PROBLEM SCOPE

Incontinence and the Individual with Alzheimer’s Disease

Virginia Alzheimer’s Commission AlzPossible Initiative
Urinary Incontinence

URINARY INCONTINENCE - PREVALENCE

(Aged 60 or Older)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Aged 60 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>38%</td>
</tr>
<tr>
<td>Men</td>
<td>17%</td>
</tr>
</tbody>
</table>

Men
15%

Women
85%
Incontinence and the Individual with Alzheimer’s Disease

Virginia Alzheimer’s Commission AlzPossible Initiative

URINARY and FECAL INCONTINENCE STATISTICS

- Fecal Incontinence, 5.5
- Urinary Incontinence, 13.0

[Bar chart showing millions of individuals affected by urinary and fecal incontinence]
Anatomy of the rectum and anus

TYPES OF URINARY INCONTINENCE

Source: National Institute of Diabetes and Digestive and Kidney Diseases, NATIONAL INSTITUTES OF HEALTH
TYPES OF URINARY INCONTINENCE

❖ STRESS
- Leakage of small amounts of urine during physical movements such as coughing, laughing, sneezing.

❖ URGE
- Leakage of large amounts of urine unexpectedly; associated with strong urge to void.

❖ MIXED
- Combination of Stress and Urge Incontinence

❖ OVERFLOW
- Unexpected leakage of small amounts of urine because of a full bladder; due to blockage or ineffective bladder contraction.
TYPES OF URINARY INCONTINENCE

Functional

- Untimely urination because of:
  - Physical disability
  - External obstacles
  - Problems in thinking or communicating
TRANSIENT CAUSES OF INCONTINENCE

- **Transient Urinary Incontinence:**
  - Bladder Infections
  - Medications
  - Constipation
  - Urethritis, Vaginitis
  - Dietary Irritants

- **Transient Bowel Incontinence:**
  - Fecal Impaction
  - Dietary Irritants
  - Bacterial/Viral Infections
  - Medications
HELPFUL CAREGIVER INTERVENTIONS

CHECK WITH HEALTHCARE PROVIDER TO RULE OUT TRANSIENT PROBLEMS

- Bladder infection
- Fecal impaction

USE BOWEL AND BLADDER DIARY

- Helps guide prompting to toilet based on person’s habits
- Toileting Schedule
Affected individuals often are unaware they have a problem and may ignore wet clothing.

- Always have an extra set of clothing and incontinent products.
- Cover mattresses and furniture with protective covers.
- Pre-place protective pads in briefs.
- Remove cloth briefs from drawers/room and replace with protective pull-up protective garments.
- If an individual removes protective garments while wearing, snug fitting underwear may be used over the product to discourage removal.
- Do not scold the individual or appear annoyed as this may cause the individual to feel shame, depression, irritation or aggression.
- Do not call protective garments, “diapers” or use the brand names of products. Use a familiar name such as briefs.
- Not all accidents can be prevented.
- Use durable clothing which can be easily washed.
- Use washable foot wear.
Affected individuals may be unable to communicate the need to urinate.
- Attend to the individual as soon as possible.
- Always know where the bathrooms are located.
- Monitor closely for signs that the individual may need to urinate: restlessness, nervousness, rubbing arms or legs, touching genitals, pressing knees or legs together, pulling at clothes, etc.
- Assist your loved one to the bathroom on a schedule every 2 - 4 hours to minimize accidents. In addition, assist the individual upon arising, before and within 30 minutes after each meal, and at bedtime.
- As individuals might have difficulty understanding the question about the need to toilet, it is preferable to state “It is time to go to the bathroom” rather than asking “Do you need to go to the bathroom?”
- Determine your loved one’s voiding pattern and assist to bathroom on this schedule. May set alarm clock at night to coordinate with individual’s nightly voiding pattern. Praise individual’s success.
- Do not restrict fluids but one might limit fluid intake for about two hours prior to bedtime. Avoid bladder irritants (such as caffeine or carbonated beverages).
- Pay close attention to the individual’s voiding schedule in relation to administration of medication such as diuretics.
Affected individuals may have difficulty locating the bathroom or may toilet in inappropriate locations perceived to be the bathroom or toilet.

• Disguise sinks, flower pots, trash cans, corners, bureau drawers, radiators. For example, a patterned towel may be used to cover the sink.
• Ensure that the pathway to the bathroom is uncluttered, well lit, and well marked.
• Use signs and drawings in hallways and on doors to help direct to bathroom.
• Post sign with the words “Men’s/ Women’s Restroom.”
• Keep light on in the bathroom as cue to guide.
Affected individuals may reach the bathroom but be unable to remember what to do. They may not remember what a toilet is or how to use it.

- Always use adult words familiar to the person. Don’t use baby talk as this increases embarrassment.
- Accompany loved one to bathroom if necessary. Many locations now have family bathrooms.
- Guide individual verbally, by demonstration, or with hands-on assistance.
- Stay calm and reassure the individual if he/she is upset.
- Check behind individual flushing toilet, cleaning after messy toileting, etc.
Affected individuals are easily distracted and are often unable to focus on one task. They may become distracted by mirrors in the bathroom, perhaps thinking that someone is watching him or her.

- Ensure privacy and minimize distractions. Make the bathroom free of clutter, warm, and homelike.
- Provide adequate time to empty the bladder.
- Do not rush the individual.
- If the individual wants to get off the toilet prior to completion, offer a glass of water or provide something for the individual to hold or do.
Affected individuals may have difficulty finding the toilet within the bathroom as they are often unable to recognize boundaries or distinguish where the edges of objects are.

• Use contrasting colors for toilet seat and surroundings to enhance visibility. It is possible, however, that changing the color of the toilet seat may make the individual suspicious and resistant to using the toilet.
• Recognize that individuals may be frightened to sit down on the toilet seat as it represents a hole with water you can fall into.
Affected individuals may have difficulty initiating a task even when asked.

- Run sink water or flush toilet to stimulate urination.
- Help with first or second step to help individual initiate task.
- Use one step instructions.
HELPFUL CAREGIVER INTERVENTIONS

Flexibility and mobility may be impaired or slowed by changes in gait or might be restricted by geri-chairs, siderails or restraints.

• Remove any physical barriers which might hinder access to bathroom (steps, etc.)
• Use elevated toilet seats, padded seats, handrails for support and safety.
• Use commode chairs placed in area where individual spends most of day. May use screen to provide privacy.
• Use other equipment such as male or female handheld urinals, bedpans or external catheters.
**HELPFUL CAREGIVER INTERVENTIONS**

*Apraxia* or difficulty carrying out motor functions may affect manual dexterity and thus manipulation of clothing and hygiene.

- Replace snaps, buttons, and zippers with velcro strips.
- Clothing with elastic waistbands may be more easily removed.
- Monitor closely for urinary tract infections secondary to poor toileting hygiene.
- Show the individual where the toilet paper is located. If excessive amounts are used, remove and place small amounts on the roll or where easily accessible.

**Bibliography:**
## Absorbent Incontinence Products

<table>
<thead>
<tr>
<th>If your situation is:</th>
<th>Best product options are:</th>
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</thead>
<tbody>
<tr>
<td><strong>Light Urinary Incontinence</strong></td>
<td>• Bladder Control Pads</td>
</tr>
<tr>
<td>• Occasional leaks of urine—may occur with</td>
<td>• Male Guards</td>
</tr>
<tr>
<td>laugh, cough, or sneeze.</td>
<td>• Belted Undergarments</td>
</tr>
<tr>
<td>• Mentally alert, able to communicate</td>
<td></td>
</tr>
</tbody>
</table>

| **Moderate Incontinence**                  | • Protective Underwear or                                      |
| • Moderate amount of urine loss (more than | • Adult Style Pull-On                                          |
|   a leak, less than a full void)           |                                                                |
| • Attempts to get to the bathroom, by self |                                                                |
|   or with assistance                        |                                                                |
| • Usually every 2-3 hours                  |                                                                |
| • Mentally alert or may have mild confusion|                                                                |
|   at times                                 |                                                                |

| **Heavy Incontinence**                     | • Tape-Tab style Brief                                         |
| • Frequently Incontinent of bladder and/or |                                                                |
|   bowel movements                          |                                                                |
| • Large amount of urine loss/ night-time   |                                                                |
|   use                                      |                                                                |
| • Immobile or Bed-Bound individual         |                                                                |

*Images courtesy of Attends Healthcare*
SKIN CARE

- **Care of the skin** after an incontinent episode is important since moisture, ammonia from the urine, as well as enzymes from the stool can all affect the skin and contribute to rashes, skin breakdown, and other complications.

- **Mild, pH-balanced skin cleansers** are designed to gently cleanse the skin. Protective barrier products are also useful to protect the skin and prevent skin breakdown.

- **High quality absorbent incontinence products** are also effective in preserving skin integrity as they effectively wick away wetness to help reduce trauma to the skin.
HELP AND RESOURCES

- Contact healthcare provider

- Reading materials on urinary incontinence:

- Reading materials on fecal incontinence:

- Contact the Alzheimer’s Association in your area

- Medical Suppliers such as Home Care Delivered (800-565-5644 or [www.homecaredelivered.com](http://www.homecaredelivered.com)) offering an extensive line of quality, name-brand medical supplies delivered to the home.
Terri Decker, RN, CWOCN is the Clinical Director for Home Care Delivered, Inc. based in Richmond, VA. She received her Bachelor of Science degree in Nursing from Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, Ohio. She is Board Certified in the Specialties of Wound, Ostomy and Continence Care Nursing, and has extensive experience with Diabetes Self-Management Education. Terri has many years of experience as a Home Health Nurse and understands the demands on those supporting patients in the home setting. As the Clinical Director for Home Care Delivered, Terri provides support and education to caregivers and patients regarding incontinence, diabetic, urological, ostomy and wound care supplies. Founded in 1996, Home Care Delivered, Inc. provides an extensive offering of quality, name-brand medical supplies delivered directly to one’s home.

Deborah H. Perkins M.S., APRN, BC, GNP earned her BS in Nursing from Duke University and graduated with a Masters in Nursing from Virginia Commonwealth University. She is a board certified Gerontological Nurse Practitioner and Gerontological Clinical Nurse Specialist experienced in Comprehensive Senior Assessment and Nursing Education. She co-facilitates an early stage Alzheimer’s support group, serves on committees for the Greater Richmond Alzheimer’s Association, and is a Board Member of the South Richmond Adult Day Center. As a Geriatric Clinical Nurse Specialist consultant and president of Gero Care Advocate, PLLC, Debbie strongly believes in the preservation of dignity for all older adults throughout the health care continuum. As an advocate, her vision is that all older adults experience optimal health, function, safety, and care excellence.

Ayn Welleford, PhD, is Chair, VCU Department of Gerontology, Associate Professor, VCU Department of Gerontology, and Associate Director, Virginia Geriatric Education Center. Dr. Welleford received her B.A. in Management/ Psychology from Averett College, M.S. from the Department of Gerontology and Ph.D. in Developmental Psychology from VCU. She has taught extensively in the areas of Lifespan Development, and Adult Development and Aging. As an educator, researcher, and previously as a practitioner she has worked with a broad spectrum of individuals across the caregiving continuum. As a gerontologist she currently works extensively with formal and informal caregivers to improve elder care through education.