Continence in Dementia.

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Continence

- Adequate stimulus to initiate voiding reflex
- Neuromuscular and structural integrity of system
- Cognitive ability to interpret and respond to sensation
- Motivation to hold on until appropriate to void
- Sufficient mobility to get to the toilet in time

Incontinence in Dementia

Structural /physical

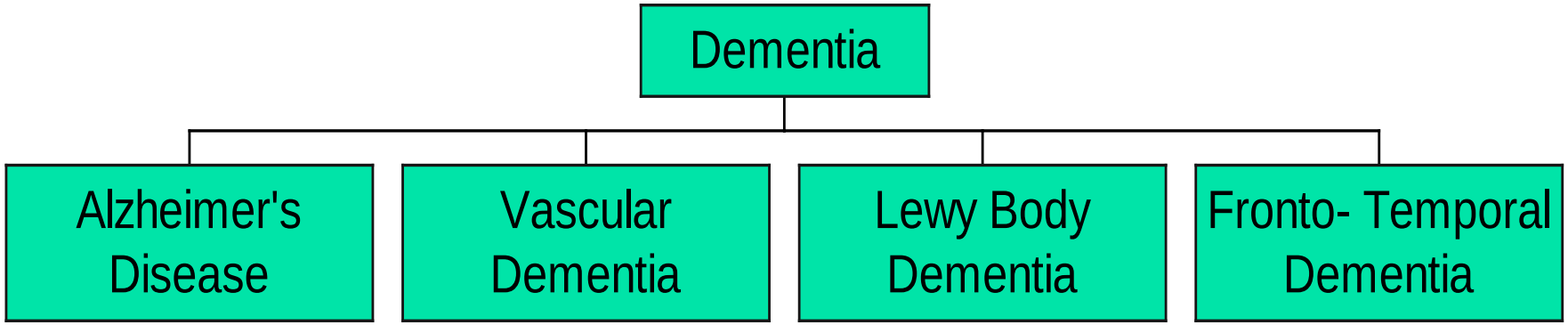
- problems commonly associated with ageing
  - Prostate,
  - Hormonal changes
  - Vaginal atrophy
  - UTI's
  - Detrusor Hyperactivity
  - Endocrine disorders
- Medications

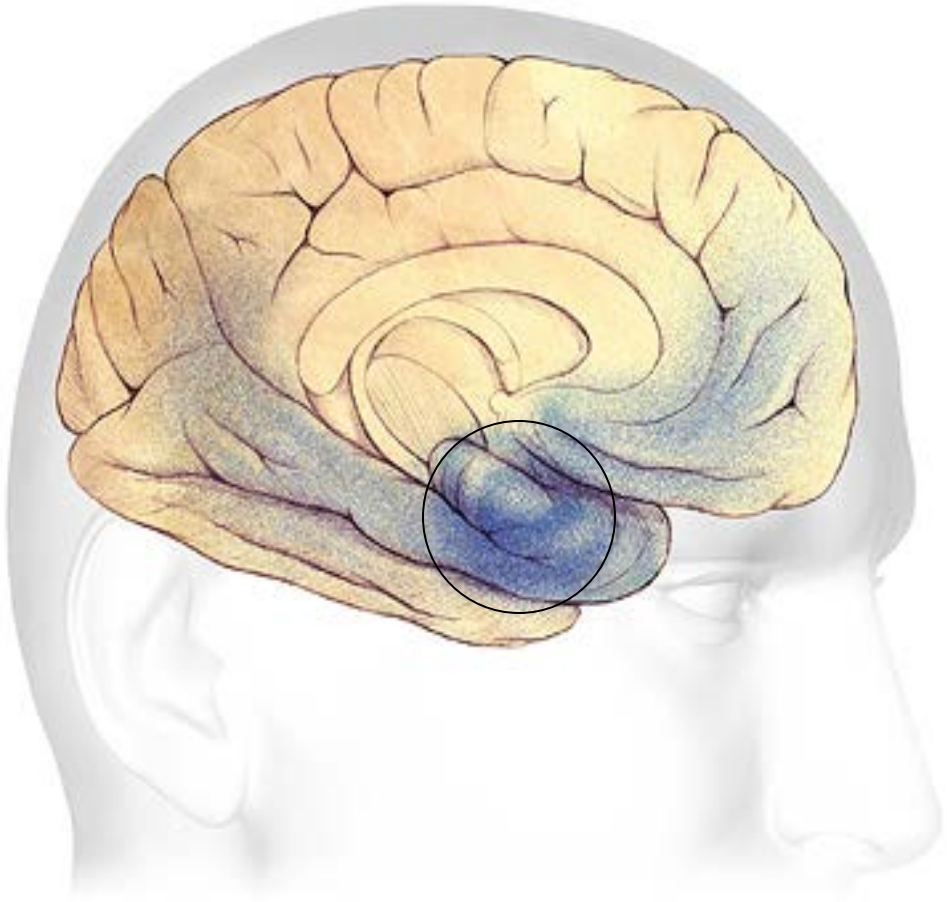
Functional Incontinence

- Cognition
  - Memory
  - Praxis
  - Gnosis
  - Executive function
- Mood/behaviours
  - Depression
  - Apathy
  - Agitation
- Mobility.

Caulfield HOSPITAL

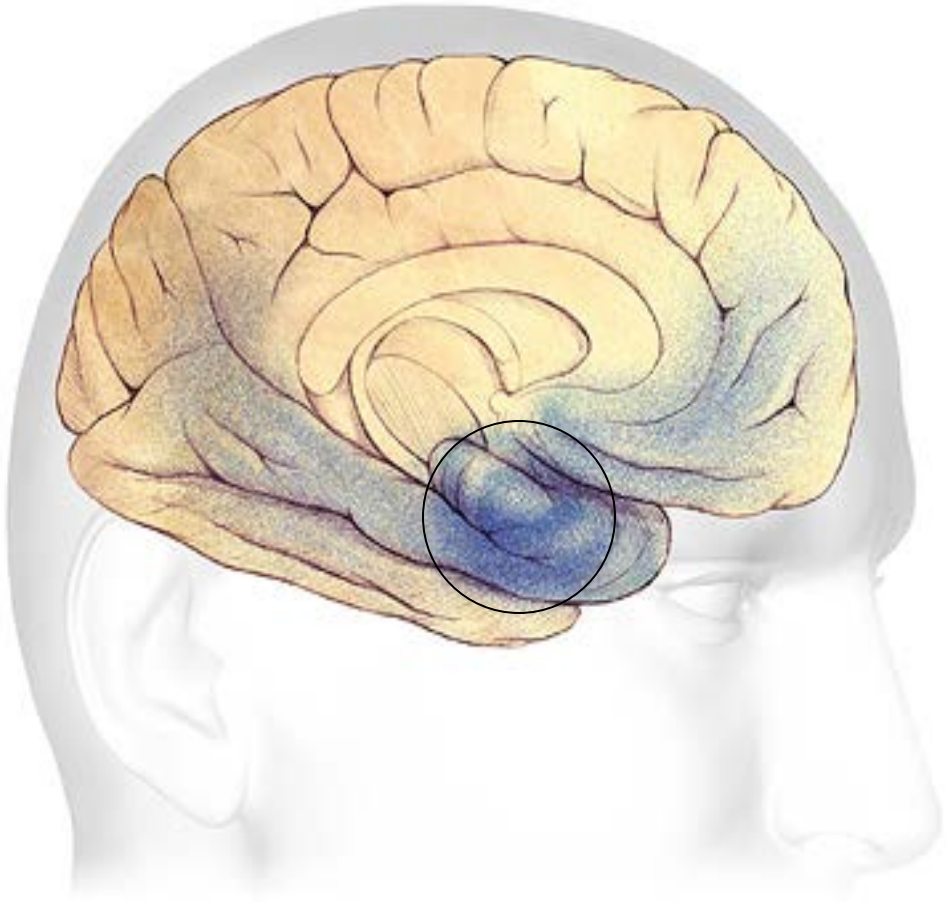
Over 70 diseases that cause dementia





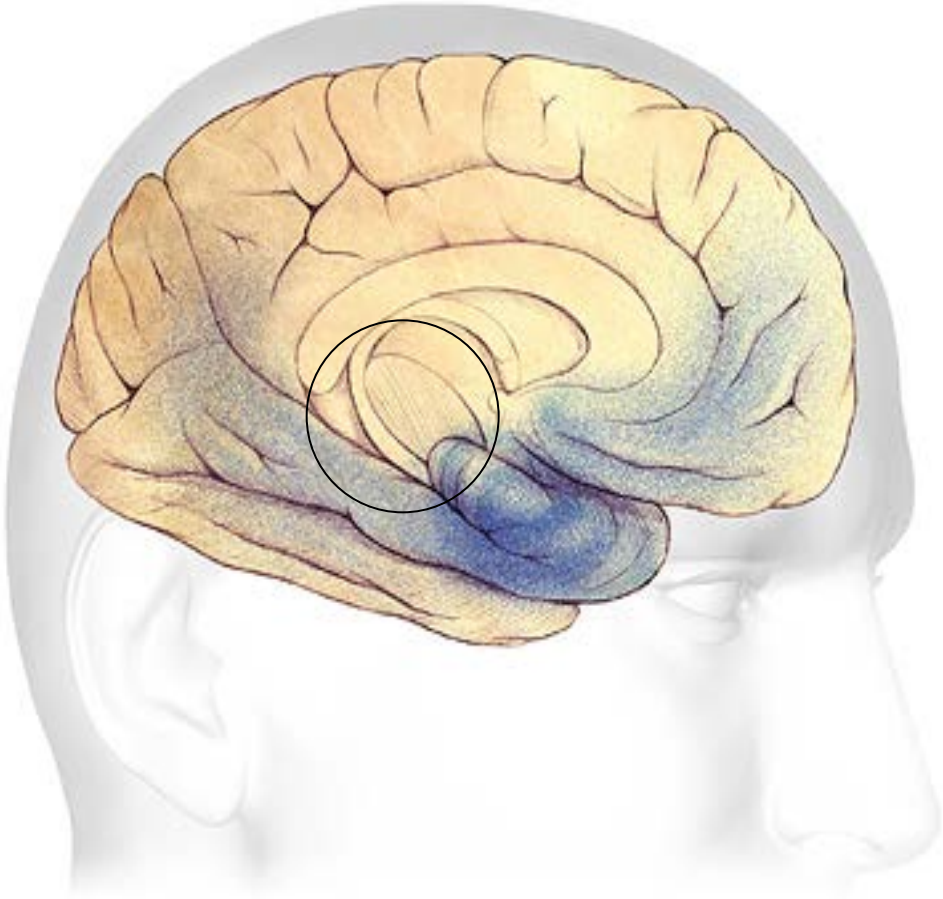
Memory

- Early symptom of Alzheimers' disease
- Initially short term memory affected
  - Difficulty learning and retaining new info
  - Rapid forgetting.



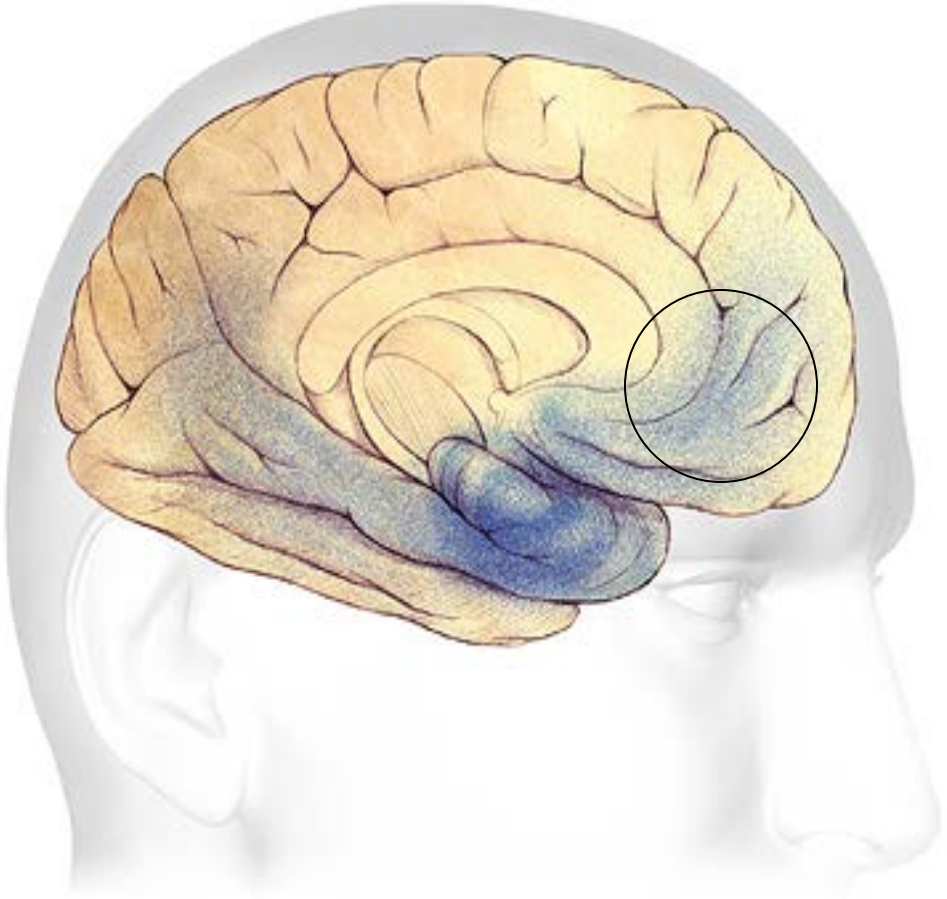
Memory

- When more severe
  - Remembering location of toilet
  - Remembering to eat & drink
  - Recognising feeling of “needing to go”



Language

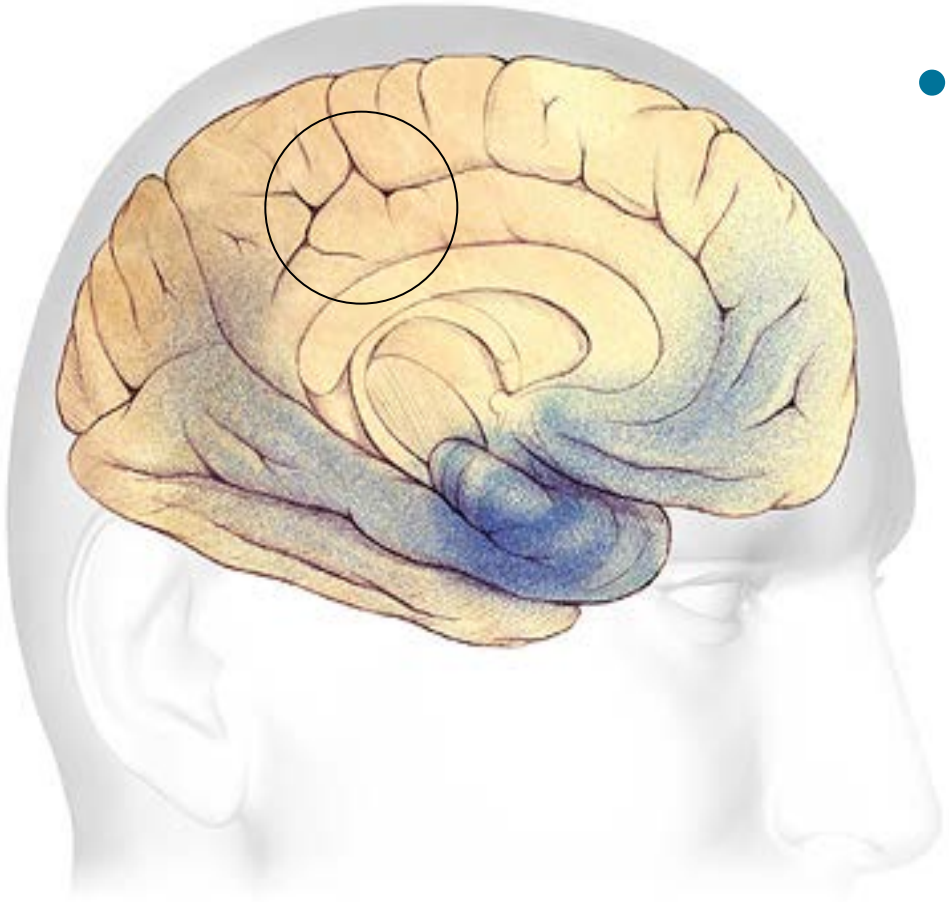
- Speaking
  - Inability to communicate the need to go
- Understanding speech
  - Inability to understand prompts, instructions or questions eg: “do you need to go to the toilet?”



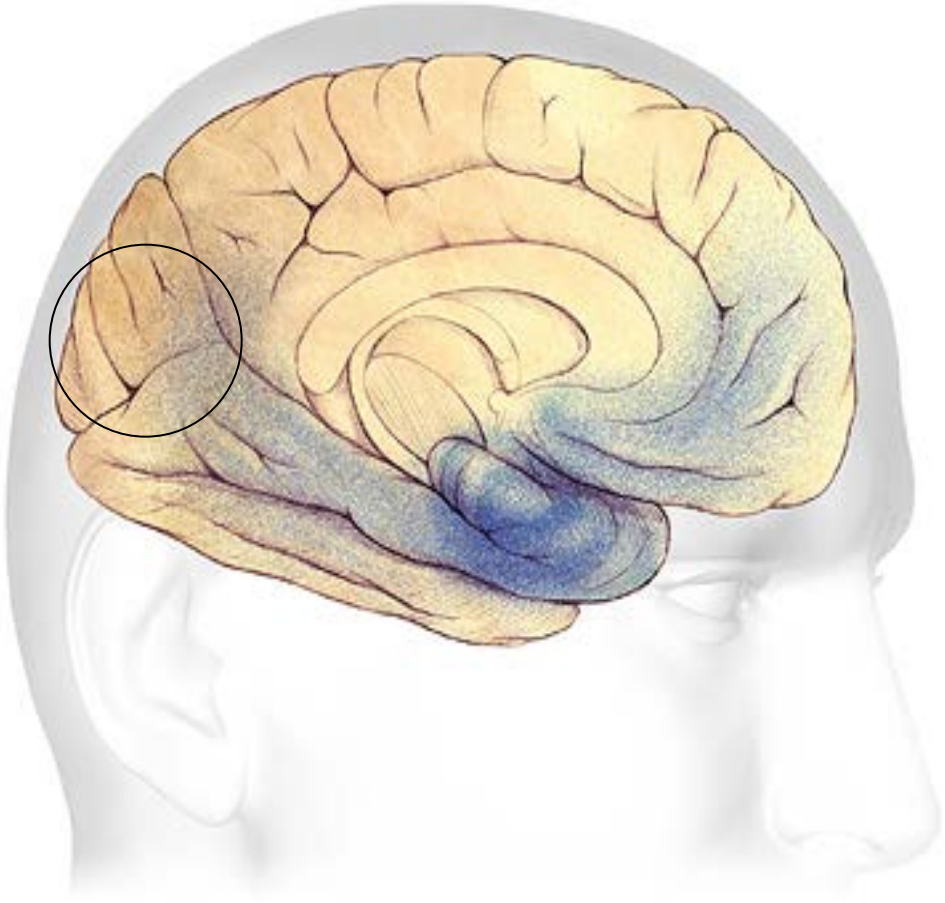
- Executive Function
  - Thinking abstractly
  - Planning
  - Organisation
  - Motivation
  - Initiation
  - Social awareness

- Alzheimer's disease
- Fronto-temporal dementias

- Executive Function
  - Lack of initiative to go to toilet
  - Apathy - Reduced motivation to go
  - Disinhibition – going in inappropriate places.



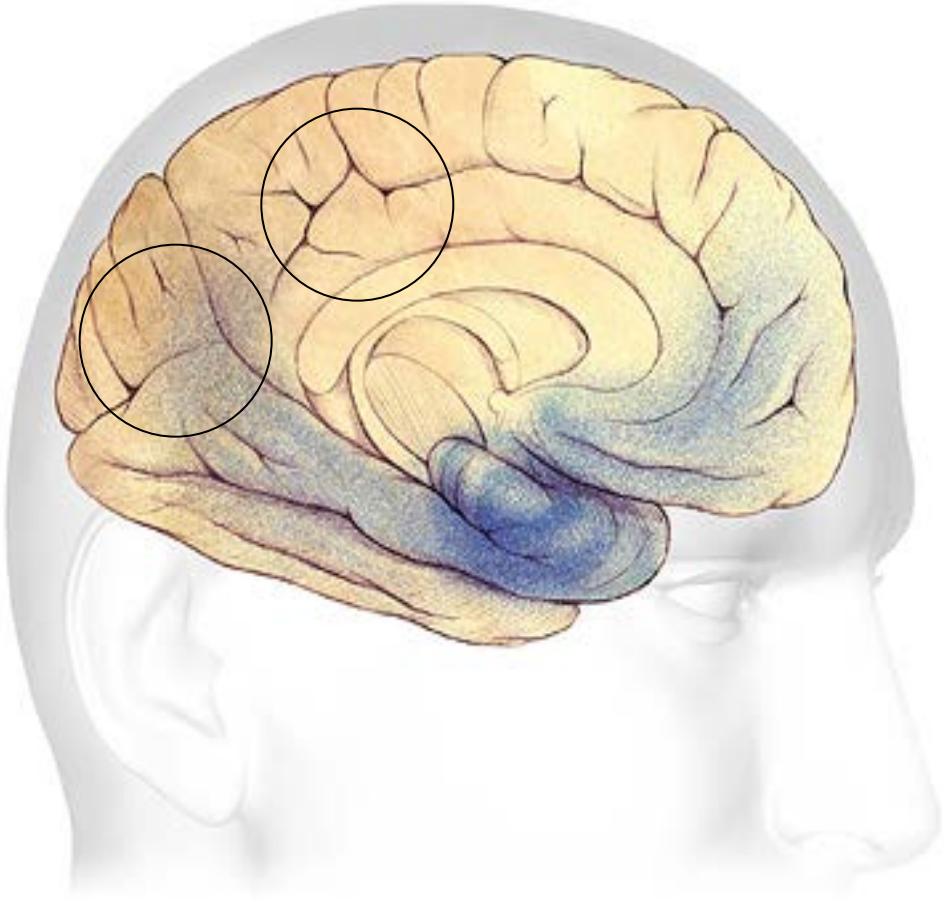
- Praxis
  - Your sense of where your body is in relation to things around you.
  - Inability to use objects eg: to get dressed or adjust clothing, operate toilet.



Gnosis

- Visual perception
- Ability to recognise visual images
- Interpreting what you see.

- Difficulty recognising toilet.
- Misinterpreting objects



Gnosis & Praxis

Alzheimer's Disease
(mod to severe symptom)

Dementia with Lewy Bodies
(early symptom)

Cognition & Incontinence

- Executive Function
  - Recognise need to go
  - Initiative & Motivation to respond
  - Ability to sequence the task
  - Social awareness and timing.
- Language
  - Ability to communicate need or respond to question of need
- Memory
  - Ability to remember location of toilet
- Gnosis
  - Ability to recognise toilet when see it
- Praxis
  - Ability to manage clothing and actions of toileting

Incontinence in Dementia

- 53% in Dementia cf 13% without dementia
  - (varies from 11 – 90% in literature)

- Typically occurs late in Alzheimer's Dementia
  - Change in mobility is highest predictor of incontinence
  - Cognitive changes more severe and global

Incontinence in Dementia

Can occur early in some forms of dementia

- Normal Pressure Hydrocephalus
  - triad of cognition, incontinence and gait changes.
- Vascular dementia
  - Due to changes in frontal sub-cortical circuits
- Frontal Dementia
  - Damage to cortical inhibitory centre for micturition
- Dementia with Lewy Bodies.
  - Occurs early with less severe cognitive decline. Lesions in mid-frontal and cingular gyri
  - Visuo-spatial and visuo-perceptual problems early in illness
  - Parkinsonian changes affecting mobility.

So what can we do about it?

- Is it possible to do anything for incontinence in people with dementia?

Assessment

- Describe the problem
  - Detailed history
  - Voiding chart – freq, timing, amount, episodes of incontinence.
- Exclude reversible causes & evaluate for established causes
  - Physical examination
  - Medication review
  - Pathology
- Analyse other possible contributing factors
  - Mental status examination – cognitive assessment
  - Delirium, depression,
  - behavioural disturbance - Active vs Passive incontinence.
  - Mobility and ADL’s
  - Environment

- **D** elirium
- **I** nfection
- **A** trophic vaginitis
- **P** sychological/behavioural
- **P** harmaceuticals
- **E** endocrine causes
- **R** estricted mobility
- **S** tool impaction / constipation.

Management

- Rule out & treat reversible causes first.

Management

- Routines
  - Ensure adequate fluid intake, reducing in evening and before sleep
    - Avoid caffeinated drinks
  - Regular prompts to toilet (but not too often)
    - Scheduled toileting
      - Regular / fixed
      - Individualised – more successful
    - Prompted voiding
      - Asking regularly if need to go but only taken if they need to go. Praise for appropriate toileting and dryness.
      - Research positive for this approach.
  - Regular exercise to maintain mobility.

Management

- Communication
  - Short simple sentences, one concept/instruction at a time
  - Watch for non-verbal cues for need to toilet
  - Use words that the person has been used to in the past (know your patient).
  - Dignity & Respect
    - “oh dear something has spilled” vs “oh you’ve wet yourself again”

Management

- Environment
  - Toilets that are easy to see (contrasting seat)
  - Bathroom aids – rails, raised seats.
  - Signage
  - Lighting
  - Remove things that can be mistaken for a toilet
    - Waste bin, pot plant, etc.
  - Be aware of mirrors
    - May be misinterpreted as another person watching.

Management

- Clothes
  - Easy to remove
    - Elastic waist, velcro instead of buttons / zips
  - Protective garments
  - Incontinence aids (last resort)

- Skin Care
  - Perineal hygiene and care

Management

- Behavioural
  - Respect, dignity & privacy
  - Time
  - Calming music
  - Running a tap to trigger response
  - Distraction to keep person on the toilet
  - Trial & error to find what works – very individual

Summary

- Incontinence usually occurs late in dementia although there are exceptions & it can occur early in some types.
- Functional incontinence common
  - Cognitive, behavioural & mobility problems can contribute to this
  - Management strategies should address these issues
- Potentially reversible causes should always be considered & treated first
  - Don’t assume it is part of the dementia