



## Family Caregivers of British Columbia

### Incontinence

The privacy and dignity of the person who may be experiencing problems with incontinence is of the utmost importance. Caregivers must be sensitive to the feelings of humiliation and embarrassment experienced by the individual who is losing control of their bodily functions. It is important to make every effort to preserve the person's self-esteem as many individuals with dementia are very much aware of the functions they have lost. Family members and other caregivers may also feel embarrassed or awkward when assisting with toileting. These feelings are normal under these circumstances and it is helpful for caregivers to discuss these feelings with other family members, G.P.'s, Home Support workers etc. At times caregivers may find the experience of assisting an individual to clean up to be a very difficult and unpleasant task. Try to remain calm and reassuring and recognize that both of you will probably feel quite uncomfortable in this new situation. Talk through the steps slowly and simply while having the individual assist as much as possible and remember to praise the person for their efforts. It is important to communicate with the person so that you may establish a routine that is comfortable for everyone.

- Persons with a progressive illness may begin to wet themselves or have bowel movements in their clothing in the latter stages of the illness. This problem can be devastating and embarrassing for the individual as well as distressing for the caregiver. It is important for family members and professional caregivers alike to be aware of the strong feelings evoked by this behaviour and approach the problem in a sensitive, caring manner. There are many possible causes of urinary and bowel incontinence therefore it is most important to rule out any treatable causes of this behaviour. Some possible causes include:

#### Physical or Medical Causes

##### MALE

*Infections such as urinary tract infection and urethritis*

- prostate surgery may cause infection or urinary retention that leads to overflow

##### FEMALE

- vaginitis can cause loss of urine control
- constipation or fecal impaction can block the bladder so that urine leaks past the blockage point
- in older women weak pelvic muscles can sometimes cause "stress incontinence" or "leaking" - this may occur if a person sneezes, coughs or laughs

- chronic illnesses that limit mobility such as stroke or Parkinson's disease can hamper attempts to reach the bathroom as do conditions causing chronic pain such as rheumatoid arthritis
- changes to vision associated with normal aging or physiological conditions can hamper visibility and make it difficult to find the bathroom
- not drinking enough fluids may cause irritation of the bladder; if the person becomes dehydrated they may be incontinent due to the physical signal to urinate being lowered or eliminated
- the physical signal or urge to use the bathroom may no longer be understood or received by the brain
- fluids such as coffee, tea, cocoa, beer and colas can have a diuretic effect on the control of urine
- medications such as tranquilizers, sedative, hypnotics, antidepressants and diuretics can affect the bladder muscle function and/or reduce the person's sensitivity to body signals

### **Environmental Causes**

- the bed may be too high from the floor making it difficult for the person to get up and use the toilet
- the distance to the bathroom may be too far as elderly people are not always able to hold urine for extended periods of time
- improper foot ware may cause the person to be afraid of falling and this is particularly frightening during the night or when they are alone
- the person may have difficulty undressing to use the toilet
- if the floor and the toilet seat are similar in color it may make it difficult for a person with visual difficulties to find the toilet
- poor lighting may make it difficult for the person to find the bathroom or locate the toilet once they are inside the bathroom
- cues or signs that may help orient the person to the location of the bathroom may not be sufficient

### **Other Causes**

- the task of using the toilet may have become too complicated for the person
- the person may not remember what to do once they are in the bathroom

- the person may require assistance to undress, sit on the toilet, wipe themselves, and/or get up from the toilet
- the instructions the person receives may not be simple or clear enough for them to understand
- the person may feel they are being rushed which can cause confusion and lead to difficulties in using the toilet
- the person may SENSE the need to go to the toilet but may no longer be able to EXPRESS the need to go to the toilet

### **Approaches**

- Use a written diary or journal to assist you in understanding the nature of the incontinence. Document routine patterns of behaviour associated with bathroom activities so that alternate caregivers may also be of assistance. Write down any observations about the incontinent behaviour over several days.
  - Do accidents happen only at certain times of day or just at night?
  - How often does the person use the toilet?
  - Did the incontinence begin suddenly?
  - Is the person urinating in improper places, such as flower pots, wastepaper baskets, closets, the bathtub, or in the kitchen sink?
  - Do accidents happen on the way to the bathroom?

This information will be helpful to you and will also be helpful to your doctor in assessing for a treatable medical condition that may be causing the incontinence.

- Ensure that the person is given a thorough medical examination to rule out any possible infections or medical conditions that may be contributing to the incontinence.
- A urinary tract infection can often be accompanied by a fever or a sudden change in the person's behaviour. If a fever persists for more than 24 hours and/or behaviour changes are sudden with an increase in confusion and speech problems it is important to contact your physician.
- Discuss with your physician medications that can be used to treat incontinence. Remember that all medications have side effects and if drugs are used the person must be carefully observed.
- After carefully observing the individual's toileting pattern during the day and night attempt to toilet the person just prior to expected time you have documented.
- Consistently toilet the person before and after meals, before going to bed and immediately upon arising.

- An adequate fluid intake of 5-8 glasses daily is the minimum daily requirement for a healthy adult. At times it may be difficult for the person with dementia to remember to drink or they may have lost the recognition of the sensation of thirst. Caregivers can provide a great variety of substitutions for fluids such as Jell-O, popsicles, ice cream or ice cubes.
- A regular routine schedule for providing fluids will be helpful.

*Sandra Somers, Wendy Cotton, Upper Island Geriatric Outreach Program 2002*