Incontinence

This help sheet explains bladder and bowel control problems and why they can occur in people with dementia. It suggests ways for families and carers to manage bladder or bowel incontinence.

About incontinence

Incontinence is when someone loses control of their bladder or bowel. When we need to go to the toilet, the bladder and bowel send messages to the brain that they are full, causing the urge to go to the toilet and empty them. Being in control of bladder and bowel functions requires an awareness of those physical sensations, as well as remembering what to do, and when and where that should happen.

Changes in a person’s ability

Dementia can cause changes to memory and thinking skills. It can affect a person’s 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
• empty their bladder and bowel completely.

Some people with dementia will need support to manage their bladder or bowel problems.

Caring for someone with incontinence

Caring for someone with incontinence can be challenging. But there are things you can try to reduce incontinence and make it less stressful. It is important for you to seek professional help early and get support.
Incontinence can be distressing for the person with dementia. It helps if you remain calm, gentle, firm and patient. Try to accept what might be an uncomfortable situation in needing to help the person in an intimate way. Sometimes, a little humour can help.

**Incontinence may not be caused by dementia**

There are many possible causes of incontinence, such as infection, constipation, hormonal changes and prostate enlargement.

Many of these conditions can be treated, so it is important to visit the person’s doctor to obtain a full medical assessment and find out why the incontinence is occurring. A continence nurse may also be able to help.

**Visiting the doctor**

To identify the cause of the incontinence, the doctor may ask you:

- How often is the person incontinent?
- When did the problem start?
- Is the person incontinent during the day and/or night?
- Is it urinary and/or faecal incontinence?
- If it is urinary incontinence, how much urine is the person passing?
  
  For example, are their clothes or bedding damp, or saturated?
- Does the person pass urine in places other than the toilet?
- 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?

If the assessment does not indicate a medical reason for the incontinence, then the cause is most likely to be the person’s dementia.
Tips to manage incontinence

- Ensure the person is drinking adequate fluids, preferably water, five to eight glasses daily (jelly, custard or ice cream can be substituted in small amounts).
- Try to establish a regular routine for having drinks. Many people with dementia forget to drink or no longer recognise the sensation of thirst.
- Reduce the person’s fluid intake before bedtime.
- Consider reducing the person’s caffeine intake by providing decaffeinated coffee and tea.
- Reduce the person’s intake of alcohol and carbonated drinks, which can irritate the bladder.
- Observe the person’s toileting patterns and suggest toilet breaks at regular times that follow their pattern.
- Use a waterproof bed protector sheet to protect the bed and keep it dry.
- There are many continence products available to assist.

Communication

To encourage a toilet break:

- use short, simple words and give step-by-step instructions
- watch for non-verbal cues such as pulling on clothes, agitation or a flushed face
- use words which are familiar to the person, such as ‘pee’ or ‘twinkle’
- do not rush the person
- listen with care and respond to the person.

In the toilet

- Consider labelling the inside of the toilet door with either the word ‘toilet’ or a picture of one, to prompt the person about where they are and what they are there for.
- If the person is having trouble urinating, offer a drink of water or try running the tap.
• 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 calm them. Try giving them something to hold, to distract them while they are on the toilet.

• A lack of privacy may be inhibiting. See if there are ways to make the area more private, such as closing doors.

**Physical environment**

• If the person uses a mobility aid, ensure it is within easy reach.

• The bed may be too high for the person to feel safe getting in and out. If so, consider replacing the bed.

• Poor lighting may make the toilet difficult to find. Consider installing a motion sensor light.

• At night, use a night light or leave the door open.

• If the person is urinating in inappropriate places, try to remove objects that may be mistaken for a toilet.

• Consider the person’s previous toileting habits, such as urinating outside.

• When using a public toilet, the person will usually need help. Accessible toilets are usually unisex, with room for two people.

**In the toilet:**

• Put a sign on the door at eye level.

• If the bathroom floor and toilet seat are the same colour, consider updating to different, contrasting colours.

• Choose a toilet paper that is a contrasting colour to the toilet wall.

• Colouring the water in the cistern with a cleaning dye can help the person identify the toilet bowl.

• A raised toilet seat and handrails may help the person get on and off the toilet.

• Ensure the seat is fastened securely to the toilet to reduce the risk of slipping.

• Avoid floor mats to prevent tripping.
Clothing

- Consider choosing clothes that use elastic, or hook and loop tape for ease of unfastening.
- Try elastic waistbands for trousers or wrap-around skirts.
- Try not to let the person become accustomed to wearing wet clothes after being incontinent.
- Select machine-washable clothing that does not need ironing.
- Protective garments and disposable pads may be useful.

Skin care

- If the person has been incontinent, clean and dry the skin to prevent rashes. A pharmacist can suggest soaps and skin creams.
- Make sure the person’s skin is not in contact with protective plastics as this will cause irritation and soreness.

Constipation

- Try and establish a routine to help keep track of the person’s bowel movements. People with dementia may forget when they have gone to the toilet.
- If constipation persists, always see a doctor.

Remember

It is important to respect the privacy and dignity of someone living with dementia. Being incontinent can feel humiliating and embarrassing, and families and carers need to be sensitive to these feelings. Incontinence accidents may happen, so try not to worry about them. Get help in managing incontinence and ensure you take adequate breaks.

Adapted from A. Robinson, B. Spencer and L. White *Understanding Difficult Behaviors*, Eastern Michigan University, 2007
Where to get help

- **Continence Foundation of Australia**
  Confidential advice and information about, prevention, treatment and management options.
  Call: **1800 330 066**
  Visit: [continence.org.au](http://continence.org.au)

- **National Dementia Helpline** is a free telephone service that provides information, advice, counselling and carer support. Ask about support groups and programs for family and carers.
  Call: **1800 100 500**

- **Carer Gateway** provides free practical information, resources, education and counselling to support carers.
  Call: **1800 422 737**
  Visit: [carergateway.gov.au](http://carergateway.gov.au)

Additional reading and resources

- Caring for someone with dementia help sheets

- Dementia Australia library service

- Dementia Australia support
  Visit: [dementia.org.au/support](http://dementia.org.au/support)

- Continence Aids Payment Scheme

- National public toilet map
  Visit: [toiletmap.gov.au](http://toiletmap.gov.au)

Further information

Dementia Australia offers support, information, education and counselling.

**National Dementia Helpline: 1800 100 500**

For language assistance: **131 450**

Visit our website: [dementia.org.au](http://dementia.org.au)