment for urinary incontinence, and while they might well help decrease the frequency and amount of urine leakage, not enough research has been done to recommend them as a first step in treatment.

Researchers at the University of North Carolina at Chapel Hill enrolled more than 220 women (nearly two-thirds of whom were middle-aged) who reported urinary incontinence into a study of self-management techniques. All women wore a urine pad, kept a diary of leakage and intake of fluid and caffeine for two days, and completed a questionnaire about the impact of incontinence on their lives. The women then were randomized into two groups. The intervention group received individualized counseling on fluid intake, voiding frequency, caffeine consumption, pelvic floor muscle exercise, and constipation. The control group was taught only the pelvic floor muscle exercise (although they received the rest of the counseling at the end of the study period).

After three weeks, the intervention group showed decreased urine loss, fewer incontinence episodes, and increased quality-of-life scores. The women in the control group had a slight increase in urine loss and no change in quality of life. The intervention was most effective among women who had reported frequent daily incontinence episodes, were over age 65, and were premenopausal or undergoing hormone replacement therapy.

According to study coauthor Molly Dougherty, a nurse, “The results show that symptoms of urinary leakage are improved by simple steps that are within the scope of any nurse’s practice and that women can carry out with limited guidance. This should encourage nurses to ask their patients about urine loss.”


Keeping New RNs in Their Jobs

A year of guidance and support may buffer ‘reality shock.’

Recent research shows that the turnover rate after one year among newly graduated RNs is extremely high. (According to Kovner and colleagues [September], research has shown turnover rates among new RNs ranging from 7.5% to 70%.)

To address this problem, the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACCN) developed a one-year residency program for graduates of nursing baccalaureate programs to help in the transition from student to professional. The program, which includes classroom instruction, “clinical guidance” from a preceptor, and access to help with professional role development, was implemented at six sites originally and has expanded to 34 sites nationwide. Each site involves a hospital member of the UHC and a school of nursing affiliated with the AACCN.

Information on the residents’ “perceptions of skill, development, . . . control over practice, and job satisfaction” have been collected. Analysis shows that participants perceive that their skills in organizing and prioritizing, communication, and clinical leadership improved throughout the residency, while their levels of stress decreased. Residents also felt a constant or increasing level of support throughout the residency. Their job satisfaction and sense of control over their practice declined during the first six months but then recovered. The authors believe that the declines may reflect “reality shock,” or the perception that professional ideals and values were not rewarded in the workplace, and that the residency helped the new nurses recover.

At the end of the program, the turnover rate of nurses who completed the residency was only 12%. This could represent significant cost savings for institutions, in addition to helping new nurses get established in long and rewarding careers.

—Fran Mennick, BSN, RN


NewsCAP

People living along the U.S.–Mexico border are at risk for dengue hemorrhagic fever (DHF), according to the August 10 Morbidity and Mortality Weekly Report. DHF is usually acquired when a person previously infected with the mosquito-borne pathogen is newly infected by a mosquito carrying a different viral strain. DHF is diagnosed when someone with an acute fever develops hemorrhagic tendencies, thrombocytopenia, and evidence of plasma leakage and laboratory evidence shows prior dengue infection. After the first case of locally acquired DHF was reported in a Texas resident in 2005, an investigation found a seroprevalence of dengue infection of 38% in residents of Brownsville, Texas, indicating a high risk of second infections and, therefore, DHF. The incidence of DHF among cases of dengue infection is rising—it rose in Mexico from 2.3% in 2000 to 23.4% in 2006. Early treatment can lower the case fatality rate to less than 1% (from an average rate of 5%).

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