

# Continence

This Help Sheet explains incontinence and some of the reasons that it may occur in people with dementia. It suggests ways that families and carers can manage the problem.

## What is incontinence?

Incontinence is the loss of control of the bladder and/or bowel function. Our brains send messages to our bladder and bowel telling them when it is necessary to empty them. Being in control of these functions depends upon awareness of bodily sensations such as the feeling of having a full bladder, and the memory of how, when and where to respond. When there is a decline of intellect and memory as a result of dementia, incontinence may occur.

## Where to begin

People with dementia, just like other adults, are susceptible to other causes of incontinence, such as infection, constipation, hormonal changes and prostate enlargement.

Many of these other conditions are treatable, so the first step is always to consult the doctor to obtain a full medical assessment and find out why the incontinence is occurring. Consulting with a continence nurse may also be helpful.

## Changes in a person's ability

**The changes in a person's brain caused by dementia can interfere with their ability to:**

- Recognise the need to go to the toilet
- Be able to wait until it is appropriate to go to the toilet
- Find the toilet
- Recognise the toilet
- Use the toilet properly

## Caring for someone with incontinence

When caring for someone with dementia, incontinence may seem like the last straw. But there are measures that can be taken to alleviate the problem itself or to make it less stressful. It is important for you to seek professional help at an early stage and not struggle on your own. Incontinence can be very distressing for the person with dementia. It helps if you remain calm, gentle, firm and patient and try to accept and get over your own embarrassment in having to help the person in such an intimate way. Sometimes a little humour can help.

## Information for the doctor

**It is useful if you can provide the doctor with the following information:**

- How often is the person incontinent?
- Is it urinary and/or faecal incontinence?
- When did the problem start?
- Is the person saturated or is it just a dribble?
- Has there been an increase in confusion or any change in behaviour?
- Has there been any fever or does the person appear to find it painful to go to the toilet?
- Is the person taking any medication?
- Does the person pass urine in strange places?

If medical assessment does not indicate that there are any other medical reasons for the incontinence, then the cause is most likely to be the person's dementia.

## Suggestions for managing incontinence

- Be sure the person is drinking adequate fluids, preferably water (5-8 glasses daily – jelly, custard or icecream can be substituted in small amounts). Many people with dementia forget to drink or no longer recognise the sensation of thirst. Try to establish a regular routine for drinking fluids
- Consider reducing the person's caffeine intake by using decaffeinated coffee and tea
- Observe the person's toileting patterns and suggest they use the toilet at regular times that follow their pattern
- There are many aids and appliances available to assist in managing incontinence

## Communication

- Use short, simple words to give instructions step by step
- Watch for non-verbal clues such as pulling on clothes, agitation, flushed face
- Use words which are familiar to the person, such as "pee" or "twinkle"

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- Do not rush the person
- Reassure them

## Environment

- Is the distance to the bathroom too far? A commode may help
- The bed may be too high for the person to feel safe getting in and out
- The floor and toilet seat may be the same colour. Try using different colours for contrast
- Can the toilet paper be easily seen? A contrasting colour to the wall may be helpful
- The person may have difficulty undressing
- A lack of privacy may be inhibiting
- Poor lighting may make the toilet difficult to find
- Is the toilet clearly marked? Put a sign on the door at the person's eye level, use a night light or leave the door open
- If the person is urinating in inappropriate places, try to remove any objects that may be mistaken for a toilet. Putting a coloured cleaning dye in the cistern to colour the water can enable the person to identify the toilet bowl
- When using a public toilet, the person will usually need help. Toilets for people with disabilities are usually for both sexes and there is plenty of room for two people

## Bathroom aids

- A raised toilet seat and hand rails may help the person get on and off the toilet
- Make sure the seat is fastened securely to the toilet to reduce the risk of slipping
- Avoid floor mats to prevent the fear of tripping

## Clothing

- Simplify clothing. Use Velcro tape instead of buttons or zippers
- Try elastic waistbands for trousers or wrap-around skirts
- Try not to let the person become accustomed to wet clothes
- Select clothing that is washable and does not need ironing
- Protective garments and disposable pads may be useful

## In the toilet

- If the person is having trouble urinating, try giving them a drink of water or running the tap to encourage urinating
- If the person is restless or hyperactive and will not sit on the toilet, allow them to get up and down a few times. Music may have a calming effect. Try giving something to distract them while they are on the toilet

## Skin care

- Skin care is very important. Wash the skin after an accident to keep it clean and dry, and to prevent rashes. Your local pharmacist can help with soaps and skin creams
- Make sure the person's skin does not come in contact with protective plastics as this will cause soreness

## Constipation

- Try a high fibre diet and be sure the person is drinking at least 6-8 glasses of water a day
- Plenty of regular exercise will help
- Try and establish a routine to help keep track of the person's bowel movements. People with dementia may forget when they have gone
- If constipation persists, always see your doctor

Adapted from **Understanding difficult behaviours**, by Anne Robinsons, Beth Spencer and Laurie White

## Remember

It is important to respect privacy and dignity. Losing control can be humiliating and embarrassing and families and carers need to be sensitive to these feelings. There are bound to be accidents, so try not to worry too much. Get help in managing the problem and make sure that you take adequate breaks.

## Who can help?

Confidential advice and further information about personal aids is available from the Continence Foundation of Australia. Contact the National Continence Helpline on **1800 330 066** or visit **contfound.org.au**

## FURTHER INFORMATION

Dementia Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at **dementia.org.au**



For language assistance phone the Translating and Interpreting Service on **131 450**