

Dementia and continence

Other formats

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This leaflet provides information and guidance on how to support a person suffering with dementia with toileting and continence issues. Incontinence is not necessarily inevitable.

Dementia

Dementia affects the physical functioning of the body because neurological (nerve) messages are impaired. They may not be sent, received or interpreted correctly. This creates problems for the person with dementia and for those caring for them. The functions we have taken for granted no longer work effectively.

As dementia progresses increasing levels of support will be required to maintain activities of daily living (normal living skills) i.e. active help rather than prompting with washing, dressing, cooking, shopping, cleaning the house etc. Later, they may require increased levels of assistance with eating, drinking and using the toilet on a regular basis. These activities are harder to manage when the person lives alone and has no-one 'to hand' to support them throughout the day. When they have a family member or carer living with them who is willing and able to assist, many activities of daily living can be maintained for a considerable time frame. This enables the person to retain a higher level of independence and quality of life, and remain in their own home for longer. Routines are very helpful in maintaining everyday activities of daily living.

Bladder and bowel function

Normal bladder and bowel function is controlled by the nervous system. Messages between the bladder and brain inform on bladder filling, the need to empty, and initiates voiding/passing urine. Similarly the nervous system controls the ability to recognise the 'call to stool' and the ability to evacuate at the right time and in the right place.

1. A message travels from the bladder to the brain to say the bladder is full and needs to be emptied in a toilet, and/or to the bowel to say evacuation is required.
2. The brain responds with a message to inform the person they need to visit the toilet/bathroom to empty their bladder or bowel soon.

3. The person needs to be able to recognise and interpret the message and respond appropriately.
4. They need to interrupt their current activity, walk to the toilet/bathroom, and be orientated to where to find the toilet as well as recognise and use it appropriately.
5. They need to be able to adjust clothing, the toilet lid and/or seat in order to sit on the toilet safely.
6. Then they need to clean themselves adequately, re-adjust clothing, wash hands and leave the toilet/bathroom.

The steps above reveal the complexities of the process which we normally take for granted.

There may also be physical disabilities which make walking to the toilet difficult and so they may require assistance to get there.

Bladder problems increase with age, but many can be improved e.g. an overactive bladder, urinary infection or enlarged prostate (men only).

Initially prompting to use the toilet may be adequate, but as dementia progresses further prompting with details e.g. lifting toilet seat, adjusting clothes etc. or active support may be required.

A person with dementia may not experience or recognise hunger or thirst, the need to wash, change clothes, or move an obstacle. Similarly they may not experience the desire to pass urine or the desire to evacuate their bowels; the message is not sent, received or interpreted correctly.

It is common for a person with dementia to be unaware of the need to go to the toilet, so not attempt to do so. Or the other extreme visit the toilet very frequently because they cannot remember when they last went so must “need to go”.

Inappropriate urination is not incontinence. This can be a problem for a person who recognises the need to void/pass urine but cannot recognise the toilet or find it. They therefore improvise and urinate in an inappropriate place e.g. a sink (not so different from a male urinal in a public loo), a vase or glass etc. Any ‘white good’ could be interpreted as the appropriate place to void e.g. washing machine, cooker or radiator; toilets are white!

Healthy bladder and bowel

1. Drink adequately i.e. 1.5-2 litres / 3-4 pints of a variety of fluids per day. When this is difficult to achieve add plenty of high water content foods e.g. cereals with plenty of milk, fruit, vegetables, custards, yogurts and ice cream.

The human body and brain has high water content; fluids are essential to maintain good health and body function.

2. Eat healthily i.e. five fruit and vegetables daily (include some skins where possible) and fibre-rich bread and cereals. You might find the NHS Eatwell Guide useful (www.nhs.uk/live-well/eat-well/the-eatwell-guide).

Fibre maintains regular bowel action and prevents constipation and/or diarrhoea.

3. Maintain some exercise e.g. walking

Eating stimulates gut action and the subsequent mass movement of stool into the rectum which initiates the 'call to stool'. Denying this call regularly can lead to constipation. Lack of exercise can slow the gut and cause constipation.

Practicalities

Sit down and have a drink with the person on a regular basis. It is hard not to want to drink if someone is drinking in front of you. Prompt and assist as necessary.

Offer a variety of different fluids and find drinks that they like.

Similarly eat with the person, offering variety and personal likes.

A sign on the toilet door within line of vision 'word or picture' can be effective in orientating the person where to find the toilet.

Leave the door ajar so they know it is vacant.

Leave the toilet with the seat in the appropriate position e.g. lid up and seat down for a woman, seat up for a man.

Remove or relocate the mirror to avoid them confusing their reflection for someone already in the room preventing them from entering.

Make the journey easy; remove obstacles that prevent access or distract. Ensure area is well-lit, especially at night. Movement sensor lights are available to buy (see information at bottom of leaflet).

A contrasting coloured toilet seat rather than white on white can be useful. Blue is particularly easy to see.

Appropriate grab rails in a bright colour are useful if physical disabilities are present.

Prompted toileting e.g. every two to three hours is helpful and often reduces bladder incontinence. It is normal to need to void up to seven times in any 24 hour period.

Sitting on the toilet within half-hour of meals can allow stool to be caught in the toilet often preventing faecal accidents and increasing the persons' dignity. This is because eating stimulates gut activity and the 'call to stool'.

Assist the person to find the toilet and adjust clothing and the toilet seat if required. This can be done with simple prompting in steps e.g. "can you undo the zip and pull your trousers down?", or with active support in undoing and moving trousers.

Changing style of clothes to simplify the process can be helpful i.e. remove belts and use clothes with simple fastenings.

Incontinence pads and alternatives

Incontinence pads absorb any urine leaked. There are large selections of washable and disposable products available with differing levels of absorbency to deal with all levels of incontinence. The NHS provides a range of high absorbency pads for significant incontinence. However, not everybody will meet the criteria for pad provision. Your bladder and bowel nurse can advise.

Washable products use multiple layers to keep the person dry, deal with odour and are more environmentally friendly. Washable products may be appropriate and more 'normal' to wear for some. They come in a variety of styles.

Disposable pads have a one way liner which protects the wearer's skin and a core that locks urine away to deal with odour. Many have indicator strips showing when they require changing.

Both can be very absorbent and do not need to be changed until capacity is reached. Incontinence pads may be helpful but sometimes get in the way complicating or hampering the process of voiding/passing urine.

Unfortunately any pad, even highly absorbent ones, cannot accommodate a full bladder void e.g. 1 pint/0.5 litre; the pad cannot absorb large quantities of urine fast enough to prevent leakage onto clothes or furniture. Emptying the bladder every two to three hours in the toilet will reduce the quantity of urine leaked at any one time, so help avoid these incidences.

There is no pad designed to absorb faeces. A soiled pad must be changed as soon as possible and the skin cleaned.

For men there is a selection of sheaths available. These are worn over the penis and collect leaked urine into a bag. There are other urinary collecting devices available; AFEX system and Bullen pants with a small bag attached for small urinary leaks. Some of these are available on prescription.

There are many mobility shops in local towns that stock, or can obtain, suitable pads, urinals for men and women and aids to buy (some are available on prescription).

The Independent Living Centre can also advise on clothing and aids.

Web: www.independentlivingcentre.org.uk

Tel: 01392 380181

Useful links regarding dementia:

www.ageuk.org.uk

www.alzheimers.org.uk

www.dementiauk.org (Admiral nurses)

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact:

PALS Mid Devon, East Devon and Exeter

- call 01392 402093 or email rduh.pals-eastern@nhs.net. You can also visit the PALS and Information Centre in person at the Royal Devon and Exeter Hospital in Wonford, Exeter.

PALS North Devon

- call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at the North Devon District Hospital in Barnstaple.

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