



INTRODUCTION

Aging is maturation and senescence of biological systems. It is a progressive deterioration of body systems, which can increase the risk of mortality as individual gets older. Aging results in reduced physiological reserve, which increases vulnerability to diseases and impairments. Geriatric syndromes, such as impaired cognition, incontinences instability, falls, and impaired immobility, are multi factorial health conditions that occur when the accumulated effect of impairments in multiple systems render a person vulnerable to situational changes, (*Tinetti, 2006 &Tabloski, 2007*).

Elderly people constitute a vulnerable group that needs special care. In Egypt retirement begins at the age of 60 years in governmental and public and private sector jobs . By 2030, the elderly population throughout the world is expected to increase to 973 million people, and the number of elderly people will be more than triple in developing countries, which will account for 71% of the world's elderly population. The total population in Egypt is 77.505.756 July,2006, the percentage of the population aged 65 years and over accounts for 4.4% of the total population, (*CAPMAS, 2009*).

Urinary incontinence means the involuntary leakage of urine; in simple term it is the in ability to hold urine in the bladder because the voluntary control over the urinary sphincter is either lost or weakned, (*Brown et al., 2010*). *Abrams et al., (2009)* added that, urinary incontinence defined as an involuntary loss of urine that is objectively shown and a social or hygiene problem. It may be temporary or permanent and can result from avariety of problems in the urinary tract.



Quality of life may be seen positively in terms of life satisfaction and feelings of well being, goals and expectations that have been achieved. It can also be seen as reflecting symptom severity, level of impairment or handicap and reflecting loss, (*Atia 2008*).

The community health nurse play an important role in the prevention and treatment of urinary incontinence through identify the elderly people about causes of transient urinary incontinence, develop an individualized plan of care using data obtained from the history and physical examination and in collaboration with other team members, identify and continue successful pre hospital management strategies for established urinary incontinence, avoid medications that may contribute to urinary incontinence, monitor fluid intake and maintain appropriate hydration schedule and modify the environment to facilitate continence, (*Keating et al., 2009*).

Significance of the study:

Urinary incontinence is one of major problems that have a negative effect on the elderly people's psychological well being; It's also one of the threatening factors that can cause withdrawal from social situations and reduced quality of life. Urinary incontinence is far more common among women than men. Between 15-50% of women in the world experience urinary incontinence during their life times, (*Hellstrm et al., 2009*). While in Egypt the prevalence rates are higher when compared to other reports, the prevalence rate of urinary incontinence among elderly people is (54.8%) in women and 5-7% in men under the age of 64 years old and 10-20% of men over the age 64 years old. Despite this high prevalence rate, urinary incontinence is widely under – diagnosed and under reported because many elderly people have embarrassment for seeking help. Also urinary



incontinence can have profound effects on elderly people's life physically, socially, emotionally, psychologically, sexually, economically and disruption of daily life, (*El-Azab, 2010*).