

# Promoting Continence in Persons with Dementia

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June , 2010



# Bill's Story



# AGING Does Not Cause....



## INCONTINENCE



# DEMENTIA Does Not Cause....

# INCONTINENCE

# Objectives

Review the scope of the problem of UI in persons with dementia

Discuss possible causes

Identify assessment factors

Review successful interventions for regaining continence

Identify strategies for prevention of UI and maintenance of continence

# So What Happens with Aging?

## Bladder Function

Decrease of bladder contractility,

Decrease in bladder capacity

Decrease in the ability to delay voiding

These do NOT Cause Continence but predispose the elderly to it.

# So What Happens with Dementia?

Impaired mobility

Impaired cognition affecting

way-finding

planning

interpreting urge

# Prevalence

Rates of UI higher in persons with dementia

Higher prevalence with dementia when persons living in institutions (50-80%)

Minimal efforts to promote continence or treat UI

Accept UI as inevitable if have dementia

# Predictors of UI

Severity of cognitive impairment

Degree of immobility

Inability to transfer

Usually occurs in moderate to severe stages of dementia

May occur earlier with normal pressure hydrocephalus, vascular dementia and frontal temporal dementia

# Philosophy of Treatment

Acceptance of incontinence as an inevitable consequence of dementia is a manifestation of discrimination and ageism, and is inconsistent with person-centered care.

The problem is with attitudes, knowledge and actions of health care providers, older persons with dementia and their caregivers.

The goal of treatment is to restore and promote continence and to improve the quality of life.

# Consequences

## Physical

Skin infection and breakdown, UTI & sepsis, Falls and Fractures

## Psychological

Guilt, anger, altered self-image, depression, sexual difficulties

## Social

Isolation, withdrawal from family & friends, avoidance of social activities, dependence on others, primary reason for placement in nursing home, decreased quality of life

# Assessment for Transient UI

**T** - thin dry vaginal wall and urethra with inflammation

**O** - obstruction

**I** – infection

**L** – limited mobility

**E** – emotional distress

**T** – therapeutic medications

**E** – endocrine

**D** - delirium

# Assessment

## **Purpose: Establish type of UI**

History

Physical Exam

PVR

Functional Assessment

Mental Status Evaluation

Social

Psychological

Environment

Bladder Diary



# Bladder Diary

Individual's record of daily bladder activity

Usefulness:

- Assessing baseline function

- Recognizing patterns in person's bladder behaviors

- Determining the interventions and the effectiveness of interventions






















Promotes continence by helping the caretakers develop individualized scheduled toileting programs which mimic the person's normal voiding patterns.

# Your Daily Bladder Diary

This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary.

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

						ACCIDENTS		
								
Time	Drinks	Urine	Accidental leaks			Did you feel a strong urge to go?		What were you doing at the time?
	What kind? How much?	How many times? How much? (circle one)	How much? (circle one)			Circle one		Sneezing, exercising, having sex, lifting, etc.
Sample	Coffee 2 cups	✓ <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	 sm <input checked="" type="radio"/> med <input type="radio"/> lg	Yes	<input checked="" type="radio"/> No	Running		
6-7 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
7-8 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
8-9 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
9-10 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
10-11 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
11-12 noon		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
12-1 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
1-2 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
2-3 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
3-4 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
4-5 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
5-6 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			
6-7 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes	No			



# Interventions

Habit Training

Prompted Voiding

Environmental Changes

Promotion of Healthy Bladder Habits

# Habit Training

Habit training is scheduled toileting on a planned basis

Match the voiding intervals to the person's natural voiding schedule

You can do this with persons who are cognitively impaired as well as those who are not.

Evidence:



# Prompted Voiding

Requires the caregiver to ask the person on an individualized schedule the need to void, offers assistance, and then offers praise for successful voiding, Three Primary Behaviors are used each time prompted voiding is initiated.

**Monitoring**-Check pad/diaper, and ask the need to void

**Prompting**- Every 2-3 hours to void (Individualized)

**Praising**- Person praised for maintaining continence/using toilet

Improves continence in 35-50% of the cognitively impaired.

# Toilet Access

Distance, ground floor, stairs, height of toilet seat, door to toilet or bathroom (heavy or awkward), large graphic signs for toilet, Bright bathroom lighting (automatic lights)



# Healthy Bladder Habits





# Healthy Bladder Habits

## ◆ Lifestyle

Fluid Intake

Bowel Function

Weight

Smoking

Mobility and Function

Roles of Environment

## ◆ Behavioral Treatments

Bladder Diary

Prompted Voiding

Habit Training