



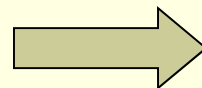
CACTUS-D: The Continence across Continents to Upend Stigma and Dependency Trial

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More women than men in old age

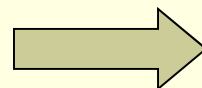


For every 100 women
aged 60+



84 men

For every 100 women
aged 80+



61 men

Women live longer and report worse quality of life than men



DARE TO AGE WELL FOR WOMEN



TABOO TOPICS OF AGING

ü Self-stigma

ü Falls and fractures

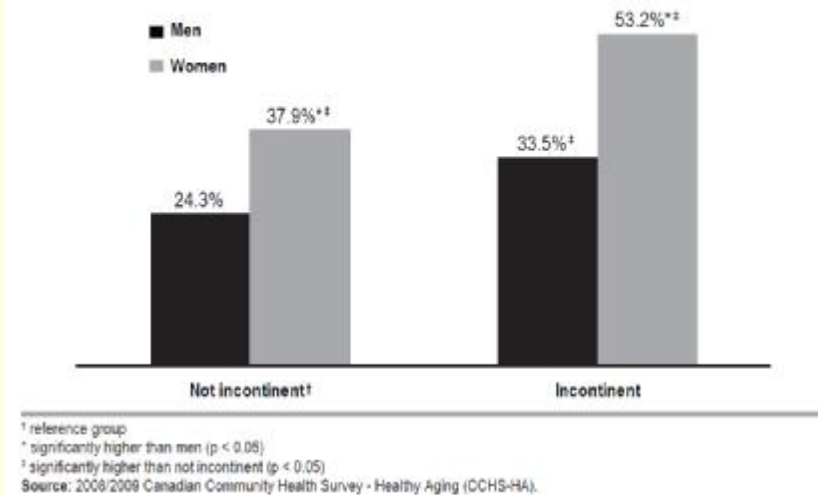
ü Social isolation

ü Urinary incontinence

Incontinence is associated with social isolation



Figure 1
Percentage lonely, by sex and urinary incontinence, household population aged 65 or older, Canada excluding territories, 2008/2009



- n In Canada, more than half a million seniors report incontinence
 - n 53% of women with incontinence are lonely vs 38% without (OR 1.5, 95% CI 1.3-1.7, adjusted for socio-demographic, social and functional health factors) ⁶

Incontinence is associated with falls



- n Observational studies show a consistent association between lower urinary tract symptoms (urinary urgency, urgency incontinence and nocturia) and falls
- n **Increased risk of fracture associated with these falls**
 - n \geq weekly urgency incontinence independently associated with
 - a) risk of falling OR 1.26; 95% (CI 1.14-1.40)
 - b) non-spine, non traumatic fracture OR 1.34 (95% CI 1.06-1.69)

Incontinence is associated with self-stigma

Ü humiliation and elevated levels of stress (Farage, Miller, Berardesca, & Maibach, 2008)

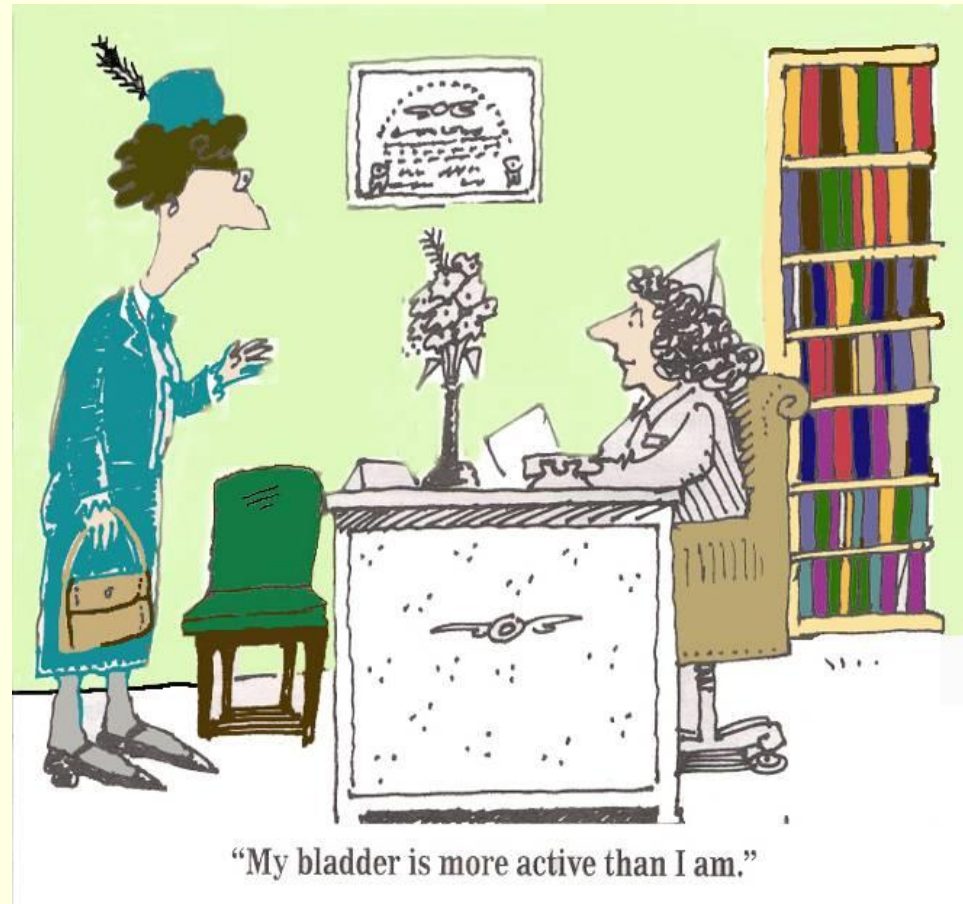
Ü feelings of powerlessness (Hägglund & Ahlström, 2007)

Ü isolation and depression (Viktrup, Koke, Burgio, Ouslander, 2005; Aquilo-Navarro et al., 2012)



Bladder control problems are NOT a normal part of ageing

Less than 25% of older women ever seek care!



50% of women with incontinence can be improved, 25% cured



Increase knowledge/change beliefs about incontinence

Adopt new behaviours to proactively address reversible risk factors for incontinence or/and seek care

Improve Health Outcomes: reduce/cure incontinence and prevent falls è increase social participation and reduce stigma è improve quality of life and active healthy life expectancy

Causal Pathway

INTERVENTION

Community-Based
Continence Promotion Program

Health
Determinants

- ê Belief that incontinence is normal
- ê Caffeine intake
- é Pelvic floor muscle exercise

Immediate
Outcome

Work
Package 1

- ê Untreated incontinence

Intermediate
Outcomes

Work
Package 2

- ê Stigma
- é Social participation

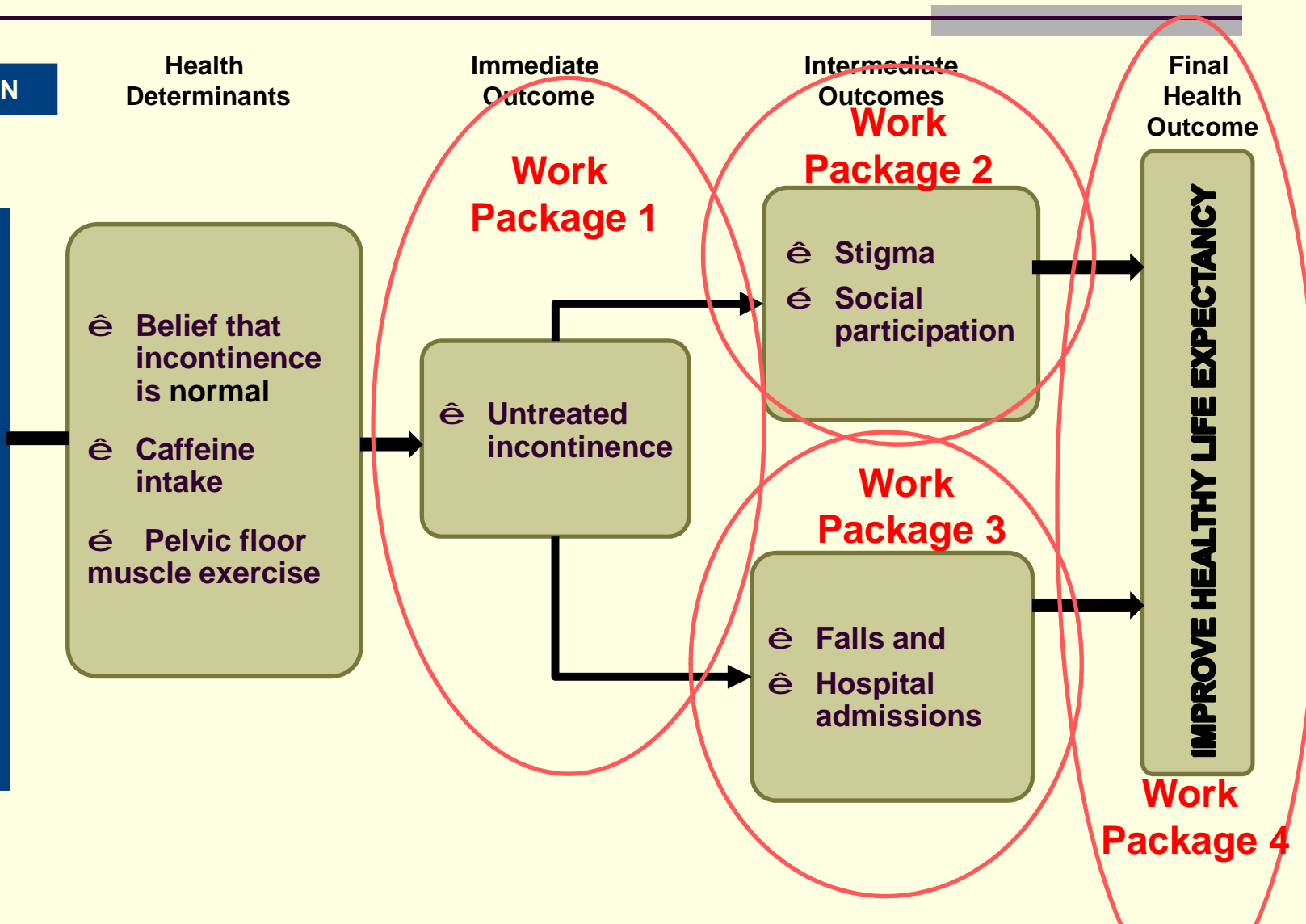
Work
Package 3

- ê Falls and
- ê Hospital admissions

Final
Health
Outcome

IMPROVE HEALTHY LIFE EXPECTANCY

Work
Package 4



Funding Partners

- n Jointly funded by:
 - n the Canadian Institutes of Health Research
 - n the Fonds de la Recherche en Santé du Québec
 - n the Economic and Social Research Council of the UK
 - n the Institut National de Prévention et Éducation pour la Santé de la France
 - n the Agence Regional de Santé Publique de Poitou-Charentes



International Advisory Committee

- n CACTUS-D held its first international advisory committee meeting in December 2013



- ü Any group intervention has to have a group comparator
- ü Quality-of-life is important....but at the end of the day, if you want to upscale and sustain your program, you better show government that it will save money
- ü Let us help you raise awareness about incontinence

National Awareness of Incontinence



Scotland launched a continence awareness campaign

Public Health England co-hosted a launch event for the project with over 70 community organisations in the UK

Agence de Santé Publique advocated for incontinence to be a national priority for aged care in France

Public Health Agency of Canada sponsored Webinars about falls and incontinence, and presented at the National Falls Prevention Conference

The Institut National de Santé Publique de Quebec sponsored a symposium at their Annual Meeting

DARE TO AGE WELL WORKSHOP



Ü Incontinence is not normal

Ü Many reversible factors

Ü Self-management tips

Ü Empowerment techniques

Ü Memory loss

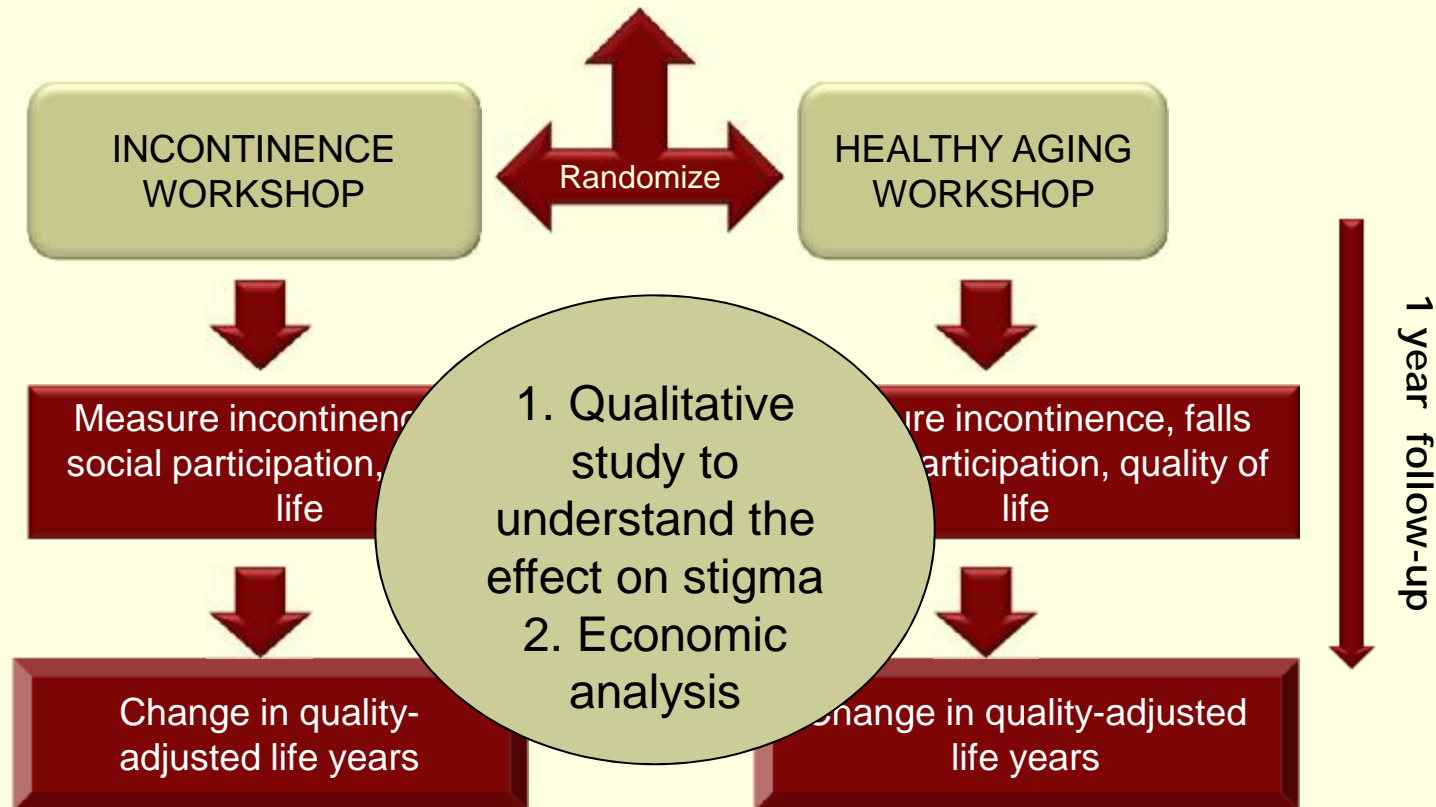
Ü Hearing impairment

Ü Medication problems

Ü Sleep

Cluster-Randomized Clinical Trial

1000 women aged 65+ with incontinence at least twice weekly recruited from community-organizations in **French Canada, English Canada, UK, France**



Where do you find frail older women 65+ who have not sought care for incontinence?



"Hello, incontinence helpline - can you hold?"

Community organizations

United Kingdom

- n Bishops Stortford Methodist Church
- n Maidenhead Central
- n Tynewydd Community Centre
- n Herts Womens Centre

France

- nParoisse Saint Benoît
- nClub de l'Amitié
- nRésidence Agapanthe
- nMaison de retraite Notre-Dame de Puyraveau

Western Canada

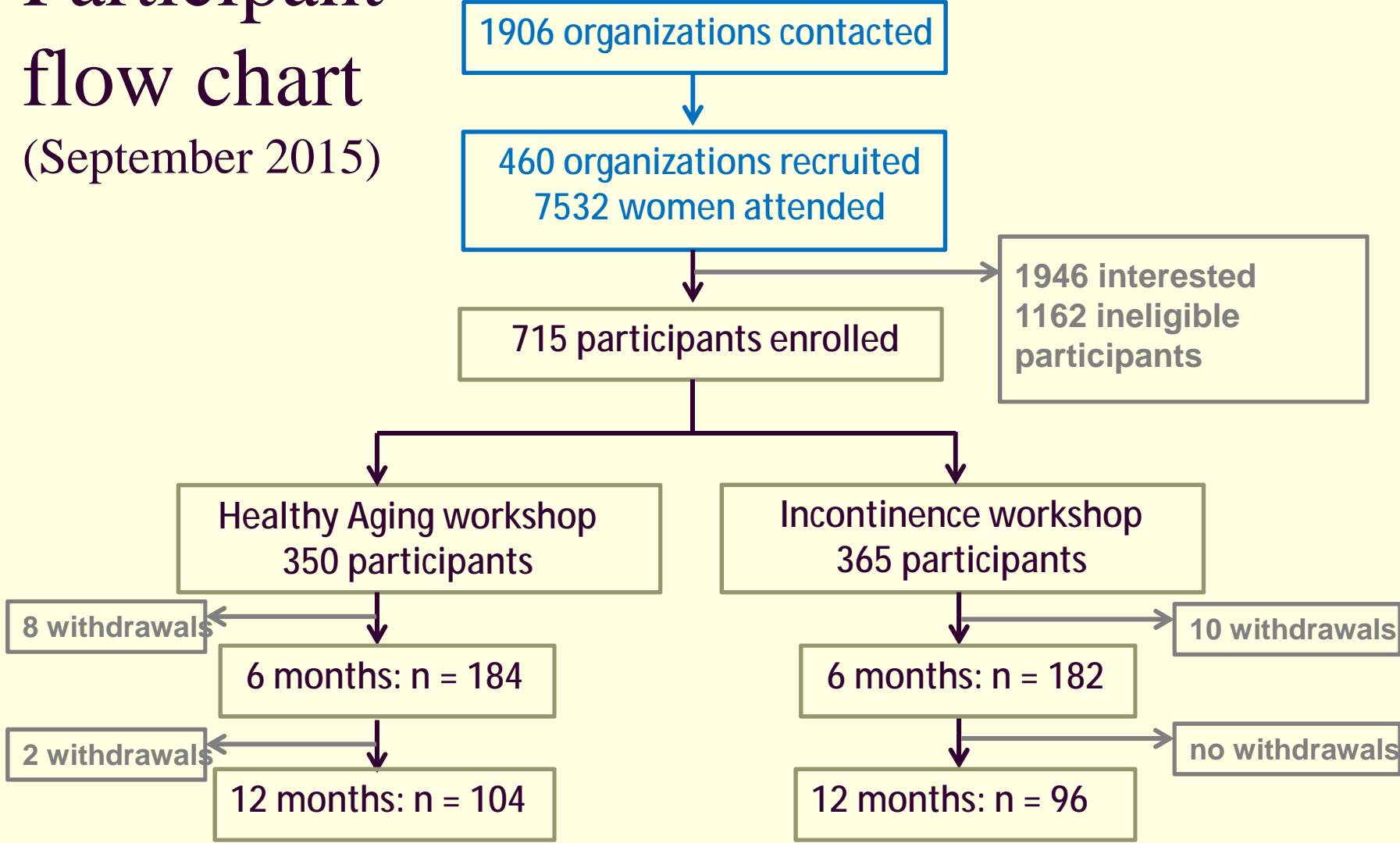
- nAround 60 Club
- nLifestyle Helping Hands Seniors Association
- nNative Seniors' Centre
- nChartwell Retirement Suites

Quebec, Canada

- nYMCA West Island
- nCentre d'action bénévole Autray
- nWales residence Home
- nCongrégation de Notre-Dame Montréal

Participant flow chart

(September 2015)



Did we capture the target population?

	715 women
Mean Age Range	78 years 65-98
Living alone	64%
Falls in past year	45%
Meets criteria for Vulnerable Elderly (VES-13 score ≥ 3)	52%

Self-Stigma

- n Women reported that they accepted incontinence as a normal part of aging and regularly used **COPING** strategies to manage urine loss
- n Women perceived incontinence as a **THREAT**, and **FEARED** urine leakage and odour in public
- n Women in the intervention group were excited to find that **they were not alone**, and that **lifestyle changes could be applied** to reduce or cure symptoms

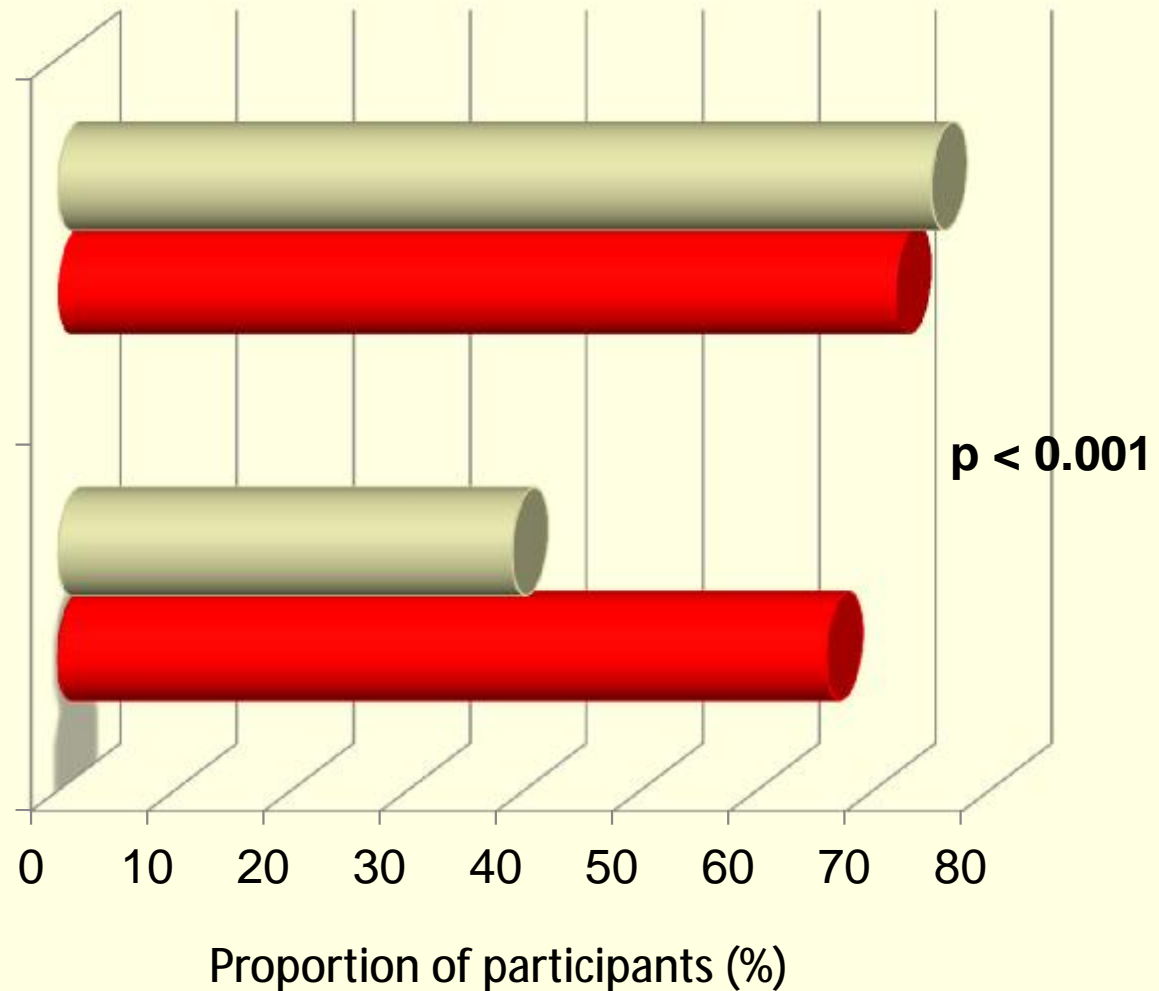
Belief that incontinence is a normal part of aging

■ Intervention

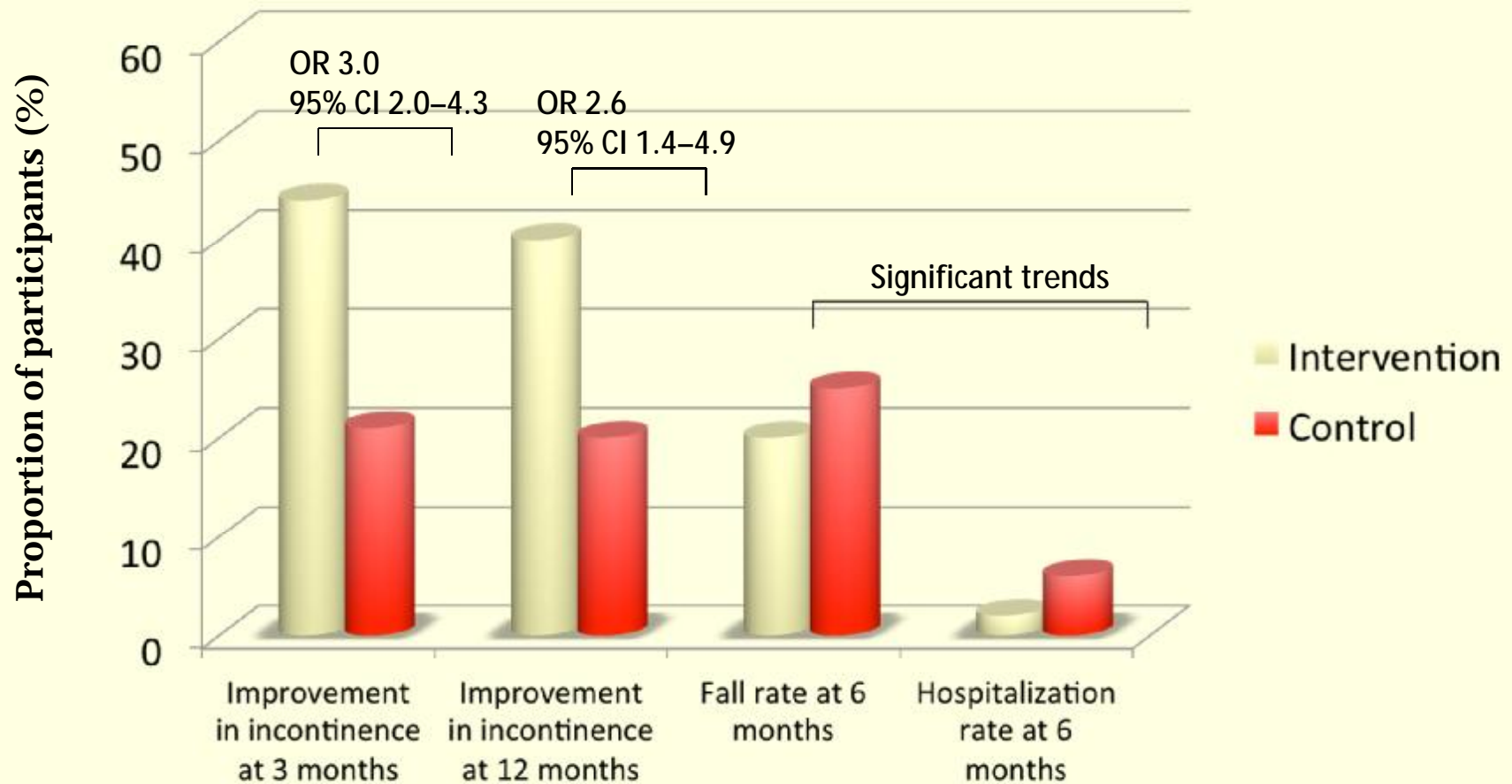
■ Control

Prior to the workshop

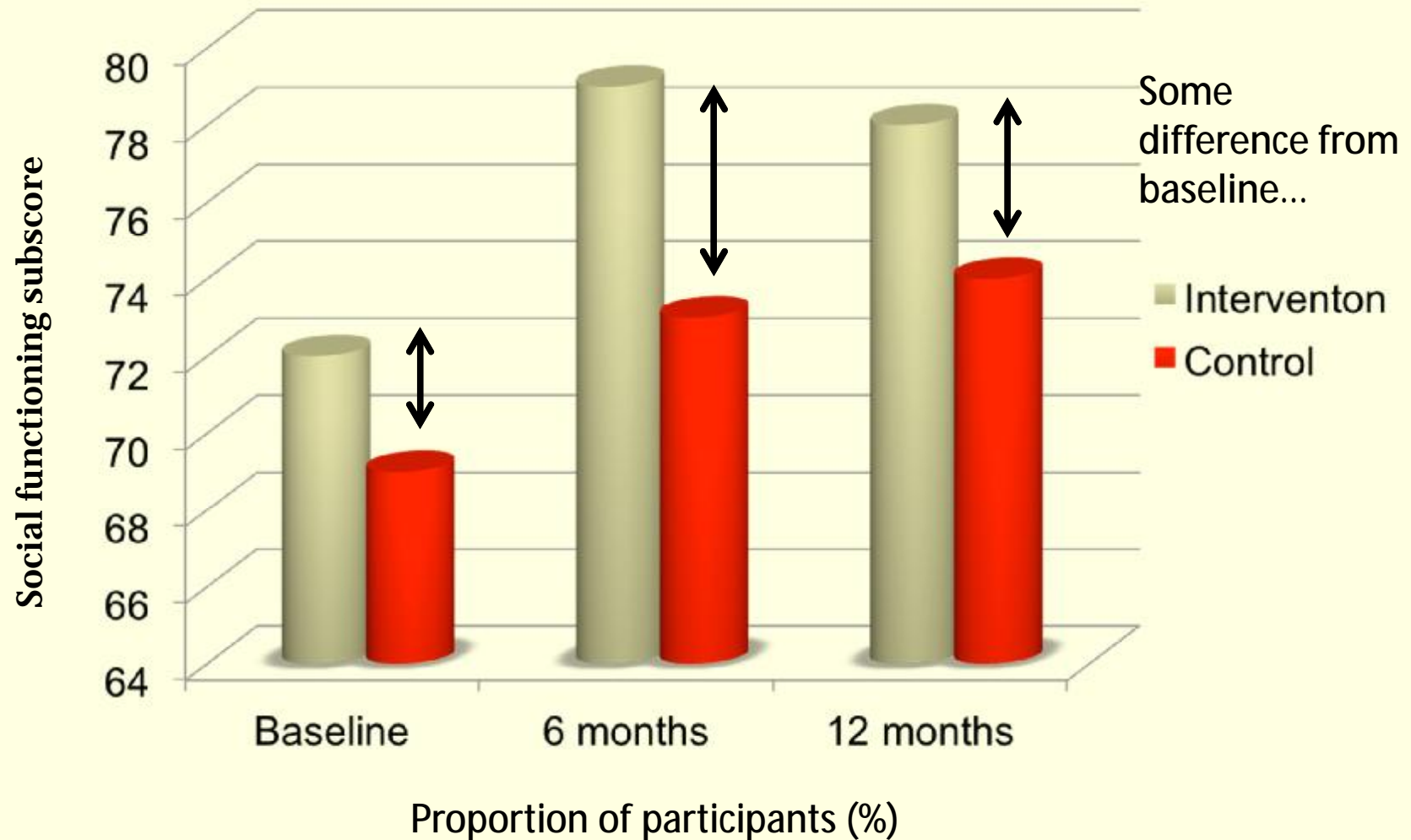
After the workshop



Reductions in incontinence, falls and hospital admissions



Social functioning component of the SF-12 quality of life scale



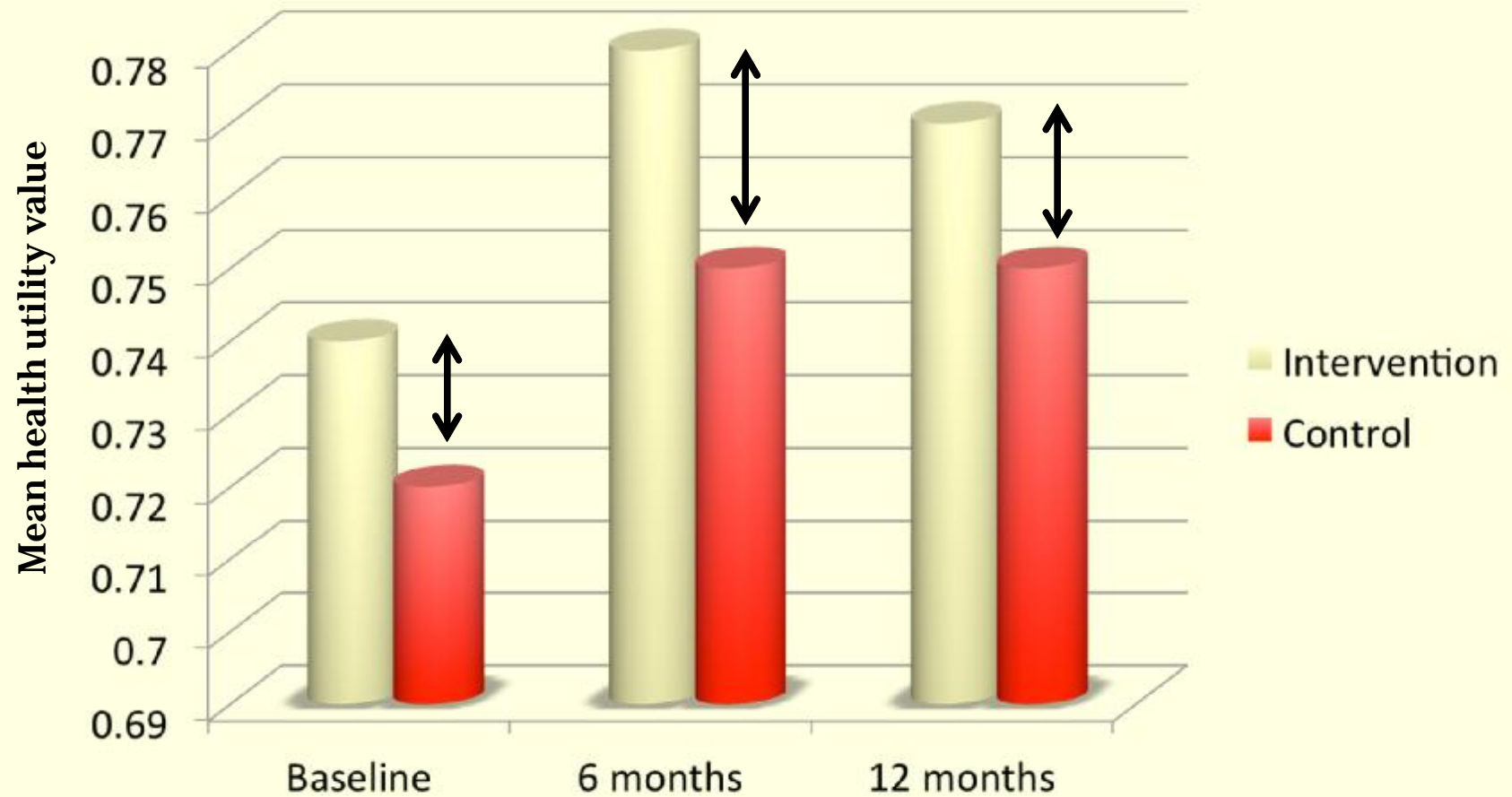
Conversion to Quality-Adjusted Life Years (QALYs)

SF-12 (health-related quality of life measure) responses can be converted to utility values to calculate QALYs

Utility = a value that an individual places on their health state within a range of 0 (death) to 1 (perfect health)

QALY = value (“quality”) weighted time x time horizon

Improvement in quality-adjusted life years



Cost Effectiveness

ü Pad use

ü Falls averted

ü Hospitalisations averted

ü Quality of life gained



Thanks to our international team!



Quebec

- n Joëlle Dorais
- n France Laprés
- n Marie-Eve Lavoie
- n Florence Steffener
- n Marianne Larivière
- n Alex Halme



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- n Nastaran Sepanj
- n Diana Davies
- n Felicity Jowitt

To our Advisory Board and to all the women that participated!