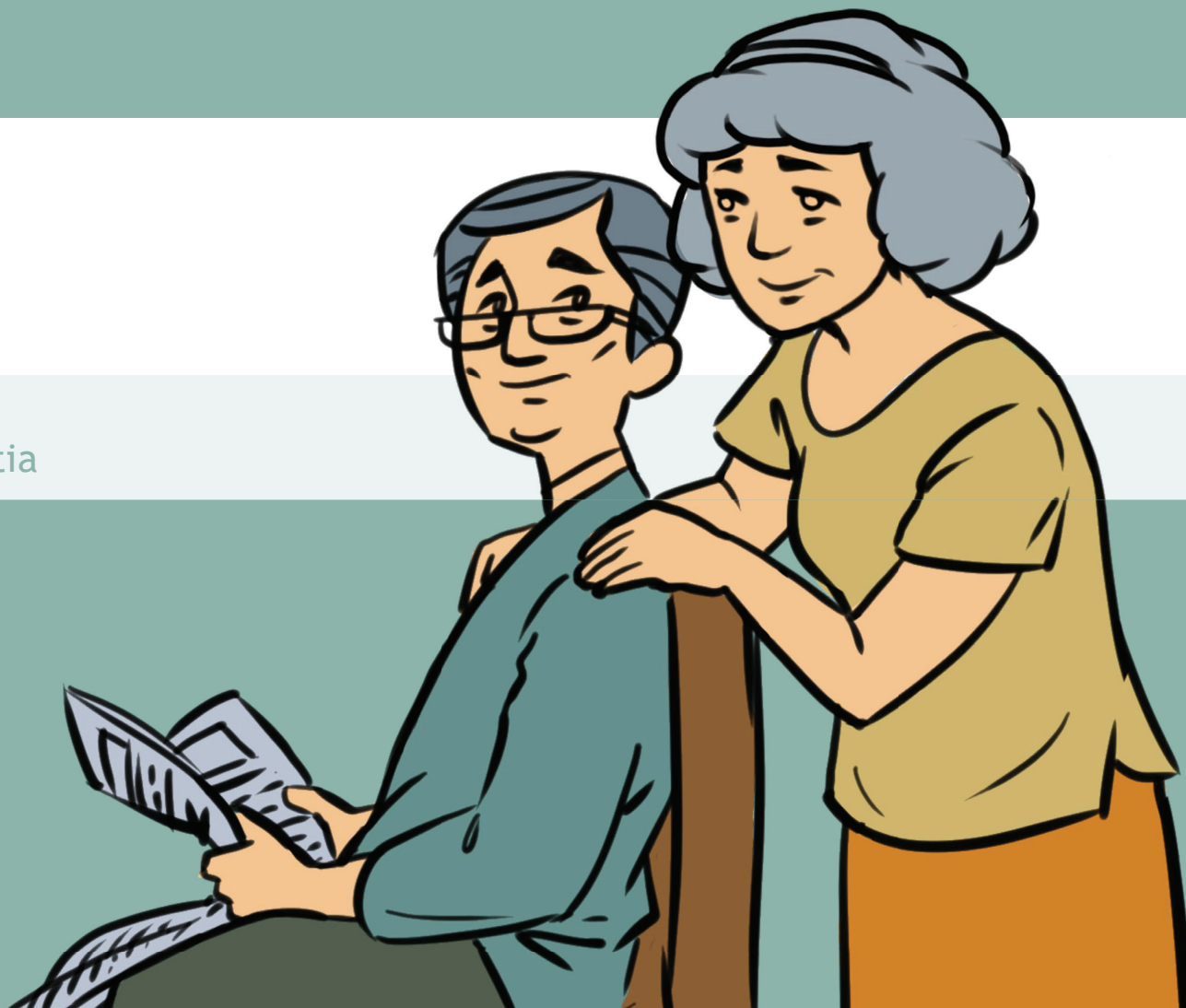


Australian version

# iSupport For Dementia

Training and support manual  
for carers of people with dementia



## Unit 3. Toileting and continence care

### Why is this unit important?

Poor toileting and incontinence may lead to infections and other health problems, low self-esteem and withdrawal from social activities for a person with dementia.

### How will this unit help me?

This Unit will help you think about the health concerns and assist the person you care for with toileting and continence.

### What will I learn?

- What incontinence means
- Possible solutions for problems like urinating on the floor or losing control of the bladder
- How to use incontinence aids and equipment
- How to prevent urinary tract infections
- How to support regular toileting.

### What is incontinence?

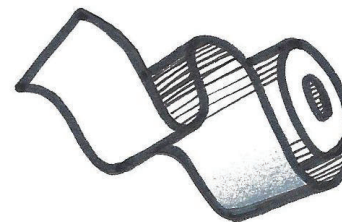
Incontinence is a term that describes any accidental or involuntary loss of urine from the bladder (urinary incontinence) or bowel motion, faeces or wind from the bowel (faecal or bowel incontinence).

In the early stages of dementia, most people can remain continent, particularly if they are in a familiar environment. Studies have shown that one of the most important factors to help people with dementia to maintain bladder and bowel control is to ensure the toilet is visible and accessible.

However, as a person's dementia progresses, they usually need increasing levels of assistance.

They may need assistance to locate the toilet.

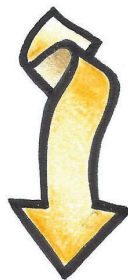
They might also need increasing levels of help to recall the tasks associated with using the toilet, such as adjusting their clothing, lifting the toilet seat (for men), sitting on the toilet, using toilet paper, readjusting their clothing, flushing the toilet and washing their hands.



### Some common Issues: Urinating on the floor

Dementia affects the person's ability to find their way to go to the toilet and to identify the toilet and/or the toilet seat. They may not be able to recognise the need to pass urine or get their clothes off to use the toilet.

You should not blame the person for this behaviour or punish them as this type of response will cause stress to them and yourself. Modifications in your house may help to enable the person to use the toilet.



### Joe urinates on the floor

Mary is taking care of her husband, Joe, since he developed vascular dementia several years ago.

Joe is able to go to toilet himself without assistance, but recently, Mary finds Joe urinates on the floor outside the toilet.

### Check your understanding



#### Joe urinates on the floor

#### What would you think is the right response for Mary?

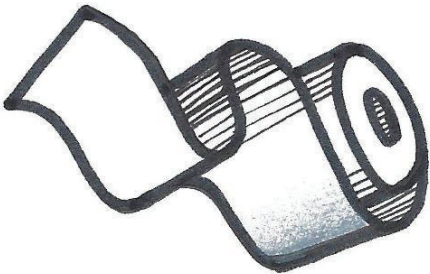
- ☐ Make some simple changes to the environment and clothing, such as putting an image of a toilet on the toilet door, using a contrasting colour for the toilet seat and keeping the toilet free of clutter. Changing Joe's trousers to a pair of pants that don't need a belt or buttoning.
- ☐ Tell her husband he is making trouble and punish him by not taking him for his daily walk in their neighbourhood.
- ☐ Remind Joe to use the toilet at regular intervals - at the times when he usually needs to go, or before he is likely to be wet.

Check your understanding



*Joe urinates on the floor*

- ✓ **Make some simple changes to the environment and clothing, such as putting an image of a toilet on the toilet door, using a contrasting colour for the toilet seat and keeping the toilet free of clutter. Changing Joe's trousers to a pair of pants that don't need a belt or buttoning.**  
People with dementia may have difficulties finding and using the toilet, so these changes could help Joe.
- ✗ **Tell her husband he is making trouble and punish him by not taking him for his daily walk in their neighbourhood.**  
You should never threaten people with dementia in this way. Joe will feel ashamed and embarrassed, and this response could cause him to become upset.
- ✓ **Remind Joe to use the toilet at regular intervals - at the times when he usually needs to go, or before he is likely to be wet.**  
People with dementia should be taken to the toilet at regular intervals as they may no longer recognise the need to go themselves. This may be every 2 to 3 hours, depending on how much they drink. It may be necessary to stay with them to help them and remind them why they are there.

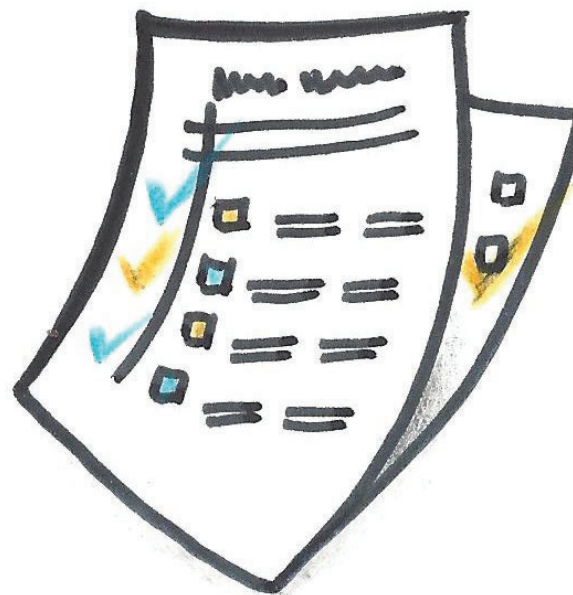


## Tips



Here are some tips in case the person you care for has difficulties with toileting:

- Put an image of a toilet on the toilet door to assist finding the toilet.
- Provide directions to the toilet if the person living with dementia seems to not remember where it is.
- Provide adequate nightlights to help find the toilet.
- Use a toilet seat with a contrasting colour to the toilet bowl as it helps define the seat.
- Change to clothes that do not need belts or have buttons or zips as they are easier for the person you care for to manage.
- Instruct step-by-step if the person living with dementia forgets the process the person living with dementia needs to take while toileting.



Would you like to see what else may contribute to incontinence?

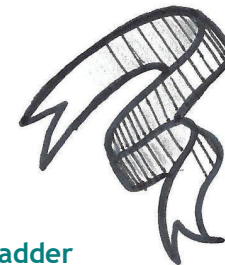
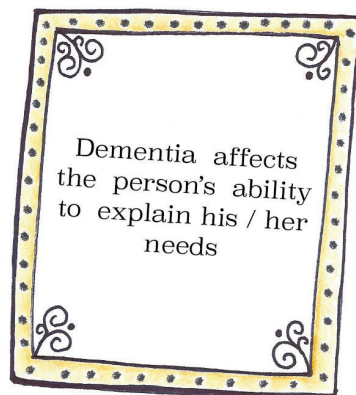
Factors contributing to urinating or losing control of the bladder	Recommended solutions
A long distance to go to the toilet in the house	<ul style="list-style-type: none"><li>• Direct the person you care for to the toilet</li><li>• Provide a bedside commode at night or for men try a non-spill urinal available for most chemists</li><li>• Use nightlights to safely guide the way to the toilet at night</li></ul>
Not being able to find the toilet	<ul style="list-style-type: none"><li>• Put a picture of a toilet on the door</li><li>• Remind the person to use the bathroom just before his or her usual time</li></ul>
Missing the toilet bowl when urinating	<ul style="list-style-type: none"><li>• May be due to poor colour contrast of the toilet seat to the bowl. Replace the toilet seat with a different colour toilet seat</li></ul>
Poor lighting at night to find the way to the toilet	<ul style="list-style-type: none"><li>• Provide adequate night lighting in the house</li></ul>
Poor lighting in the toilet	<ul style="list-style-type: none"><li>• Leave the toilet light on to avoid risk of falls and to help locate the toilet</li></ul>
Narrow toilet doors that do not allow the walker or wheelchair to pass	<ul style="list-style-type: none"><li>• Modify the door opening to allow a walker or wheelchair to pass</li></ul>

Factors contributing to urinating or losing control of the bladder	Recommended solutions
Person with dementia has visual impairment	<ul style="list-style-type: none"><li>• Direct them to the toilet during the day</li><li>• Provide a bedside commode at night</li></ul>
Unable to undo pants that have belts, buttons and /or zips	<ul style="list-style-type: none"><li>• Change trousers into ones that are easily undone and removed (e.g., track or pull-on pants)</li><li>• Assist them to pull on and do up trousers</li></ul>
Forgetting what to do in the toilet	<ul style="list-style-type: none"><li>• Remind them of activities they needs to do</li><li>• Provide step-by-step instructions to complete toileting tasks</li><li>• Identify when accidents occur, then plan for them. If they happen every two hours, get the person to the toilet before that time</li></ul>
Continues to be incontinent despite actions taken	<ul style="list-style-type: none"><li>• Consider using incontinence products, such as waterproof mattress covers, incontinence pads on the person's bed, padded undergarments or adult briefs</li></ul>
Remains incontinent of faeces	<ul style="list-style-type: none"><li>• Ensure they are not constipated</li><li>• Try setting a regular schedule for toilet use</li><li>• Give the person plenty of time in the bathroom to empty bladder and bowels</li></ul>

## Urinating in public places

Dementia affects the person's ability to explain their needs, for example needing to go to the toilet. Additionally, dementia can also affect the person's judgement of what is normal and what is not normal in public.

You could help prevent these accidents (incontinence) by maintaining a regular toileting schedule for the person during the day. If you think that might be helpful, try to identify how often the person used the toilet before the person had dementia or the times that the person is incontinent. You can also identify whether the person needs to go to the toilet through behavioural changes, i.e., if the person becomes agitated, stressed, anxious or restless.



## Esther is losing control of her bladder

Joshua is taking care of his mother, Esther, who was diagnosed with dementia 5 years ago. Joshua usually takes his mother to the local shops as she enjoys meeting people.

Recently, Joshua notices that his mother has lost control of her bladder during the day.

### Check your understanding



#### *Esther is losing control of her bladder*

**What do you think is the right response for Joshua?**

- ☐ Since this is an embarrassing situation for Joshua, he should stop taking his mother to the shops.
- ☐ Joshua should make sure his mother uses the toilet before leaving to go to the shops.



Check your understanding



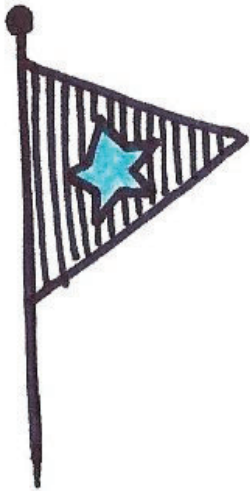
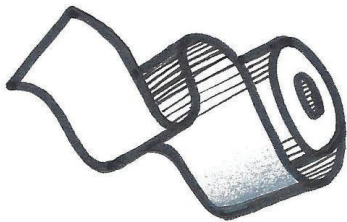
*Esther is losing control of her bladder*

- ✗ Since this is an embarrassing situation for Joshua, he should stop taking his mother to the shops.  
This is poor advice, because his mother will miss out on a very important regular pleasant activity.
- ✓ Joshua should make sure his mother uses the toilet before leaving to go to the shops.  
It is a good way to help prevent Esther from losing control of her bladder.

Tip



- To improve the control of bladder or bowels, it may help to fill out a toilet diary.



Toileting diary			Date:
Time	Trips to the toilet	Lost control of bladder or bowels	What possible causes did you observe?
06:00-07:00 am			
07:00-08:00 am			
08:00-09:00 am			
09:00-10:00 am			
10:00-11:00 am			
11:00-12:00 noon			
12:00-1:00 pm			
01:00-02:00 pm			
02:00-03:00 pm			

Toileting diary			Date:
Time	Trips to the toilet	Lost control of bladder or bowels	What possible causes did you observe?
03:00-04:00 pm			
04:00-05:00 pm			
05:00-06:00 pm			
06:00-07:00 pm			
07:00-08:00 pm			
08:00-09:00 pm			
09:00-10:00 pm			
10:00-11:00 pm			
11:00-12:00 midnight			

Toileting diary			Date:
Time	Trips to the toilet	Lost control of bladder or bowels	What possible causes did you observe?
12:00-01:00 am			
01:00-02:00 am			
02:00-03:00 am			
03:00-04:00 am			
04:00-05:00 am			
05:00-06:00 am			

### Being unable to control urine and bowels (urinary and faecal incontinence)

In the late stages of dementia, the person with dementia may not be able to control their bladder and bowel movements. Before using any incontinence aids and/or equipment, you should ask health professionals to help identify the causes of incontinence, as some causes may be treatable.

#### Tips



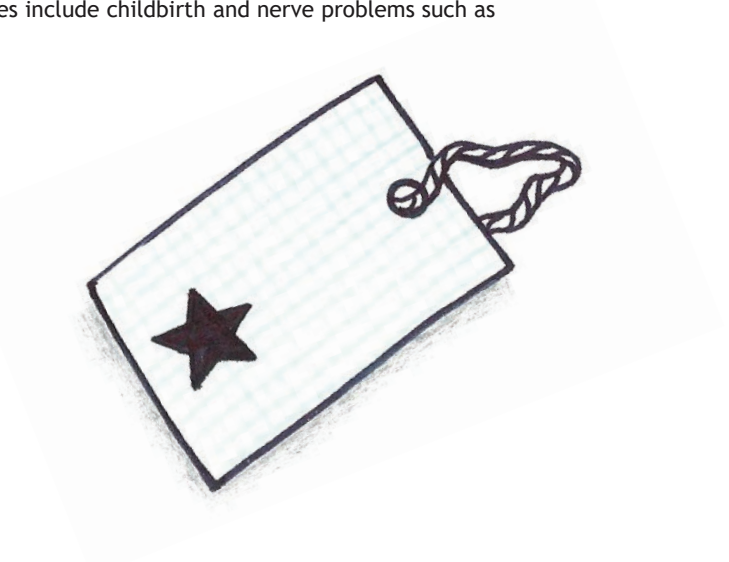
- There are numerous disposable and/or washable incontinence aids, pads and equipment. When selecting products, you should consider their cost, effectiveness, comfort and convenience.
- For bedridden males, using urinals to collect urine may help. Some of these urinals are designed to prevent the backward leaking of urine.

### Types of bowel control problems

Diarrhoea - frequently passing loose bowel motions. Causes include infection, food poisoning or bowel conditions such as Crohn’s disease and ulcerative colitis.

Constipation - passing hard, dry bowel motions (with difficulty or straining). Causes include not drinking enough fluid, eating a diet low in fibre and lack of exercise.

Faecal incontinence - an uncontrolled loss of a bowel motion. Causes include diarrhoea and constipation. It can also result from a problem in the lower bowel or anus, making it difficult to hold onto a bowel motion. Causes include childbirth and nerve problems such as diabetes.



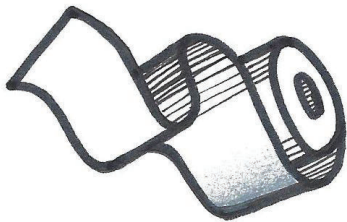
### Incontinence pads for Gloria

Gloria is in a late stage of Alzheimer’s disease and is living with her son’s family.

Her daughter-in-law, Marina, is taking care of her. Since Gloria cannot control her bladder or bowels, the General Practitioner suggests that Marina tries incontinence pads for Gloria.

In the beginning, Marina encounters a number of problems:

- Gloria constantly takes the pad off and throws it on the floor.
- Gloria still has wet pants even when using incontinence pads.
- Gloria has skin problems in her genital area.



#### Check your understanding



#### *Incontinence pads for Gloria*

#### **What would you think is the right response for Gloria and Marina?**

- ☐ Marina should force Gloria to have the pad on.
- ☐ Marina should remind her mother-in-law to use the toilet at scheduled times if she is not going to the toilet herself.
- ☐ Marina should seek some assistance from a trained continence consultant to ensure she is using the correct products for Gloria.

### Check your understanding



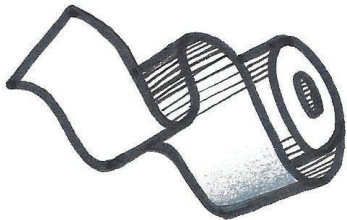
#### *Incontinence pads for Gloria*

- ✗ **Marina should force Gloria to have the pad on.**

This is not the right answer! It's very important to check why a person with dementia may feel uncomfortable with the pad. Is the size incorrect? Is the pad wet and needs to be changed?
- ✓ **Marina should remind her mother-in-law to use the toilet at scheduled times if she is not going to the toilet herself.**

Scheduled toileting visits may help to minimise incontinence and the need for pads.
- ✓ **Marina should seek some assistance from a trained continence consultant to ensure she is using the correct products for Gloria.**

The type and size of pads are adjustable to individuals needs and should not be uncomfortable for the person using them.



## Tips for incontinence care



### Problems you may encounter

Problems	Possible causes	Recommended solutions
Constantly taking the pad off and throwing it on the floor	<ul style="list-style-type: none"><li>● Feeling uncomfortable with the pad</li><li>● The pad size is incorrect</li><li>● The pad is wet and needs to be changed</li></ul>	<ul style="list-style-type: none"><li>● Check whether the pad size is correct</li><li>● Change the wet pad on time</li><li>● Consult a Continence Practitioner regarding the behaviour and the type of aides you are using</li></ul>
Still having wet pants even while using the incontinence pads	<ul style="list-style-type: none"><li>● The pad size is incorrect</li><li>● The toileting schedule has not been maintained</li></ul>	<ul style="list-style-type: none"><li>● Use the right size and type of pads. Note pads have volume ratings and come in different sizes that need to be considered as part of use</li><li>● Use scheduled toileting visits to minimise the use of pad</li></ul>
Having sore or irritated skin in the genital area	<ul style="list-style-type: none"><li>● Incontinence pads that do not have adequate volume will not draw moisture away from the skin and can cause skin breakdown</li><li>● Unsuitable size and failure to change soiled pads in a timely manner can cause skin irritation and/or infection</li></ul>	<ul style="list-style-type: none"><li>● Select suitable size, volume and type of pads</li><li>● Change the soiled pads on time and maintain hygiene around genital area</li><li>● Apply protective creams or lotions that maintain healthy skin</li></ul>
Having fever, being in pain, strong smelling urine	<ul style="list-style-type: none"><li>● Urinary tract infections are triggered by a number of things, including poor incontinence and genital care</li></ul>	<ul style="list-style-type: none"><li>● See the General Practitioner</li><li>● Maintain 6-8 glasses of water or juice per day if someone is not under fluid restriction</li><li>● Maintain good genital care</li></ul>

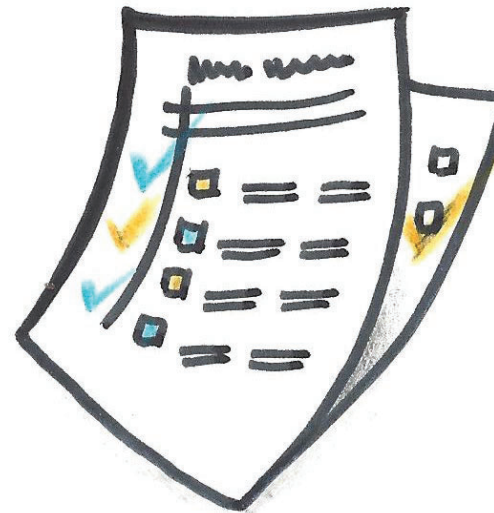


### Let's review what you have learned

- Do not blame the person after any accidents, such as urinating on the floor, this will only make the situation worse.

Modify the environment to reduce the chance of bladder and bowel accidents (for example put a picture of a toilet on the door of the toilet).

- Take the person with dementia to the toilet regularly to reduce accidents.
- The frequency of toilet visits will need to be established based on the toilet pattern that the person with dementia had before the onset of their dementia.
- If these changes do not help, incontinence aids and equipment may help.
- Be aware that incontinence aids can irritate the skin if used incorrectly.
- Maintain good genital care to reduce the risk of skin infections and urinary tract infections.
- If the person with dementia is not under fluid restriction, encourage them to drink 6-8 glasses of water or juice a day to help prevent urinary tract infections.
- Ensure the person with dementia does not become constipated and this may lead to incontinence.



## Further Information

### National Continence Helpline

- The National Continence Helpline is staffed by qualified continence nurse advisers who can give you prompt, confidential and expert advice. Anyone from health professionals to members of the public can call them. Helpline staff can give you information about continence products, national and state government continence subsidy schemes and arrange for continence information resources to be sent to you. Phone the National Continence Helpline on 1800 33 00 66 between 8.00am to 8.00pm EST, Monday to Friday. It is closed on national public holidays. Outside of these hours, please contact the After Hours GP Helpline on 1800 022 222.

### Bladder and Bowel website

- The Australian Government's Bladder Bowel website promotes bladder and bowel health. It also provides information to people affected by incontinence, their families and carers, as well as to health professionals, service providers and researchers on the prevention, management and treatment of bladder and bowel problems.

## Resources

My Aged Care <https://www.myagedcare.gov.au/getting-started/health-conditions/incontinence> Phone 1800 200 422 Mon-Fri 8am - 8pm Sat 10am - 2pm

Continence Foundation of Australia  
<https://www.continence.org.au/pages/dementia.html> National Continence Helpline 1800 330 066

Dementia Australia <https://dementia.org.au> National Dementia Helpline 1800 100 500

## RELATED LEARNING UNITS

- Module 2 Unit 2 Improving communication
- Module 4 Unit 4 Personal care

**You finished this learning unit, well done!**

Would you like to try the following relaxation exercise?



## Breathing

Focusing on your breathing is relaxing. By doing a breathing exercise you could reduce tension.

**Caution:** if you experience difficulty breathing, this exercise might not be the best option for you.

This is how you do it:

- When sitting down: Sit up straight in your chair with your back against the back of your chair.
- When standing: Stand up straight.
- Put both of your feet flat on the surface.
- Focus on your breathing.
- Keep breathing like you are used to. Try to feel how you breathe.
- Put your hand on your stomach to feel how you inhale and exhale.
- Exhale from your mouth and pull in your stomach as much as possible.
- Follow your breathing in this manner a couple of breaths and then stop with the exercise.





You finished this unit, well done!