

Promoting Continence for People Living with Dementia

Alzheimer National Helpline

1800 341 341

Professional support

To seek professional help to promote continence, confidential advice and information can be initially obtained from your Public Health Nurse, GP, and Practice Nurse. In some areas your Public Health Nurse may be able to seek specialist input from a Continence Advisor for additional assessment and support.

Useful Contacts

Health Service Executive

HSE services such as a Public Health Nurse, Continence Advisor and Occupational Therapist can be contacted through your local health office.

Call: 1850 24 1850 **Visit:** www.hse.ie

The Alzheimer Society of Ireland (ASI)

ASI have a range of information including our Practical steps to promote your independence booklet, Communication factsheet and Eating well with dementia booklet. We also provide a range of dementia specific services such as Dementia Advisers, day care, home care and support groups.

Freephone: 1800 341 341

Email: helpline@alzheimer.ie Visit: www.alzheimer.ie

Assist Ireland

Provides lists of known suppliers of different types of products including assistive technology, mobility aids and appliances. The website also contains information documents on how to choose products.

Visit: www.assistireland.ie

Factsheet: C10 First Published: February 2019

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Promoting continence while living with dementia is important to both the person with dementia and their families. This factsheet provides families with practical tips and suggestions to help promote continence, manage incontinence and identifies professional supports that may be available.

What is incontinence?

Incontinence occurs when someone loses control of their bladder (urinary incontinence) or their bowels (faecal incontinence).

Practical tips to support continence

If an assessment does not indicate that there are any medical reasons causing incontinence the following information (page 2 - 3) can help support a person with dementia to improve and remain continent while maintaining the person's dignity.

What can cause incontinence?

In some cases it may be caused by an underlying treatable condition such as:

- Urinary tract infection a person may complain of pain or burning when passing water or may display an expression of pain. The urine may look cloudy or smell, the person may also present with confusion or disorientation.
- Constipation may cause urinary incontinence through pressure on the bladder. Sometimes with severe constipation, what looks like diarrhoea can occur, where faecal fluid leaks out around a hard stool blocking the anus and lower bowel. If this happens it is important to visit the GP. General advice on preventing constipation can be discussed with a health care professional.
- The side effects of some medication − Some medication can affect how the bladder and bowel works. It is always advisable to discuss this with the GP.
- Enlarged Prostate Gland Some men can develop an enlarged prostate gland and can experience a need to urinate suddenly and more frequently or may have dribbling after urination. Your GP will be able to assess if this is a problem and advise you about treatment.

You can discuss this with your Public Health Nurse, GP or Practice Nurse. Some areas in Ireland may have a Continence Advisor, who acts as a specialist resource on the promotion of continence and management of incontinence for people living in the community. Referrals can be made to the Continence Advisor by your GP, Practice Nurse, Public Health Nurse or other Health Care Professionals.

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Why incontinence in people with dementia may happen

- O Difficulty finding the bathroom.
- Unable to react quickly enough to the sensation of needing to go to the toilet.
- Difficulty in communicating the need to go to the toilet or understand a prompt.
- Unable to manage or remember the personal activities of toileting, such as undoing clothing and personal hygiene.
- Reluctant to allow assistance because of embarrassment or understand the offer of help
- Experience visual perceptions, which presents with difficulties interpreting the surrounding environment.

Promoting a healthy bladder and bowel

- Identify the toilet habits that keeps the person's bladder routine and bowels regular.
- Encourage adequate fluids, generally 6-8 mugs or large glasses of fluid every day, unless advised otherwise by the GP. Reduce drinks containing caffeine. Water is best but taste preferences are important and variety may help, so fruit juices, squashes and decaffeinated drinks can also be part of the routine. Jelly, ice-cream or custard may sometimes be used to help increase the fluid intake.
- Eat a healthy balanced diet with at least 5-7 servings of fruit and vegetables daily which can help to reduce the risk of constipation.
- Encourage the person to be as active as possible and supporting their usual routines and lifestyle.
- See our 'Eating well with dementia' booklet for further information.

Create an environment that promotes continence and independence

- If needed, adapt clothing to help the person to use the toilet independently, using Velcro tape on waist instead of buttons or zippers, while keeping the person in the style they like.
- A clear bright sign on the bathroom door, which includes the word and a picture, may support the person to find the toilet. It will need to be placed in the person's line of vision.
- The route to the toilet should be well lit, especially at night. Movement sensor lights in the bedroom and bathroom can help at night.
- Oconsider if the bed needs to be repositioned so that the person can see the toilet when they wake up. Leave the toilet door open when the toilet is not in use making it obvious the toilet is vacant.
- Remove obstacles such as awkwardly placed furniture.
- Consider changing the colour of the toilet seat to one which provides a clear contrasting colour (eg black/red on a white base) it will make it easier to identify.
- Consider using a product to colour the water in the toilet, eg blue as it may be helpful to identify the toilet.
- Make sure the person can reach the toilet paper and contrasting colour toilet paper will also be easier to see.
- Consider equipment that may promote continence, for example a raised toilet seat or grab bar rails. You can seek advice from your Public Health Nurse or Occupational Therapist.
- Check the placement of mirrors in the bathroom. The person may confuse their reflection for someone else already in the bathroom, and may not enter thinking the toilet is occupied.
- Consider placing nets or blinds on windows to reduce reflections and shadows. Avoid reflective shiny surfaces, particularly on floors, as they may make the floors look
- Avoid floor mats to prevent any fears of tripping.
- See ASI's booklet Practical steps to promote your independence for more information.



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Night time Routine

- At night the person may wake disorientated and unable to act quickly enough to find the toilet.
- Keep the person's routine as normal as possible and remind the person to use the toilet prior to bed.
- Light motion sensors and / or night lights in the bedroom, passage way and bathroom may help orientate the person at night.
- Consider a urinal bottle or commode next to the bed at night.

For more information speak to your Public Health
Nurse or Occupational Therapist. Assist Ireland also
have information on continence products.
See page 4 for contact details.

When going out: plan ahead

- Remind the person to use the toilet prior to going out if possible.
- Locate accessible toilets when you arrive at your destination.
- Go prepared: Carry spare clothing and any product to promote the person's continence.

Look for every opportunity to promote continence – be creative

- Give the person every opportunity to go to the toilet at times that are 'normal' for them.
- When you support the person to the toilet give them time on the toilet and give them time to try again.
- Ask yourself if you need to stay with them when they go to the toilet.
- Support the person's personal hygiene, making sure their skin stays healthy.

Feelings

Going to the toilet should not be stressful for the person with dementia or their carer. However, the person may find it difficult to accept that they require help from someone else in such an intimate area of their life, even if the help is from someone very close to them.

Approaching the situation with understanding and sensitivity can help. Humor can sometimes improve the situation for all concerned. Sometimes there may be accidents but remember that it is not the person's fault.

Dealing with incontinence can be stressful on any relationship. Work with the person with dementia and other people to find the best solution, and access professional help when needed. Where continence is not possible, seek help, to identify the range of products that best suits the person's lifestyle. Disposable continence pads and pants are not the only option available and may not always be the best solution for the person.

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