I**ntroduction**

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***.*** Agingresults 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; and 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 ***(CAPMS, 2009).***

 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 a variety of problems in the urinary tract ***(Abrams et al., 2009).***

 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 plays an important role in the prevention and treatment of urinary incontinence through identifying the elderly people about causes of transient urinary incontinence, developing anindividualized plan of care using data obtained from the history and physical examination and in collaboration with other team members, identifying and continuing successful pre hospital management strategies for established urinary incontinence, avoiding medications that may contribute to urinary incontinence and modifying the environment to facilitate continence ***(Keating et al., 2009).***

**Significance of the study:**

 Urinary incontinence is one of the major problems that have a negative effect on the elderly people's psychological wellbeing; 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).***