

These notes are for use together with the Colley Model.



Most likely due to the inability to respond appropriately to bladder signals resulting in
FUNCTIONAL URINARY INCONTINENCE
(disability associated urinary incontinence)

AN OVERVIEW OF FUNCTIONAL URINARY INCONTINENCE (FUI)

Functional urinary incontinence may be described as an inappropriate response to bladder emptying signals. Bladder emptying may occur as a result of severe mobility limitations, environmental factors, learning difficulties, poor manual dexterity, confusion, and ineffective support for toileting.

FUI is either due totally to a cause or causes outside the bladder, or exacerbated by factors outside the bladder. Bladder emptying may occur in an inappropriate place.

Urinary leakage is usually a full void. In patients who have mental health problems or cognitive impairment, bladder emptying may occur in a socially unacceptable place.



It is important to assess to identify any bladder symptoms which can be treated. In FUI, there may or may not be underlying, treatable symptoms. It is essential that conditions such as urinary tract infection or enlarged prostate gland for example, are identified and treated.

These notes are for use together with the Colley Model.



Functional Urinary Incontinence
(disability associated urinary
incontinence)
Contributing Factors

CONTRIBUTING FACTORS IN FUNCTIONAL URINARY INCONTINENCE

Severe physical disability

Any physical disability which necessitates assistance for toileting can contribute to FUI.

Impaired manual dexterity

Not being able to adjust clothing for toileting may contribute to FUI.

Mental health problems

Severe mental illness may lead to behavioural problems and inappropriate voiding.

Cognitive impairment

People with cognitive impairment may void in places in which it is not normal or socially acceptable to void.

Learning difficulties

Patients with learning difficulties may not be able to respond appropriately to bladder signals.

Acute confusion

Confusion brought on by acute illness may result in temporary FUI, but always assess for other causes, such as urinary tract infection.

Poor environment

An environment unsympathetic to individual toileting needs may contribute to FUI.

These notes are for use together with the Colley Model.



Functional Urinary Incontinence
(disability associated urinary
incontinence)
Treatment

TREATMENT FOR FUNCTIONAL URINARY INCONTINENCE

Underlying bladder or bowel dysfunction

Assess for and treat any underlying bladder or bowel dysfunction.

Disabilities

Improve underlying disabilities where possible, involving other disciplines. Involve the Occupational Therapist (OT) and Physiotherapist when indicated.

Environment

Ensure all is done to promote continence in the patient's environment. Involve the expertise of the OT.

Mental health problems

Ensure the patient and their medication has been reviewed by their Consultant within a reasonable time frame.

Acute confusion

Ensure reasons for acute illness and confusion are identified and treated.



BEWARE new onset confusion could indicate sepsis. The NEWS2 scoring system should always be used in such individuals. (RCP, 2017).

Observation

Observe the behaviour and voiding pattern of the patient.

Individual toileting programme

Plan an individual toileting programme around the baseline chart.

Prompted voiding

Plan a prompted, timed and individual toileting programme. Or, remind the patient to void at regular intervals, or prompt when their behaviour suggests bladder emptying is imminent.

Absorbent products

Absorbent products are not a 'treatment' as such but the patient may already be purchasing absorbent containment products as a coping strategy. If so, ensure these are fit for purpose and if not, give general advice about where more suitable products can be purchased from. Some product companies may provide samples before purchase.

[View and download Product Information for the NHS and Care Providers here](#)

For further information on a wide range of products available for users, carers and healthcare professionals, follow this [link to the Continence Product Advisor](#)

Reassessment

Ensure that there is a date documented in the patient's record to assess the effectiveness of the treatment plan.

Reference:

Royal College of Physicians. National Early Warning Score (**NEWS**) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.

[National Early Warning Score \(NEWS\) 2](#)