



Managing Dementia-Related Incontinence

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Approximately 46 percent of all nursing home residents and 50 percent of all residents in assisted-living facilities have some form of dementia. A resident with dementia typically experiences a decline in cognitive abilities, loss of memory, disorientation, poor judgment and changes in personality. Prevalent among elderly with dementia is the loss of bowel and bladder control, resulting in incontinence.

Common causes of incontinence include inability to recognize the urge to void, inability to hold the urge until reaching the bathroom, not being able to find the bathroom, medications, urinary tract infections or constipation. Incontinence can also develop when the individual is in an unfamiliar environment or when the individual is experiencing depression or anxiety. It is imperative for the care provider to develop a strategy to promote continence.

What interventions should be considered?

The following should be considered when developing an efficient nursing care plan for individuals experiencing incontinence and dementia:

- Conduct a complete physical examination to rule out underlying conditions such as urinary tract infection, vaginitis, constipation or prostate trouble.
- Identify the cause and type of incontinence.
- Identify the voiding pattern by noting frequency, amount and time of leakage.
- Apply behavioral interventions such as promoted voiding, scheduled toileting or bladder training to promote normal bladder function.
- Use disposable absorbent products in conjunction with other treatment options to promote dignity.
- Use protective creams and barriers to promote good skin integrity and prevent skin breakdown.
- Provide family and caregiver education.
- Evaluate outcome and revise as needed.

How can incontinence episodes be reduced?

Management of incontinence for individuals with dementia is a challenging task for healthcare providers, but there are ways to reduce the number of episodes of incontinence and improve patient dignity.

- Consider existing medical conditions such as stroke, diabetes or physical disabilities that prevent the individuals from toileting themselves properly.
- Review current medications and identify those that could increase urine output or relax the bladder, such as diuretics, sleeping pills and anti-anxiety drugs.
- Eliminate bladder irritants such as cola, coffee and alcohol from the resident's diet.
- Promote proper hydration by encouraging the individual to drink six to eight glasses of water a day (unless contraindicated).

- Ensure the environment is safe by providing proper lighting, a clear path to the bathroom, walking aids and raised toilet seats, if necessary.
- Make sure the environment is familiar by posting a picture of the bathroom on the bathroom door, reminding the individual where the bathroom is located or keeping the bathroom door open at all times.
- Work with the family to select clothing the resident can easily fasten and unfasten. For example, try fabric fasteners instead of buttons.
- Protective underwear might be a better choice than adult briefs since protective underwear more closely resembles the resident's own underpants.
- Ask or remind the individual to use the toilet at regular intervals.

Promote communication and dignity

Incontinence often has a major psychological impact on residents, resulting in anxiety for them and a more complicated care process for clinicians. Some individuals might feel depressed and have difficulty expressing emotions or communicating with others. Care providers need to ensure proper communication while protecting individuals' dignity. Consider the following:

- Respect the need for privacy as much as possible.
- Remember that toileting accidents are embarrassing.
- Encourage individuals to tell you when they need to use the toilet.
- Pay attention to nonverbal cues, such as restlessness or hiding behind furniture.
- Identify phrases for needing to use the toilet.
- Do not make individuals feel guilty by providing negative feedback or scolding them.

Reference

1. Alzbrain.org. Assessment and Management of Urinary or Fecal Incontinence.

Available at: www.alzbrain.org

Accessed November 21, 2006.