



Managing Incontinence in Persons with Dementia

Strategies for managing urinary or fecal incontinence are based on influencing behavior, adjusting fluid intake and diet, or the use of medications, products or devices.

INFLUENCING BEHAVIOR

- Incorporate a desired behavior into the person's daily routine or the routine for a special or occasional activity (e.g., going shopping).
 - Your loved one may not be able to understand the need for a particular behavior (e.g., using the toilet before leaving the house, wearing an absorbent pad) that is not part of their routine and may become emotional. Trying to negotiate with them may not be successful.
- Reintroduce a behavior after an initial refusal. Your loved one's mood may change within a short time, and they may then accept the task. Depending on the level of memory loss, they may not remember that they had once refused to do it.
- Offer options. For example, your relative may be unwilling to use the toilet before leaving the house but may be willing to do so once you arrive at your destination.

Toileting Behaviors

- Toileting behaviors are aimed at preventing or reducing the severity of bladder and bowel leakage. Approaches include prompted voiding, scheduled toileting and habit training. These programs were all developed for bladder leakage in older persons with dementia (e.g., Alzheimer's disease) or problems getting around, but they may also work for bowel leakage. The effectiveness of many of the toileting behaviors have not been studied individually but have been combined with others in a larger program.
 - **Prompted Toileting** involves asking or prompting your loved one on a regular schedule about going to the toilet and giving them positive reinforcement when they do.
 - The goals are to (1) decrease the number of episodes of leakage, (2) increase awareness of the need to use the toilet, and (3) increase self-initiated toilet use.
 - The best candidates for prompted voiding are individuals who recognize the need to use the toilet and can do so with assistance.
 - In one study, prompting toilet use every 2 hours resulted in a greater than 50% decrease in urine leakage in frail older people living at home.
 - The usual procedure for prompted voiding is to approach your family member every 2 hours and:
 - Ask if he or she is wet or soiled, to focus their attention on their bladder or bowel

- Check for wetness and soiling and give appropriate feedback: praise for no wetness or soiling or usual cleansing and skin care if their undergarments need to be changed. All responses should be given matter-of-factly and without judgment
 - Ask if he or she would like to use the toilet. If the response is yes, take him or her to the toilet; if the response is no, encourage — but do not force — him or her to use it.
 - Provide toileting assistance as necessary
 - Make positive comments about appropriate toileting.
 - The schedule for prompting can be adjusted as needed.
- **Scheduled Toileting**, or timed toileting, involves taking your loved one to the toilet on a fixed schedule — generally every 2 hours and does not try to re-establish independent toileting. Give assistance as needed. Scheduled toileting is recommended as a first approach for persons with dementia (e.g., Alzheimer’s disease).
 - Start by taking your relative to the toilet when they wake up in the morning, every 2 hours throughout the day and before taking a nap or going to bed for the night
 - Write down how often and when your family member is incontinent on the 2-hour toileting schedule and adjust the schedule accordingly. For example, if he or she is consistently dry when taken to the toilet every 2 hours, the interval can be increased to every 2.5 to 3 hours if incontinence does not resume. As in prompted toileting, you can adjust the schedule as needed.
 - If your loved one has fecal incontinence, you probably don’t need to take him or her to the toilet as often. Instead, try taking him or her to the toilet after waking up or after a meal, when they are most likely to have a bowel movement.
- **Habit Training** allows you to create a toileting schedule according to your family member’s usual pattern.
 - The toileting schedule is developed with the goal of anticipating when your family member needs to use the bathroom.
 - The first step is to try to determine your family member’s normal pattern. This can be accomplished by observing when they usually go to the toilet and checking for wetness or soiling. If they do not toilet independently, you can take him or her to the toilet every hour and observe for leakage in between.
 - Then take your family member to the toilet about 10 minutes before you think he or she will need to use the toilet.
 - Don’t attempt to change your family member’s pattern.
- **Establishing a Bowel Program**
 - Establish a clear routine that involves taking your relative to the toilet when you think he or she needs to go. The most common time for a bowel

- movement is on awakening and after meals.
- Sitting on the toilet in the correct position (leaning slightly forward with feet on the ground and slightly apart), having privacy and not being rushed are important.

Other Behaviors Requiring Higher Levels of Function

Some behavioral strategies require a higher level of cooperation and coordination of function than some people with dementia are capable of. You can try the following techniques if your loved one is able to follow them.

Pelvic Floor Muscle Exercises

- Exercising the muscles of the floor of the pelvis or lower hips may strengthen the muscles responsible for continence. These exercises, often called Kegel exercises, involve contracting (or tensing) and relaxing the muscles.
- Learning the exercises correctly takes training and several weeks or months of practice to condition the muscles enough to notice a difference.
- These exercises have been shown to be most effective for stress urinary incontinence (i.e., urinary leakage that occurs during sudden movements such as coughing or laughing) but may also help with urge urinary incontinence (i.e., overactive bladder) or fecal incontinence.

Biofeedback

- In this strategy, the individual learns to recognize sensations and cues from their body (e.g., the sensation of having empty the bowel) and control their responses to them. A controlled response is holding it in until reaching the toilet.
- Several training sessions and weeks of practice are needed.

FLUID ADJUSTMENT

- Many individuals with dementia (e.g., Alzheimer's disease) do not drink enough fluid. Unless there is a medical reason to limit fluid, most individuals should be encouraged to drink 6 to 8 glasses of fluid (e.g., water) a day to avoid dehydration.
- Older people may not be as thirsty as younger ones, so offer your loved one water regularly.
- Offer more water during the day than before bedtime, to avoid incontinence or having to get up during the night to use the toilet. If your loved one does not eat enough, offer fluids with calories (e.g., milk, juice, Ensure® nutritional drink) after meals.
- Drinking beverages with caffeine may contribute to incontinence, although the link has not been proven. If you think it might help, try reducing or eliminating caffeinated beverages. If it doesn't help, you can always go back to caffeinated drinks.
- If your loved one drinks large amounts of fluid, you might try decreasing his or her intake to eight 8-ounce glasses per day to see if it helps reduce incontinence.

However, few studies have examined the effectiveness of fluid adjustments for reducing urine leakage, especially in persons with dementia.

DIET ADJUSTMENT

- Many people, even those without dementia, eat less than the recommended 25 grams of dietary fiber per day.
- Attaining this amount of fiber from foods may be difficult. In this case, a powdered fiber supplement (e.g., psyllium, sold under brand names such as Metamucil®) may be recommended. One study reported less fecal incontinence with daily use of psyllium. If your loved one doesn't like to drink the fiber supplement in juice, you can try adding it to baked goods. If your loved one is able to take pills or chewable tablets, fiber supplements are also available in these forms. One example of a chewable tablet is FiberChoice®.
- Some individuals notice that certain foods or food types worsen fecal incontinence. Examples of foods that may increase gas production include beans and cabbage. Other troublesome foods might be fatty or greasy foods (e.g., spare ribs), spicy or peppery foods, caffeinated or alcoholic drinks, nuts or popcorn, and dairy foods (e.g., milk, chocolate). Examining the diet of your family member and associations of a food with their pattern of incontinence may identify foods to avoid or restrict. Because many people with dementia do not eat enough calories or have a well-balanced diet, restrict foods cautiously. If the incontinence does not improve, the restricted foods should be reintroduced into their diet. Very few studies have investigated the effectiveness of diet adjustments for fecal incontinence, especially in persons with dementia.

MEDICATIONS

For Urinary Incontinence

- Although some medications may help reduce incontinence due to an overactive bladder, they are not routinely used in persons with dementia because their risks (e.g., worsening of dementia) may be greater than their potential benefit. Therefore, strategies other than medications are usually recommended.

For Fecal Incontinence

- Antimotility, or anti-diarrheal, medications (e.g., Immodium®) may reduce fecal incontinence. These medications, which slow the movement of feces through the intestines, can be taken as needed — especially if leakage is infrequent. Some people may need to take them daily to establish a pattern.
- Constipation may be a side effect of antimotility medications. If your family member takes these medications, monitor how often they use the toilet and how solid or loose their bowel movements are. The dose or frequency of the medication may need to be adjusted.
- Feces that stay in the intestines for a long period can lead to a blockage. If a bowel movement has not occurred in more than 3 days, fecal incontinence can still occur. Loose feces can seep around feces that have formed a blockage.

Checking for bowel movements (not just leaks) is important.

- Some people may not empty their bowel completely when using the toilet and may need a medication specifically for this problem (see the *Rectal Emptying* section later in this document).

Review of Medications

- Several types of medications are commonly prescribed for older adults that can cause or contribute to urinary or fecal incontinence. These medications are used to treat health problems such as heart failure, high blood pressure, anxiety, depression, constipation or pain. Sometimes another drug that does not cause this side effect can be substituted. Discuss this issue with your family member's health care provider or pharmacist to review their medications.

Rectal Emptying

- If your loved one feels like he or she does not completely empty the rectum after a bowel movement, you can try abdominal massage. Abdominal massage is the application of firm but nonpainful pressure to the lower abdomen above the large intestine in a clockwise direction. The large intestine follows the course of an upside down "U" around the lower abdomen.
- Some foods (e.g., prunes, prune juice, pureed prune baby food, blueberries) stimulate the rectum to empty, similar to a laxative.
- Consuming more fiber (e.g., a psyllium fiber supplement) can also help. Consult your loved one's health care provider if the amount of fiber recommended on the label is ineffective. Taking fiber on a regular schedule (e.g., daily) rather than as needed may help establish a pattern.
- A suppository, laxative or small enema stimulates the rectum to empty and prevent leakage of remaining feces. Ask your family member's health care provider about using these medications.

Other Tips

- Preparing and carrying a cleansing kit with supplies such as moist cleansing wipes, a skin protectant, an absorbent pad or brief, an extra set of underpants and pants, and a disposable plastic bag can help you respond to leakage accidents that occur in public.
- Learn the location of toilets, especially family or unisex toilets if you provide assistance, in public places that you visit and estimate the time you will need to get there from the entrance or your usual stop. Make a visit to the toilet part of the routine of the outing, such as upon your arrival or before you leave.

NIGHTTIME LEAKAGE

- *Nocturia* is awakening from sleep at night to urinate. Nocturia is common in older adults; by 80 years of age, 80% to 90% of individuals get up at least once a night to urinate.



- In some older adults, nocturia occurs because they awaken at night for other reasons.
- When the urge to urinate awakens the person, the nocturia may be related to a bladder function problem (e.g., urinary tract infection, overactive bladder, prostate enlargement) and should be evaluated by your family member's health care provider.
- Nocturia can also be related to excessive nighttime urine production, or *polyuria*. Polyuria may occur in heart failure, diabetes, Parkinson's disease or vascular disease and from some medications.
- *Enuresis* is incontinence that occurs during sleep. The possible causes and treatment are the same as those for nocturia.
- Fecal incontinence during sleep occurs in only a small percentage of people.

Managing Nighttime Leakage

- Managing nighttime leakage or awakening can be a challenge. Wearing an absorbent brief (i.e., diaper) is often the best option, especially if your family member becomes upset when waking up wet or soiled. Apply a skin protectant at night to all areas in potential contact with moisture.
- Placing absorbent underpads on the bed may be useful for small leaks.
- For men, a bedside urinal may be effective in preventing leaks, as it allows quicker emptying of the bladder. In addition, they don't need to get out of bed, which can promote falling back to sleep. Your family member may need help using the urinal. Applying an external sheath over the penis attached to a tube and/or a collection bag is another option and can keep linens dry.
- A plastic pouch can be applied to the outside of the anus between the buttocks to collect feces. An adhesive wafer adheres the pouch to the skin. However, this product can be difficult to place correctly and to seal.
- A commode at the bedside is useful for both men and women if they are unable to get to the toilet in time during the night.
- Some spouses sleep in a separate beds so that the one who is continent does not have to wake up at night and is refreshed enough to care for their spouse during the day.
- Avoid caffeine and alcohol in the evening, and restrict fluids for 3 to 4 hours before bed.
- Reducing swelling in the legs can cut down on the need to urinate during the night. If your loved one has swollen legs, elevate their legs for several hours in the late afternoon or evening and have them wear support hose.
- Having your relative eat a larger meal in the afternoon rather than in the evening may result in a bowel movement (or any leakage) before going to bed rather than during the night.
- If another health problem causing the nighttime leakage is identified, treatment of that condition may resolve it.

ABSORBENT PRODUCTS

- Absorbent products are a common and important strategy for containing leaks of urine or feces. Even when leaks are managed with other interventions, absorbent pads are often used part-time (e.g., in public) for protection.
- There are so many different kinds of absorbent products that it can be hard to choose one. Some products are worn on the body, while others are placed on a surface. (See the *Absorbent Product Guide*.)
- Most people prefer disposable absorbent products because they don't have to be laundered.
- Products that are form-fitting come in a range of sizes.
- Few products are designed specifically for fecal incontinence.
- Many people prefer to use products with good absorbency that don't look bulky.
- Absorbent products worn on the body for too long a time can result in skin damage due to prolonged contact with the moisture in urine or feces. Changing soon after soiling or wetting is important (See the *Skin Care section*).