



Bladder and bowel problems in people living with dementia

Bladder and, to a lesser extent, bowel problems are more common as we get older. They are not a normal feature of aging. Having a dementia can make these problems more difficult to cope with and, as dementia progresses, new problems can occur. A person with Alzheimer's disease may either leak pee by accident (urinary incontinence) or have bowel accidents (fecal incontinence), or sometimes both may occur.

Our brain is very important in sending messages letting us know when our bladder or bowel needs to be emptied, but, with dementia, these messages might not be received, we may lose the ability to recognize them or we may not understand what to do when these messages are received.

Losing control over basic bodily function can be degrading for the person with dementia. It is also potentially very embarrassing and difficult for both the person with dementia and any care partner to provide help in this intimate area of life.

When incontinence happens...

Think about the possible reasons for the accident; this will guide how you might deal with or prevent the incontinence from recurring. Keeping a diary of bladder or bowel habits can help to establish a pattern and can be very useful to your health care provider in working out if there is a treatable medical cause. It is important to remember, that as the dementia progresses, accidents will happen regardless of your best efforts to prevent them.

Things to consider...

- Many bladder or bowel problems can be treated, such as a bladder infection, constipation, stress (exertional incontinence) or urgency incontinence and for men, prostate problems which make bladder emptying difficult. You should seek advice from your healthcare provider
- Drinking large amounts of coffee, tea or sodas can make bladder problems worse; it will not do any harm by trying to replace these kinds of fluids in order to see if there is an improvement
- It is important not to restrict a person's fluid intake for fear of leakage – a concentrated urine can actually make urinary frequency worse; dehydration also worsens constipation and the effects of dehydration are far worse than occasional bladder accidents.
- Many medications can contribute to incontinence, including anti-dementia drugs like Aricept; your physician should be able to review all medications and make adjustments if needed.





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Problems made worse by the dementia...

- Can he / she communicate his or her need to visit the toilet? Are there behaviours which might signal the need? Sometimes agitation or anxiety is the only outward sign of a need to empty the bladder or bowel.
- Can he or she understand the message that her body is sending that it is time to go to the toilet?
- Is the way to the washroom clear, easy to understand, well-lit at night and clearly labelled? (Make sure there is nothing that might resemble a toilet or urinal in the living area).
- Would providing a bedside commode or a urinal make toileting at night easier?
- Would simple adaptations to clothing, such as Velcro or elastic instead of zips or buttons help?

Personal reactions...

Upon being incontinent, some people may be upset and embarrassed, but others may not be. Some people may try to hide the evidence, by removing wet or soiled clothing and hiding it, or by wrapping poo and try to throw it away. Some people, on messing themselves may smear the poo on walls or surfaces; if this problem isn't helped by the advice below; see your healthcare practitioner for advice


Practical tips

If, despite your best efforts, you can't find a specific reason for the incontinence or times that they occur, try the following:

At home...

- Make the toilet easy to find. Mark the way with clear signs, make sure that there is nothing that looks like a toilet in your living area. Make sure there are no obstacles on the way. Label washroom doors with words or pictures to make it easy to identify.
- Older people have a reduced sense of contrast. Make sure the toilet seat is a different colour from the toilet; use coloured water to help aim or, for men, try to get him to sit when on the toilet to pee. Use a bedside commode or a urinal in the bedroom.
- Put lids on waste paper baskets and other containers that may be mistaken for toilets.
- Leave open the door to the bathroom when not in use.





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What can care partners do?

- Watch for behaviours that might signal that the person needs to use the washroom. For example, restlessness, unusual vocalization or agitation.
- Give simple instructions that are easy to understand when talking about toileting.
- Give reminders regularly and prompt the person to visit the washroom before going out, e.g., every two hours, in the morning upon getting out of bed and at bedtime.
- Prompting going to the toilet to empty the bowels just after breakfast is often the best time to achieve bowel emptying
- Choose easy-to-remove clothing, such as Velcro closings or elastic waists.
- Give a cue to get started, such as running water or certain words. Try to ensure that the bladder is completely emptied.
- If incontinence during the night is a problem, don't drink too much just before going to bed. Do not restrict fluids during the day.
- Provide good lighting on the route to the washroom.
- Install hand rails beside the toilet to make sitting down and getting up easier.
- Install a raised toilet seat, if this makes getting on and off the toilet easier; remember though that you may need to provide a footstool to help the person into the best position to empty the bowel.
- Use fluorescent tape to illuminate the way to the washroom and where to sit to pee.
- Products such as disposable underwear, incontinence pads, panty liners (for women) or protective bedding might be helpful. These may be useful at certain times or in specific situations. Your healthcare provider can help with arranging assessments for the best products for the job. Extra advice is available at: <http://www.continenceproductadvisor.org/>
- Even when wearing pads, prompt regular use of the washroom.
- Pads can ensure that skin is kept clean and dry, but check regularly, a barrier cream to protect the skin can be applied sparingly beneath the pad





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What can care partners do?

- There are treatments available, having a dementia diagnosis is not necessarily a bar to treatment. Seek advice from your healthcare provider who may refer you to a specialist continence service for assessment and a management plan. This can help with receiving financial assistance for pads and products.
- It is important not to get angry or upset when incontinence happens. Cleaning up after is not pleasant and often places stress on care partners. Remember that accidents are often the result of severe dementia, and are not the "fault" of anyone.

Advice on treatments are available at: <http://www.canadiancontinence.ca/EN/resources.php>

