



DementiaUK

Helping families face dementia

Continence



Incontinence and dementia

People with dementia can experience problems with using the toilet, which can be distressing for them and those who care for them. This might be due to difficulty finding the toilet or reaching it in time, or problems with coordination and movement.

Incontinence occurs when someone experiences an involuntary leakage of urine (urinary incontinence) or faeces (faecal incontinence). Some people may have both, known as ‘double incontinence’.

Older people are more prone to incontinence, but this could be due to a physical health problem, which might be treatable. There are lots of reasons for incontinence, but there are also lots of ways to manage it, and to ensure that the person with dementia is helped to maintain their dignity and privacy.

What causes incontinence?

Reasons for incontinence might include:

- Physical ailments or reduced mobility that mean a person might be slow to reach the toilet
- Illness; constipation or diarrhoea (see below for physical conditions that might affect continence)
- Medication which might impact a person’s control, eg, diuretics, or their ability to get to the toilet, eg, sedatives
- Childbirth, which means women often have less bladder control
- Age; as people age, their bladder and bowel muscles might weaken
- Not recognising or have trouble remembering where the toilet is due to dementia
- Some types of vascular dementia which might affect the area of the brain controlling the bladder

Physical conditions which may cause incontinence include:

- Prostate problems
- Urinary Tract Infections (UTIs)
- Constipation
- Diabetes
- Strokes
- Muscular problems, for example Parkinson's disease
- Infection of the bladder or kidneys

If a person with dementia is starting to lose control of their bladder or bowel, it's important for them to have a check-up with their GP. Some causes of incontinence can be treatable, such as urine infections, constipation and prostate problems.

What can you do about it?

Communication techniques

- Be supportive, patient and offer reassurance, if helpful. They may be embarrassed or uncomfortable. They might not realise they have been incontinent and may feel

embarrassed or upset when they notice what has happened

- If possible, ask the person how you can help them manage their continence. Find out about previous routines or habits, eg, frequency of bowel movements
- Look for non-verbal signs that the person might need the toilet, such as fidgeting, pacing, holding their crotch or their stomach, or going to the corner of the room
- Pay attention to the language the person uses, such as saying phrases like they 'need to go out'
- Some people respond when reminded to go to the toilet regularly. Try prompting every two hours
- The person may hide wet or soiled clothing or cover a wet bed due to embarrassment. Instead of pointing this out, quietly remove soiled linen and replace it

Eating and drinking advice

- Don't stop the person from drinking as this can cause dehydration and constipation which may make incontinence worse

- Aim for at least six to eight glasses of fluid per day
- But do discourage drinking lots of fluid just before bed time
- Encourage a balanced diet with plenty of fibre to encourage regular bowel movements
- Put a sign near the toilet entrance of a symbol or picture of the toilet
- Keep the toilet door unlocked and ajar, if appropriate and leave a light on at night

Practical tips for the home

- Keep access to the toilet clutter free and remove any trip hazards (please see Sources of support for the Dementia UK leaflet on Making the home safe and comfortable for a person with dementia)
- For men, ensure the toilet seat is left up
- Install a toilet seat in a strong or primary colour and fix brightly coloured grab rails, to make



them easy to see. Blue colours are often easier to see than red

- Think about getting a commode or urinal for night time use, if the toilet isn't close to the bedroom
- Keep wet wipes or sanitizer handy for cleaning hands after going to the toilet
- Keep a set of continence pads, clean clothing and disposable gloves in the bathroom

Helping the person use the toilet

- The person may need to be guided into the toilet
- Offer encouragement with undoing their clothes in small steps, for instance: "Can you undo your buttons/zip?"; "Can you now pull down your trousers?"
- Help the person with their clothes if necessary, and if they are happy for you to do so
- Loose clothes such as tracksuit bottoms or trousers with velcro instead of buttons might be easier for some people
- Assist the person carefully to sit on the toilet if needed

- If possible, leave the person to have some privacy and stand away in the near vicinity
- For men who stand to urinate, remind them to sit on the toilet at least once a day to open their bowels
- Give the person plenty of time to open their bowels and bladder
- Check the toilet to see if the person has used it and make a note for the GP if there are any irregularities in the contents
- Report anything unusual to the person's GP or nurse
- Assist the person to ensure they are clean and dry before leaving the toilet

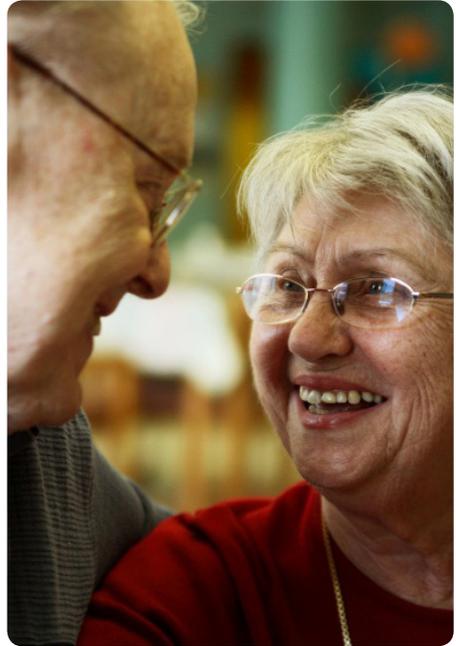
Products and care

- Continence assessments with a district nurse can be requested from the GP. You might be eligible for supplied incontinence pads, which the district nurse will advise you on
- There are many products available to buy, which the district nurse can also advise you on

- Consider using incontinence products such as waterproof mattress covers, disposable sheets and pads to protect sofas and chairs (Please see Sources of support for a list of websites where assistive products can be bought)

Skin care

- Wet skin is more prone to damage, so people who are incontinent can sustain sores and infections
- Skin should be gently washed with soap free products and patted dry
- Inspect the skin around the groin and buttocks and report immediately to the GP surgery if you see signs of redness or broken skin
- If using barrier creams and ointments, be aware that they can reduce the absorbency of incontinence pads. If you have any concerns about this, speak with the GP or pharmacist



What difference will these techniques make?

Supporting the person with dementia with their incontinence can:

- reduce the risk of them getting Urinary Tract Infections (UTIs) and constipation
- reduce agitation and pacing
- help the person sleep better
- prevent skin breakdown
- help preserve the person's privacy and dignity

Sources of support

Dementia UK leaflet on Making the home safe and comfortable for a person with dementia

www.dementiauk.org/safe-comfortable-home

Dementia UK leaflet on Eating and drinking

www.dementiauk.org/eating-and-drinking

Dementia UK leaflet on Staying healthy after a diagnosis of dementia

www.dementiauk.org/staying-healthy

NHS Choices

www.nhs.uk/Livewell/incontinence/pages/gettinghelp.aspx

Complete care shop

www.completecareshop.co.uk/continence-care

Live Better with Dementia

www.dementia.livebetterwith.com

Our Admiral Nurses can help

If you have any questions or concerns about dementia, you can call the dementia specialist Admiral Nurses on our Helpline for free.

Call **0800 888 6678** or email helpline@dementiauk.org

Opening hours:

Monday-Friday, 9am-9pm

Saturday-Sunday, 9am-5pm

The information in this booklet is written and reviewed by dementia specialist Admiral Nurses.

We are always looking to improve our resources, to provide the most relevant support for families living with dementia. If you have feedback about any of our leaflets, please email feedback@dementiauk.org

We receive no government funding and rely on voluntary donations, including gifts in Wills.

For more information on how to support Dementia UK, please visit www.dementiauk.org/donate or call **0300 365 5500**.

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If you're caring for someone with dementia or if you have any other concerns or questions, call or email our Admiral Nurses for specialist support and advice.

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Saturday and Sunday, 9am – 5pm



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