

Incontinence is Underreported and Disproportionately Correlated with Adverse Health Events



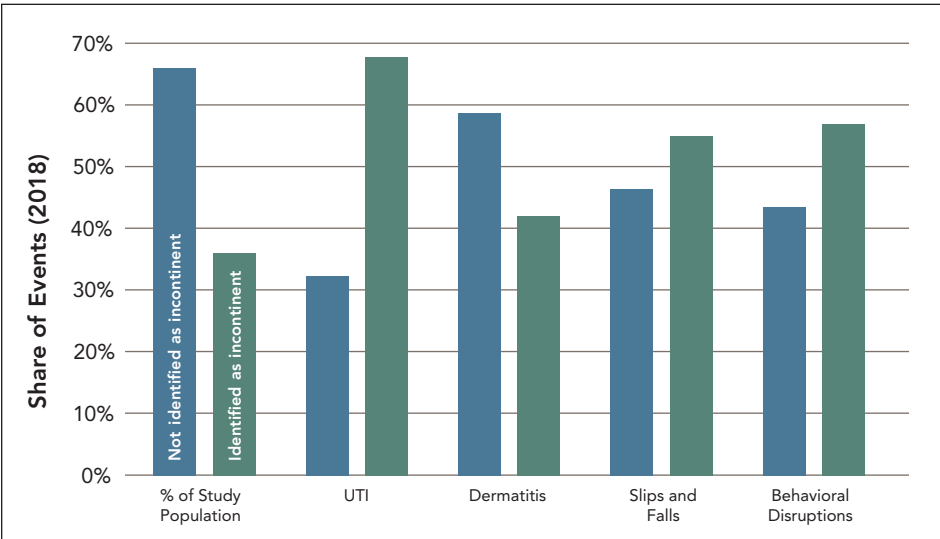
Andrew Stocking, PhD; Ian Duncan, PhD; Karen Fitzner, PhD; Tamim Ahmed, PhD; Nhan Huynh, PhD

Introduction

Millions of individuals ages 65 and older in the U.S. experience incontinence¹, a condition which is reported to have a larger effect on quality-of-life measures than cancer, diabetes or arthritis. Researchers analyzing administrative claims data from 1.2 million Medicare fee-for-service beneficiaries over the age of 65² used a novel approach to identify about 35% of the Medicare population as experiencing urinary, fecal or dual incontinence. Although this is less than the 50% of adults over the age of 65 who are estimated to be incontinent, it is a larger share of incontinent adults than has been identified before in administrative data.

Disproportionate Share of Negative Health Events for those Identified with Incontinence

Researchers identified that the 35% of beneficiaries who are incontinent experience a disproportionate share of four incontinent-related events: 68% of all urinary tract infections (UTIs) events; 41% of all dermatitis events; 54% of all slips and falls; and 57% of all behavioral disruptions.



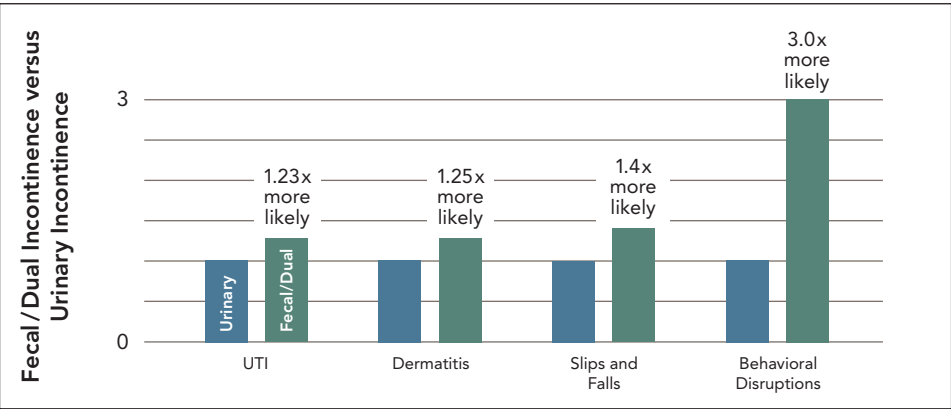
INCREASED EPISODES OF ADVERSE HEALTH EVENTS

Adults with incontinence are significantly more likely to experience related adverse health events. The number of event episodes, on average, per year:

- 5+ Slips & Falls
- 5+ Behavioral Disruptions
- 4+ UTIs
- 2+ Dermatitis Events

Dual Incontinence Further Increases Incidence of Events

For those experiencing fecal or dual incontinence (versus those experiencing urinary incontinence), this study found there is an even higher correlation with negative health events: UTI increases from 39% to 48% (1.23x more likely); dermatitis increases from 8% to 10% (1.25x more likely); slips and falls increase from 45% to 62% (1.4x more likely); and behavioral disruption increases from 5% to 15% (3x more likely).



Conclusion

Using a large dataset, the authors identified a disproportionately large share of reported dermatitis, UTIs, slips and falls, and behavioral disruptions in the 65+ population simply by identifying those with incontinence. The authors acknowledge that they missed some incontinent beneficiaries, which would further increase the proportion of negative health events attributable to those with incontinence. Therefore, organizations that address and properly manage incontinence can:

- Support the desire to age at home
- Reduce the risk of other adverse events
- Improve health and wellbeing
- Ease the burden on caregivers and family

For details on this research, call Tranquility Customer Care at **1-866-865-6101** or for on-demand clinical support, visit **TranquilityClinical.com**.

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1. Incontinence is defined as people experiencing urinary incontinence (UI), fecal incontinence (FI) or dual incontinence (DI)
2. Centers for Medicare & Medicaid Services 2018 Medicare Limited Data Set (5% sample)
Estimating Under-diagnosis of Patients in Chronically-ill Populations
Incontinence and Healthcare Utilization of Medicare Patients