

# Outcomes worse for hospitalized patients with incontinence

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(HealthDay)—Incontinence is associated with poorer outcomes and

higher health care costs for hospitalized patients, according to a study published online in the November/December issue of *Journal of Wound, Ostomy, and Continence Nursing*.

Susan A. Kayser, Ph.D., from Hillrom Holdings Inc. in Batesville, Indiana, and colleagues evaluated the prevalence of incontinence and treatment of incontinence-associated dermatitis (IAD) and associations with outcomes. The analysis included more than 15 million unique adult patient admissions from 937 hospitals (between 2016 and 2019) identified through the Premier Healthcare Database.

The researchers found that the prevalence of [incontinence](#) was 1.5 percent overall, and the prevalence of IAD among incontinent [patients](#) was 0.7 percent. When compared with continent patients, incontinent patients had a longer length of stay (6.4 days versus 4.4 days) and were 1.4 times more likely to be readmitted, 4.7 times more likely to have a sacral pressure injury upon admission, 5.1 times more likely to have a sacral hospital-acquired pressure injury, and 5.8 times more likely to have a sacral pressure injury progress to a severe stage during their stay. Compared with incontinent patients without IAD treatment, those with IAD treatment had a longer length of stay, were more likely to be readmitted, and were more likely to have sacral [pressure](#) injuries. Average total index hospital costs were 1.2 times higher for incontinent versus continent patients and 1.3 times higher for incontinent patients with versus without IAD treatment.

"Incontinence continues to be treated as a hygienic challenge rather than a serious comorbid condition," the authors write. "Despite low prevalence numbers, our results show higher health care costs and worse outcomes for incontinent patients and patients with IAD [treatment](#)."

Several authors reported financial ties to Hillrom Holdings, which funded the study.

**More information:** [Abstract/Full Text](#)

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