

MEN AND THEIR BLADDER AND BOWEL HEALTH

INTRODUCTION

The purpose of this article is to provide an overview of the findings from a research project that focused on the evidence surrounding men's bladder and bowel health. The research was undertaken in 2008 and was a collaboration between Flinders University, the Research Unit of the Royal District Nursing Service (RDNS) of SA Inc. and The University of Queensland and funded by the Department of Health and Ageing.

The aim was to undertake a systematic review of currently available men's bladder and bowel health literature in order to inform the direction of activities to be conducted as part of the National Men's Continence Awareness Project.

The project was undertaken in a number of stages, which included:

- Systematic Literature Review: Examined quantitative literature, in form of randomised controlled trials and innovative and informative intervention studies, and qualitative literature, published in the last 10 years.
- Identification of grey literature: identification of relevant websites and electronic sources of grey literature, including identification of services and key national and international stakeholders.

WHAT IS THE SIGNIFICANCE OF BLADDER AND BOWEL HEALTH FOR MEN?

Bladder and bowel disorders impact on the lives of people experiencing them, in a number of ways. For example, urinary incontinence, one type of bladder dysfunction, brings with it physical and psychological morbidity through embarrassment (Borrie, Bawden, Speechley & Klooseck, 2002; Day, 2000), shame (Milne, 2000), social isolation (Day, 2000; McGhee *et al.*, 1997; Milne, 2000), depression and decreased sexual activity (Fonda, Woodward, D'Astoli & Chin, 1995), loss of self-esteem and personal dignity (McGhee *et al.*, 1997). Men specifically report the impact of Lower Urinary Tract Symptoms (LUTS) as decreasing their quality of life, increasing the prevalence of depression, altering sleep behaviours and decreasing socialization (Moore & Gray, 2004) and, more generally, their sense of manhood and personhood (Palmer, 2001).

Although there are few studies on what it is like to experience faecal incontinence, expert opinion and an

epidemiology study by Avery *et al.* (Avery J, Gill T, MacLennan A, Chittleborough C, Grant J & Taylor A, 2004) suggest that its effect may be even more severe than urinary incontinence.

Despite the impact that incontinence has, it is still under-reported and under-treated. The general consensus in the literature is that barriers exist for seeking help for those with urinary incontinence. These barriers include the social stigma associated with incontinence (Mitteness L & Barker J, 1995; Roe, Doll & Wilson, 1999), the sense that it is a problem not worth worrying the doctor about (Dugan, Roberts, Cohen, Preisser, Davis, Bland & Albertson, 2001), a belief that it is an inevitable consequence of ageing (Brittain, Perry & Williams, 2001), having little awareness of available treatments and their effectiveness (Branch, Walker, Wetle, DuBeau & Resnick, 1994; Milne, 2000) and the fact that many primary health professionals do not assess or treat the condition (Thekkinkattil D K, Lim M, Finan P J, Sagar P M & Burke D, 2008; Dumoulin C, Korner-Bitensky N & Tannenbaum C, 2007; Morant S V, Reilly K, Bloomfield G A & Chaple C, 2008).

Faecal Incontinence is also largely under-reported (Clemesha & Davies, 2004). Studies in other western countries in the 90s indicated that only 50% of participants with faecal incontinence had reported the condition to a health professional (Johanson & Lafferty, 1996). There is also suggestion that males are more reluctant to report faecal incontinence than females (Nelson, Furner S & Jesudason V, 2001).

HOW COMMON IS URINARY AND FAECAL INCONTINENCE?

Prevalence estimates of urinary incontinence vary considerably due to the variation in applied definitions and measures of severity (Australian Institute of Health and Welfare, 2006). Urinary incontinence amongst Australian men ranges from 2.2-13.0% (Australian Institute of Health and Welfare, 2006). A systematic review of 21 prevalence studies undertaken by Thom (1998), reported a prevalence in older males ranging from 11-34%. Between 32-78% of adults living in long-term care facilities are estimated to experience urinary incontinence (Australian Institute of Health and Welfare, 2006). Prevalence of nocturnal enuresis in males and females aged 16 years of age in Western countries is around 0.8% and 0.5% in the adult population (Hunnskaar, Burgio, Clark, Lapitan, Nelson, Sillen & Thom, 2005).

Expert opinion suggests that male urinary incontinence should not be considered in isolation, but in tandem with

the symptom complexes of LUTS and overactive bladder (Hunskar *et al.*, 2005).

Over 1 million Australian adults residing in our community have been estimated to have faecal incontinence (Chiarelli, Bower, Wilson, Attia & Sibbritt, 2005). Whilst a large body of literature and research, with a gender bias towards females, exists for urinary incontinence (Moore & Gray, 2004), there is a genuine need for prevalence, incidence and risk factor studies of faecal incontinence (Kenefik, 2004; Roe, 1993). Community estimates from the Australian Institute of Health and Welfare for prevalence of anal incontinence, when flatus is included, are put at 5.5%-20% of Australian men and 5.3%-12.9% of Australian women (Australian Institute of Health and Welfare, 2006). Kalantar, Howell and Talley (2002) excluded flatus from their randomized cross sectional population postal survey and reported a prevalence rate of 11.2% of faecal incontinence, 10.8% of whom were males.

DO MEN SEEK HELP FOR THEIR HEALTH CONCERNS?

With regard to physical health, men seek help less often than women, with at least two years having past since their last contact with a physician (Mansfield, Courtenay & Addis, 2005). Furthermore, men generally delay seeking care for most chronic conditions (Jarrett, Bellamy & Adeyemi, 2007). Encouraging men to make more effective use of health services has been considered to be a strategy to improve their health (Robertson, Douglas, Ludbrook, Reid & van Teijlingen, 2008; Smith & Robertson, 2008). There is little published evidence, however, on how to improve men's uptake of health services (Robertson *et al.*, 2008).

The traditional images of masculinity strongly influence men's help seeking behaviours. Patterns of self-referral in men with symptoms of prostate disease indicated that these behaviours were deeply influenced by the need to live up to such images of masculinity (Hale, Grogan & Willott, 2007). The belief that men are to be stoic, self-controlled and self-reliant may be incompatible with the key characteristics of adopting sick roles, such as seeking and complying with medical advice. When men do discuss their health concerns, it is likely to be with less detail.

Furthermore, when seeking support for health care, it is more likely to be from a female partner (Jarrett *et al.*, 2007). In a study investigating factors determining when men with erectile disorder present for treatment, female partners played a major role in determining when men sought help. Forty three per cent of the men seeking help from their general practitioner (GP) did so because of pressure from their partners (Sookdeb, 2007). During focus groups, family physicians indicated that men seek to get the majority of their support for health concerns from their female partners, such that their pattern of seeking support tends to be indirect. They also suggested that men's perceptions of vulnerability, fear and denial are important influences on whether help is sought (Sookdeb, 2007). It may be that health promotion messages aimed at men should begin to incorporate a coupled approach.

Although reluctant to seek help, men have been shown to be anxious about their health. Personal barriers to seeking help identified by these physicians included factors related to a man's traditional social role characteristics, a sense of immunity and immortality, and a belief that seeking help is unacceptable (Tudiver, 1999). Fears about the effects of illness and treatment are major influences on their decision to seek help (Heit, Blackwell & Kelly, 2007). Their delay in approaching their GP has been identified as being due to a range of factors, including their beliefs about symptoms as indicators of serious disease, their ability to hide symptoms and their attitude towards male GPs, who were often considered to have negative attitudes towards male patients (Hale *et al.*, 2007).

Practical barriers to men's access to health services included mobility issues, an unawareness of the availability of treatments and unsure whom to contact for advice. Concern about the doctor's workload was given as a reason for not consulting about non-emergency urinary problems (Horrock, Somerset, Stoddard & Peters, 2004). Even those participants in contact with their GP made their other health problems a priority, especially those who found talking about incontinence embarrassing. For these participants, the length of consultation was felt to be too short to broach and explain a personal matter such as incontinence (Horrock *et al.*, 2004).

While there is a growing interest in health promotion efforts targeting men, with the aim of linking them to a regular source of health care, there are relatively few programs which do so (Jarrett *et al.*, 2007). In the area of bladder and bowel health, a determined, coordinated and comprehensive response to raise the awareness of men's bladder and bowel health is required, if any impact is to be realised.

WHAT WERE THE MAIN FINDINGS OF THE PROJECT?

Systematic literature review

This review sought to answer the question:

'How effective are educational interventions at raising men's awareness of bladder and bowel health?'

The findings of this literature review are summarised in this section.

The major finding is that research focusing on educational interventions that promote men's bladder and bowel health is in its infancy. In addition, there was little published evidence on how to improve men's uptake of educational interventions or health services. The most effective means of the delivery of educational intervention for men has received some attention, but remains inconclusive. There was no research related to educational interventions to promote bowel and bladder health for younger men. There was evidence to suggest that men seek help health intervention less frequently than women and delay seeking care, even when chronic conditions are present.

The largest body of knowledge has focused on prostate health and the effectiveness of pelvic floor muscle exercises (PFME), but this body of knowledge is minimal and inconclusive. Most educational interventions for men have focused on urinary incontinence and the introduction and education of pelvic floor muscle training (PFMT).

Educational intervention prior to prostatectomy has been undertaken with the aim of reducing urinary incontinence post-operatively. Some of these studies have shown PFME to be an effective intervention for men that did reduce the incidence of post-operative urinary incontinence. Some effectiveness of educational interventions has also been demonstrated using participatory approaches where people are encouraged to engage with others experiencing similar concerns, and collaboratively seek positive outcomes to issues surrounding bladder and bowel health. Educational intervention about men's bowel health or faecal incontinence has received almost no attention.

Identification of grey literature

The search for grey literature focused on accessing those open source materials that are not controlled by commercial publishing. Grey literature includes government publications, technical reports, newsletters, bulletins, white papers, position papers, fact sheets, conference proceedings, and other publications that are distributed freely. Grey literature can be printed or electronic.

What is the significance of the internet as a source of health information?

The use of the internet as a source of health information is increasing. An Australian study has found that the internet was used for health related information by 32 (16%) patients in 2000, and by 114 (55%) in 2006, which is a significant increase ($p < 0.001$) (Trotter & Morgan, 2008).

Internationally, a Swedish study which examined the trends over five years for patients' seeking online additional health information about their disease/health problem, revealed that during the study period, there was a significant increase in internet use, with the total use among men 20-95 increased from 7% in 2000 to 18% in 2005; and from 9% to 25% for women, respectively (Rahmqvist & Bara, 2007). In the UK, a survey of patients attending the Lordwood Surgery revealed that 45% of 208 respondents had used the internet for health information before consultation for the purpose of self-diagnosis. 7.5% of respondents wanted to confirm their diagnosis, which may be a reflection of confidence in healthcare professionals. Two thirds (67%) of respondents thought that the information obtained on the internet was reliable. Only 1% of respondents thought they had ever obtained unreliable information (Al-Shammary, Awan, Butt & Yoo, 2007).

Quality of health information on the internet is a matter of debate. For example, Saithna, Ajayi, Davis (2008) conducted a study to establish the accuracy of information available on the internet regarding hip resurfacing. The top 100 sites, located through Google,

were assessed for quality using the DISCERN instrument and the Journal of the American Medical Association benchmarks. Of the top 100 sites, only 30 were relevant, available and unique. Of these 30 sites, 6 scored highly for overall quality and 10 sites achieved the lowest possible score. Eighty percent of sites assessed had serious shortcomings (Saithna, Ajayi & Davis, 2008). In the area of attention deficit hyperactivity disorder and its pharmacological management, a study of 48 UK websites revealed that information about drug treatment is basic and incomplete. Descriptions of the disorder and its drug treatment were poor and lacking in detail, authorship details were generally vague. Four sites used language considered suitable for consumer-oriented health information (Akram, Thomson, Boyter & Morton, 2008). In the light of such examples, the finding that 1% of respondents thought they had ever obtained unreliable information on the internet is of concern (Al-Shammary *et al.*, 2007).

Grey literature search

Websites were systematically accessed and searched for relevance. Materials were downloaded from websites, which included stakeholder organisations and continence associations. Specific details of the publications were entered on to spreadsheets.

Please refer to project report for details of websites accessed, publications downloaded and details noted with respect to each publication.

There are a number of findings about the publications sourced from grey literature, stakeholder associations and continence societies.

- a very limited number of resources have been produced specifically for men. Most gender specific literature for men related to older men with urinary incontinence due to enlarged prostate.
- the majority of publications were classified as 'no evidence', as the names of authors and references had not been included. Hence the evidence-base underpinning the content of these publications could not be identified.
- the literature focussed predominantly on aspects of bladder control. Indeed, with respect to the content of these publications, the majority of resources focused on urinary incontinence only. Even when the word 'incontinence' was used, it generally referred to urinary incontinence.
- Incontinence is presented as a 'problem'. Although many of the resources do make an attempt at decreasing the stigma surrounding incontinence by citing the prevalence of incontinence in society, it is often written that incontinence is an embarrassing, isolating, humiliating or a distressing problem. People with incontinence are often labelled as 'sufferers' or 'suffering'.
- The literature was focused almost entirely on older people. Most resources were written for older people (aged over 65 years), although it was often stated that incontinence is not an age-related condition.

WHAT CAN BE CONCLUDED FROM THIS PROJECT?

The literature review has revealed that little research has been carried out to determine the effectiveness of educational interventions to promote men's bladder and bowel health and further research is needed. The intent of the broader National Men's Continence Awareness Project aims to break down the barriers around incontinence as a topic for discussion amongst men and generate greater awareness of solutions.

The quality and credibility of many of the web-based resources is questionable as little or no information has been provided about the references used to write the materials and the authors. This finding has broader implications for consumers searching the internet for health information. It is vital to make sure that the sites accessed are reputable and evidence provided for all information.

The full report can be downloaded from:

<http://www.bladderbowel.gov.au/ncms/projects/phase3/awarerais/menbladbbowreview.htm>

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