Dare to Age Well

Project Summary, May 2016

Key findings;

- Improvements in bladder health
- Realising incontinence is not inevitable
- Reduced rates of hospital admissions
What is “Dare to Age Well”?

“Dare to Age Well” is a health promotion project run by researchers at Brunel University London. It is funded by the UK government (through the Economic and Social Research Council; ESRC), but it is part of a larger, international programme (the European Research Area on Ageing 2; ERA Age 2) that aims to increase healthy lifespan by two years by 2020. We have partners at universities in Canada and France and, at the end of the project, we will compare the impact of “Dare to Age Well” across the different countries.

What did we do?

We compared how older women responded to two different types of health promotion workshop. One was a general health promotion, whereas the other had a greater emphasis on bladder health. Problems with bladder control are common in later life, affecting around half of women over the age of 65. We wanted to show that something can be done about this!

Bladder problems are a barrier to healthy ageing, leading to:

- Shame and embarrassment
- Social isolation
- Reduced quality of life
- Additional expense
- Trips and falls
How did we do it?

- The first challenge was to recruit participants; we needed to find at least two hundred women, aged 65 and over, who would be willing and able to answer our health questionnaires. We did this by approaching women at a variety of community organisations that serve the older population. These included the WI, the U3A and Age UK, as well as Church groups and older people’s social groups. In total, we contacted 540 organisations across England and Wales; over 200 invited us along to deliver workshops. From the attendees, 212 women were able to help us with our research.

- Groups were randomly selected to receive one of the two different types of health promotions; 1) a **general health** workshop, talking about way to combat some of the problems that are common with ageing; 2) a **bladder health** workshop, which included a take home booklet with strategies for reducing and preventing bladder problems. This meant that we could compare the impact of the two workshops on the women’s health.
The bladder health workshop and booklet provided advice on how to perform pelvic floor muscle exercises (above) and urge suppression techniques. The effects of risk factors such as caffeine and smoking, fluid intake, weight, diet etc. on bladder health were also discussed.
At the start of the workshops, attendees were asked to complete a questionnaire about their weight, height, age and general health status. We also asked a series of questions to help women think about continence issues. Finally, we asked whether the women considered urinary incontinence to be a normal part of ageing. Women in both groups were then asked to complete five telephone interviews; the first within a week, the others at three-monthly intervals over the course of a year.

During the telephone interviews, we asked a series of questions designed to gain information on any changes in health and wellbeing over the course of the year. We also asked participants about any falls that they might have suffered and about any changes in their bladder health.

What did we find out?

The project generated A LOT of data! It will take time to analyse all of this information, but already we can see differences in the effects of the two different types of workshop. At this stage, we are reporting the results from all the women in the international project who have completed the 6 months follow up (a total of 511 women);
• Improvements in bladder health
Women in the bladder health promotion group were much more likely to report that their bladder problems were improved; over 40% of them said that they felt better after six months, compared with only 20% in the general health promotion group. The difference was even greater (56% vs. 20%) when we only looked at women with mild symptoms (see charts below).

![Pie charts showing improvements in bladder health]

• Bladder problems are NOT normal with age
During the bladder health workshops, we talked about the myth that incontinence is a normal part of ageing. Our results show that we were successful in challenging this perception. Before the workshop, around 70% of all women believed incontinence was inevitable with age. Of these, 41% of women in the bladder health group changed their minds, compared to only 12% in the general health promotion group (see over).
• **Improvements in quality of life**

It is not yet possible to see significant differences in continence-related quality of life; whilst it does appear to be slightly better in the bladder health group, it is too early to tell whether this is a “real” effect. Changes in health care use, medication, falls etc. are also currently under investigation.

• **Any unexpected outcomes?**

We found that the rates of hospital admission at six months were more than halved in the bladder health promotion group relative to the general health group (13% vs. 29%; see below). This is an, as yet, unexplained, but welcome outcome!
What Now?

The projects running in Canada and France are not finished yet, but our early analyses indicate that similar trends are being shown in all the countries. This gives us even more confidence the bladder health workshop can lead to real improvements in continence and bladder health.

This is a really important finding; continence can be a huge barrier to healthy ageing. Indeed, the inability to manage continence is second only to dementia in the decision to enter residential care.

We are therefore happy to be able to report that “Dare to Age Well” offers women a means to do just that, and to help relieve the embarrassment, inconvenience and expense of bladder problems. Our next challenge is to ensure that as many as possible can benefit from this self-help approach!

Thank you to everyone who took part in “Dare to Age Well”

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- Further reading: