



GERIATRIC EDUCATION
& RESEARCH INSTITUTE

INCONTINENCE AND DEMENTIA

Incontinence:

The involuntary loss of urine/feces that is sufficient to cause adverse social or hygienic consequences.

Facts:

Women account for **85%** of persons who suffer from urinary incontinence

16% of the female population suffers from urinary incontinence, **9%** from fecal incontinence

Direct and Indirect medical costs related to UI are estimated at more than **\$32 billion** annually in the United States

50%-60% of nursing facility residents suffer from UI

Types:

Six major types of incontinence: urge, stress, mixed, overflow, total and functional. Urge stress and mixed are the most common, together accounting for more than 80% of all incontinence

Urge Incontinence: occurs when individuals have a sudden urge to urinate but are unable to get to the toilet in time

Stress Incontinence: the loss of urine that occurs with a sudden rise in pressure in the abdomen from coughing, sneezing, lifting and other physical activity

Mixed Incontinence: combination of both stress and urge

Overflow Incontinence: the bladder cannot empty completely. This occurs when either the bladder fails to contract properly or because the urethra is partially blocked

Total Incontinence: complete loss of control and almost continual leakage of urine

*Functional Incontinence: loss of urine when a person is unable or unwilling to use the toilet appropriately. Usually due to a chronic impairment of physical and/or cognitive function.

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Reasons for Occurrence:

Medical condition: infection, constipation, medications

Physical Barriers: limited range of motion, decreased strength, poor balance, limited bilateral coordination, decreased sensation, decreased vision, decreased endurance

Environmental Barriers: size and set up of the bathroom, accessibility of bathroom, accessibility of hygiene items, clutter, presence of restraints, distance to nearest bathroom

Cognitive Barriers: orientation (can they locate the bathroom/their room), sequence the task (completed the necessary steps in the correct order), problem solve (improvise for unexpected circumstances), safety awareness (use safe strategies to avoid falls or injury), communication (communicate need for assistance)

Interventions:

Establish a toileting schedule

Ideally every 2 hours **OR** at least 5 times per day

- Schedule:
1. During morning ADLs
 2. After Breakfast
 3. After Lunch
 4. After Dinner
 5. Before Bed

Allow extended time on the toilet

90 second rule (sit on toilet and cue to go to the bathroom)

Allow for self personal hygiene and assist if needed

Label the door with words or a picture of the bathroom

Close all doors except the bathroom door

Dress in easy on/easy off clothing

Only apply one pad at a time

Look for clues that someone has to go to the bathroom

Use protective garments at night

Layer the bed

Reduce intake of fluids/foods that may irritate the bladder

Irritants: citrus fruit juice, coffee, tea, alcoholic beverages, tomatoes, spicy foods, chocolate, milk, cheese, dairy products, cranberry juice

Recommended: apple juice, grape juice, pear juice, water

Drink plenty of fluids so urine does not become concentrated, dark yellow, and foul smelling (signs of bladder or urinary infection)

Exercise

Upper and lower extremity exercises
Kegel Exercises

Outcomes

Rewards for the Caregiver:

Less frequent linen and clothing changes
Reduction in skin problems
Decreased confusion of resident due to dehydration and UTI
Easier personal hygiene care for the residents

Rewards for the Resident:

Increased acceptance by other residents and visitors
Reduced social isolation
Enhanced self esteem
Reduced incidence of skin breakdown
Limited infectious disease
Contained costs due to reduction of pad usage

Case Study

You are currently treating a resident in the mid stages of dementia that uses a cane for mobility, requires assistance for dressing and grooming and is incontinent.

Name a few factors that may be contributing to his incontinence



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