

Introduction: Incontinence is a widespread problem in all health care setting. One of the main complications of incontinence is inflammation of the skin in the genital and anal region, also known as incontinence associated dermatitis (IAD). IAD is a known risk factor of pressure ulcer development (Beeckman et al. 2014). Prevalence figures of IAD vary between 5.6% and 50% . Little is known about the impact of incontinence associated dermatitis on quality of life of the elderly. Studies on patient experiences with skin disorders in the same body region are restricted to patients with decubitus (Hopkins et al. 2006). The aim of this study was to gain insight into the experience and needs of elderly with incontinence associated dermatitis.

Methods: Semi-structured interviews were held with 11 hospitalized patients, older than 65 years, with IAD for 14 days or longer. Participants were selected by purposive sampling to gather different categories of incontinence associated dermatitis (redness with intact skin, redness with skin damage, skin infection). As part of a phenomenological approach, the interview transcripts were analyzed thematically.

Results: The analysis of the transcripts revealed three main themes: physical symptoms, psychological functioning and social functioning. Pain (described as burning, tingling, griping) was the most experienced physical symptom. Pain intensity raised in case of contact with urine or stool, wound care, paying attention to the IAD or worrying about co-existing health problems. Pain intensity lowered through cooling down, relieving pressure and distraction. Psychological functioning was influenced by uncertainty and feelings of dependency. Patients used different strategies to cope with the (symptoms of) IAD, like using skin care products, comforting thoughts and social support. The presence of a confidential advisor (nurse, partner) was important because IAD was often experienced as taboo.

Discussions: While more interviews are required to reach data saturation it is reasonable to conclude that IAD has a profound impact upon patient's live, including physical, psychological and social functioning.

Clinical relevance: Care providers can make important differences in the experience of IAD in elderly. A few examples are: helping to relieve symptoms, giving information to reduce uncertainty, showing empathy to reduce feelings of dependency and being a confidential advisor.

References:

- Beeckman, D., Van Lancker, A., Van Hecke, A. & Verhaeghe, S. (2014) A systematic review and meta-analysis of incontinence-associated dermatitis, incontinence, and moisture as risk factors for pressure ulcer development. *Res Nurs Health*, **37**(3), 204-18.
- Hopkins, A., Dealey, C., Bale, S., Defloor, T. & Worboys, F. (2006) Patient stories of living with a pressure ulcer. *J Adv Nurs*, **56**(4), 345-53.