Dealing with Incontinence and Toileting Issues

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1

OBJECTIVES

- What is incontinence?
- Discuss why clients with Dementia become incontinent
- List the types and symptoms of urinary incontinence
- Explain what caregivers do to help their clients.
- Understand the importance of a toileting schedule.
- Identify non-pharmacological interventions for urinary incontinence.

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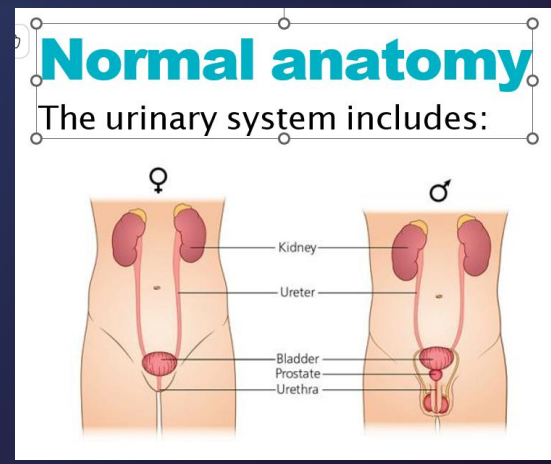
2

URINARY INCONTINENCE

- Involuntary leakage of urine
- Prevalence increases with age
- Adults 60+: over 40% have UI
- Up to 76% in nursing homes
- 50% – 70% of women over 50
- 21% of men over 65



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Signs of Incontinence

- Knows the location of every public restroom within a 50-mile radius at all times
- Doesn't leave home without a full change of clothes
- Hasn't seen an entire movie at the theatre in the last 10 years
- Wears dark clothing in case of an accident

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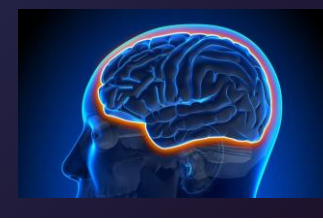
What is Incontinence?

- Incontinence is the loss of control of the bladder and/or bowel function.
- Our brain sends messages to our bladder and bowel telling them when it is necessary to empty.
- Being in control of these functions depends upon awareness of bodily sensations such as the feeling of a full bladder, and the memory of how, when and where to respond.



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Types of Incontinence

Symptom	Description
Urge	Sudden need to pass urine that is hard to ignore; usually associated with frequency
Frequency	Passing urine > 8 times a day or > once at night; usually associated with urgency
Stress	Leakage of urine with certain activities (coughing, laughing, jumping)
Overflow	Usually due to bladder outlet obstruction or an underactive bladder muscle
Functional	"Disability-associated" incontinence; getting to and using the toilet successfully is the main barrier
Mixed	Combination of above symptoms

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Didyk, 2022 betterhealthwhileaging.net/urinary-incontinence-in-aging

6

What causes incontinence in people with dementia

Reasons for incontinence in someone with dementia include:

- Not recognizing when they experience the urge to urinate or have a bowel movement
- Not recognizing the bathroom or toilet or not remembering where they are
- Communication issues
- Unable to get to the bathroom in time
- Mobility issues

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Normal Aging and Incontinence

- Fibrosis of bladder muscle fibers
- Reduced sensitivity of neurological responses of bladder
- Stimulus to void happens when the bladder is fuller than in a younger person
- Bladder muscle contracts less forcefully
- Urethral sphincter (valve at the bladder outlet) is looser in older women
- Larger prostate gland can obstruct the urethra in men
- More frequent need to pass urine

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Medical causes

- Incontinence is also common in people without dementia. About 25 million Americans experience incontinence.

Medical causes of incontinence in older adults include:

- enlarged prostate
- constipation
- neurological complications, often caused by a stroke
- diseases such as Parkinson's disease, multiple sclerosis, and prostate cancer
- side effects of medications that relax muscles of the bladder and reduce awareness, such as sleeping pills and tranquilizer

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Causes of Acute Incontinence

D	**DELIRIUM**
I	**INFECTION**
A	**ATROPHIC URETHRITIS AND VAGINITIS**
P	**PHARMACEUTICALS**
P	**PSYCHOLOGIC DISORDERS** Depression, Delirium, Dementia
E	**EXCESSIVE URINE OUTPUT** (e.g., from heart failure or hyperglycemia)
R	**RESTRICTED MOBILITY**
S	**STOOL IMPACTION**

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What stage of dementia is incontinence?

- Incontinence is a symptom that often develops in the middle and late stages of dementia.
- About 60 to 70 percent of people with Alzheimer's develop incontinence.
- Not all people who have dementia have or will develop incontinence.

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The **psychological impact of incontinence**

The stress placed on a person with incontinence, and those who are caring for them, cannot be underestimated

- If incontinence is not managed well, the person with incontinence may experience feelings of:
  - rejection
  - social isolation
  - dependency
  - loss of control
  - problems with their body image

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Treatment of Incontinence

Lifestyle changes

- Liquid moderations
- Constipation management
- Weight
- Smoking cessation

Kegel exercises

Medication review

- Diuretics, Opiods, Allergy meds, Antidepressants,Bensodiazepines

Medications for bladder

- Beta-adrenergic-mirabegron,vibegron(relaxes bladder,decrease hyperactivity)
- Antimuscarinics-oxybutynin, solifenacin, tolterodine, trospium*relaxes bladder contraction)

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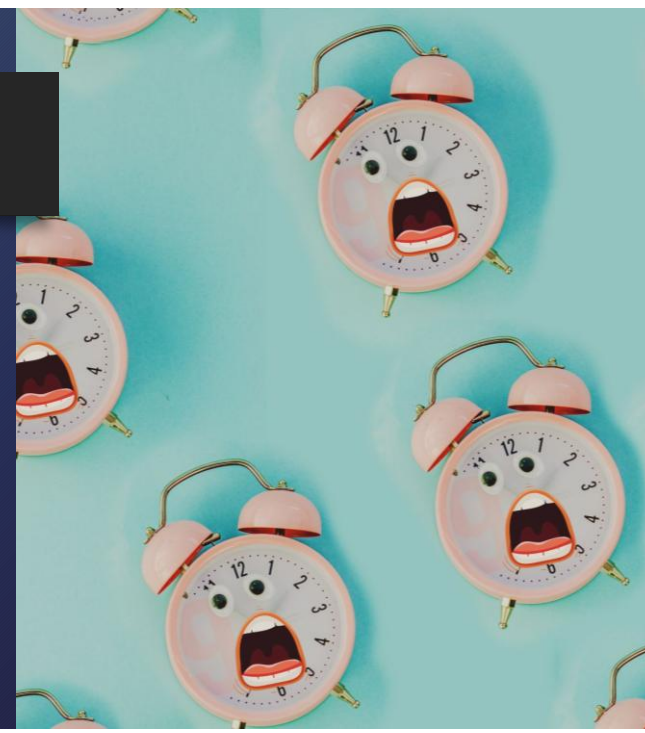
Tips for Reducing Accidents

Watch for cues that the client needs to use the bathroom

- Restlessness, Getting up and down
- Making unusual sounds, straining, turning red in the face
- Pacing
- Pulling at clothes
- Holding themselves

Avoid drinks for several hours before bedtime



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If an Accident Does Occur

The best way to approach the situation is with understanding and genuine interest for improvement.

If an accident occurs, try to:

be respectful of privacy	speak or address the issue in a calm manner	avoid scolding, or looking upset or frustrated	try to ease any embarrassment your client might be feeling	"This could happen to anyone; it is not a big deal"	Wash your hands thoroughly in warm water before and after helping with toileting or changing adult undergarments or pads.

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Managing Incontinence

- Scheduled voiding - encourage and support patient in voiding; report your observations keep a record
- Encourage family to keep record of patient's incontinent episodes
- MAKE PART OF YOUR CLIENTS DAILY SCHEDULE

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TOILETING/INCONTINENCE

- Establish a routine
- Commodes near bed for nighttime
- Plan extra time, be patient, don't rush
- Well lit bathroom areas
- Change Toilet Seat Color
- Sign on Bathroom door
- Easy to remove clothing
- Teach Family a Timed Voiding Schedule
  - Schedule fluid Intake every two hours
  - Toilet every two hours

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17

Managing Incontinence-Timed Voiding

- **Encourage record keeping of the patient's incontinent episodes. Use this record to establish a toileting schedule.**
- **Encourage caregivers/family to take patient to toilet or commode to urinate every 2 hours - ENCOURAGE fluids in between voiding**
- **Ask patient if he/she wants to go to the bathroom. Every 2 hours while patient awake, ask if he or she is wet or dry.**
- **If patient says "no", encourage patient to toilet but do not force to do so.**
- **Give praise**
- **Check undergarment or pad to see if it is dry**
- **GOAL = KEEP PATIENT DRY!!**

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18

Sample toileting schedule:

- Toilet upon awakening
- Toilet after breakfast
- Toilet mid-morning
- Toilet before and after lunch
- Toilet after napping
- Toilet before and after dinner
- Toilet mid-evening
- Toilet before bedtime

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19

Prompted Voiding

Prompted voiding is recommended when client can learn to recognize some degree of bladder fullness or the need to urinate.

- Every 2 hours during waking hours ask your client if they are wet or dry.
- The undergarment or pad is then checked to see if wet or dry.
- The client is asked if they would like to use the toilet, if the client says yes, they are then taken to the commode, or if the client is bed bound a urinal or bedpan is provided.
- If the client says no, the client is encouraged to toilet but not forced to do so.
- Toileting assistance is provided as needed
- Your client is praised for toileting correctly

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20

Clothing

Make	Make sure clothing is easy to open and remove
Try	Try elastic waistbands
Pull over	Pull over shirts and tops that are easy on easy off
Don't let	Don't let your client become accustomed to wet clothes
Select	Select washable clothing
Try	Try protective garments and disposable pads

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21

Environmental Adaptations

Remove	•Remove obstacles in path to bathroom
Keep	•Keep bathroom safe - no clutter
Keep	•Keep commode near bed
Use	•Use a night light
Make	•Make arrows leading to bathroom out of masking or reflector tape
Put	•Put a sign on door that reads "toilet" and/or put a picture of a toilet
Change	•Change the color of toilet seat if bathroom is all one color

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22

Give Directions in Steps

Direct the client to the front of the toilet

Help or instruct to remove necessary clothing

Give cues to get started for example running water

Hand your client the toilet paper or wipes.

Give your client privacy if safe but stay right outside the door.

If your client has difficulty staying seated play music, hand them a book or a magazine to hold.

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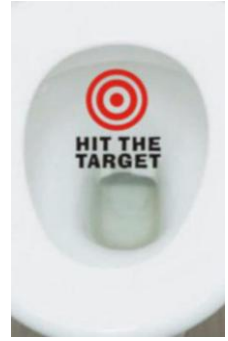
23

VISUAL SPATIAL CHANGES CAN CONTRIBUTE

- *Decreased visual acuity, decreased peripheral vision, changes in depth perception, and visual field lowering*
- ***What Can You Do?***
- *Use color contrast*
- *Use bright colored tape*
- *Lower items*
- *Change color of the toilet seat or use colored water in toilet*
- *Simply, declutter the bathroom*
- *For men add a decal in toilet to aim at or colored tape*



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24

To identify a UTI, keep an eye out for the following symptoms:

- Burning or painful urination
- Client with frequent or intense urge to urinate, even though little comes out
- Client complains of Pain or pressure in back or lower abdomen
- Cloudy, dark, bloody, or strange-smelling urine
- Complaints of feeling tired or shaky
- Fever, chills, nausea, vomiting
- Mental status changes or abrupt worsening of confusion, including significant changes in behavior
- UTIs can worsen without proper treatment

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25

How to reduce the Risk of Urinary Tract Infections

- Encourage your client to drink plenty of fluids.
- Take your client to go to the bathroom when they have the urge; don't wait.
- After using the toilet, wipe front to back.
- Cleanse genital area daily.
- Encourage client to wear cotton underwear and loose-fitting clothes so air can keep the area dry.

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26

BOWEL MANAGEMENT PROGRAM

- Encourage client to drink 6-8 glasses of fluid daily.
- Avoid fluids containing caffeine.
- Provide 2 types of fluid at each meal
- If client refuses to drink enough fluids, provide foods that have high water content.
- Provide foods that have high fiber content.
- Add bran to cereals and other foods to increase fiber intake.
- Set a scheduled time for bowel movements.
- Abdominal massage may work to stimulate the bowel movement to occur.
- Encourage exercise such as walking, Exercise in any form will help to stimulate the bowels to move.

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27

Protect the Skin

Provide	Provide daily skin cleansing
Clean	Clean the skin each time the client is incontinent of urine or stool
Clean	Clean the skin gently with mild soap or skin cleanser, rinse thoroughly with warm not hot water and pat the skin dry, if client has, apply a moisture barrier
Use	Use absorbent under pads or briefs to absorb and wick away moisture
Develop	Develop a schedule to check and change under pads or briefs to remove wet briefs or under pads in a timely manner

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28

SKIN CARE TO PREVENT PRESSURE ULCERS

- PRESSURE ULCER-area of skin where lack of blood flow has caused tissue damage. Pressure ulcers can be caused if bone presses on skin while person is in a position too long.
- Symptoms of Pressure Ulcers
  - Redness of skin
  - Broken skin
  - Change in skin color
  - Blister of skin
- At increased risk due to decreased activity, poor nutrition, decreased reporting of pain, lack of bowel and bladder control
- NOTIFY OFFICE OF ANY SKIN BREAKDOWN, COLOR CHANGES, PAIN ON MOVEMENT!

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29

SKIN CARE TO PREVENT PRESSURE ULCERS

- Position and turn client every 2 hours at least
- Encourage movement
- Keep bed linens clean, avoid rubbing skin on sheets
- Wash skin regularly and moisturize
- Check for incontinence
- Check skin for redness, sores, breakdown
- Encourage client to eat and drink diet high in calories and protein
- Avoid client sitting or lying on bony spots (hips, spine)

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30

SKIN CARE-POSITIONING

- Change every two hours
- Avoid side lying position
- Use pillows under hips and shoulder to hold position
- Protect heels from pressure by keeping them off the bed
- Raise head of bed if possible
- Use upright position during meals to prevent choking

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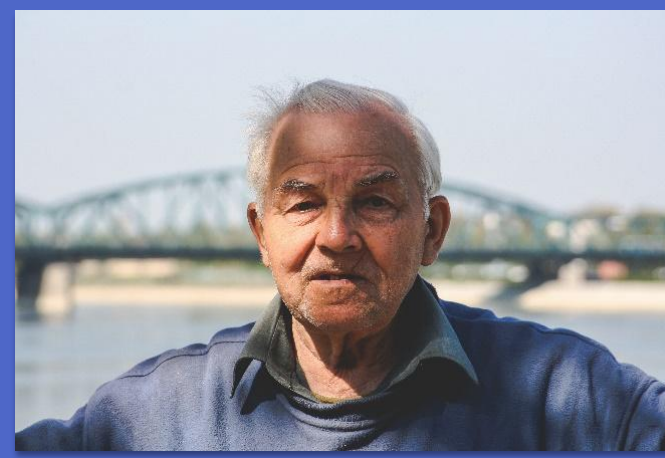
31

Case Study

- Mr. R refuses to leave his home since he became incontinent of urine. His partner Sam is getting frustrated as Mr. R will not wear pads or pull-ups and is urinating everywhere in their home. Sam spends most of his day cleaning Mr. R and their home. Your agency has been hired to care for Mr. R for 7 hours x 7 days per week.
- What is your plan do deal with Mr. R.?
- Do you have any suggestions for Sam to change the environment in the home?



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32

QUESTIONS ????

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33