

Incontinence



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This handout is based on a chapter from *Eldercare at Home*, a publication of The AGS Foundation for Health in Aging (FHA). Visit www.healthinaging.org for more information on the workbook and presentation kits, as well as access the full text of *Eldercare at Home* (without illustrations).

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There are five parts to this booklet

Understanding the problem

Defines the problem, who is likely to have it, and what kinds of things can be done to deal with it.

When to call for professional help

Explains when to call for help immediately or during office hours as well as lists of information you should have before you call.

What you can do to help

What you can do to help with the problem and to prevent it.

Carrying out your plan

How to deal with problems in carrying out your plan, how to check on progress, and what to do if your plan isn't working.

Booklet summary

Summarizes what you can do to manage this problem. You can use this section to get a quick overview of what you can do.

Each action you can take is in bold and has a picture illustrating the action.

Understanding the Problem



Juan is learning about his father's urination problem so he can help him.

Urinary incontinence or leaking is a problem for at least 30% of people over age 60. It is more common in women than in men. It can range from occasional dribbling to total loss of bladder control. What can you do?

You should start by sensitively discussing the problem with the older person. Many people who have incontinence do not tell their doctor or anyone else because they are embarrassed or they feel it is not a major problem. The first step is to help them accept that they have a problem by discussing the problem with tact and sensitivity.



Mary tells her mother that many older people have trouble controlling their urine.

Whether the incontinence is mild or severe, everyone with incontinence should be seen by a doctor.

A medical condition may be causing the incontinence and, if so, this should be treated.

Incontinence is almost always treatable with bladder training, pelvic muscle exercises, medicines, and/or surgery. Sometimes it can be cured.



Tom is bringing his dad to the doctor to get help with his dad's problems with urinating.

There are 4 types of incontinence

- **Stress incontinence** is most common in women. It happens during coughing, laughing, bending, or other activities that apply pressure to the abdomen. Common causes are weak muscles around the urethra and bladder opening as a result of childbirth, surgery, or lack of estrogen after menopause. "Stress" incontinence has nothing to do with emotional stress.
- **Urge incontinence** is the sudden urge to go to the bathroom but not having enough time to reach the toilet. People with urge incontinence often have an overactive bladder muscle. Bladder over-activity can also cause frequent urination and awakening at night to urinate (This is known as nocturia.). When urge incontinence occurs, the bladder contracts with little or no warning and urine leaks as a result. This can be caused by stroke, Parkinson's disease, bladder infection, and disorders that affect the spinal cord.
- **Overflow incontinence** occurs when the bladder leaks urine from a full bladder that cannot empty properly. This condition can be due to damage to the nerves that control the bladder and can occur, for example, in diabetes mellitus or injuries to the spinal cord, making the bladder weak and unable to empty. It can also result from conditions that block the urethra and prevent the bladder from emptying, such as an enlarged prostate in men.
- **Functional incontinence** occurs when the bladder and the urethra are functioning normally, but the person either cannot physically get to the toilet, or has impaired mental function that interferes with recognizing the need to urinate and getting to the toilet on time. This latter condition is common in patients with Alzheimer's and other types of dementia.

Your goals are to:

- Call for professional help when needed
- Have the older person evaluated by a doctor no matter how small the problem appears
- Schedule bathroom trips at regular intervals or, if necessary, provide a urinal or commode to make reaching the toilet easier
- Encourage bladder training and Kegel exercises
- Encourage changes in diet and fluid intake
- Make sure the older person does not become constipated because pressure from hard stool in the rectum can make urinary incontinence worse

When to Get Professional Help



Betty is calling the doctor's office about her mother's problems with urination. She calls during office hours when the doctor usually sees patients.

Any incontinence should be reported to your doctor. This problem cannot be solved by buying pads at the drugstore. It needs to be evaluated by a doctor.

Although incontinence is not a life-threatening problem, you should seek medical help within a day if any the following symptoms happen suddenly.

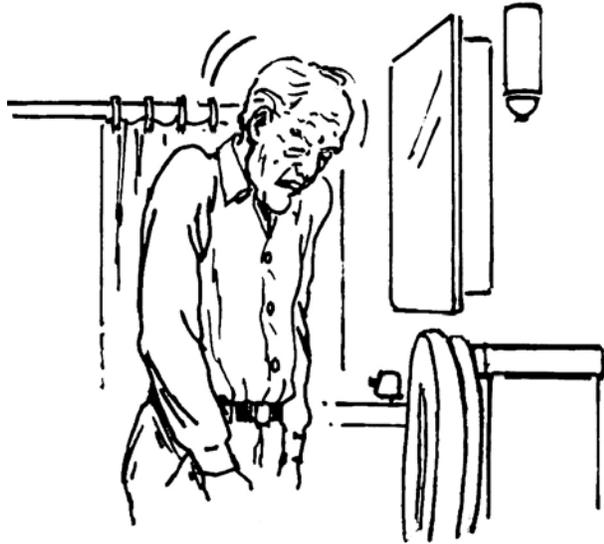
Sudden loss of ability to pass urine



Ann cannot urinate. So she calls the doctor during office hours.

When to get professional help

Great difficulty urinating



Bob has to try very hard to urinate. So he calls his doctor.

Uncontrolled dribbling



Small mounts of urine come out. Mel does not know it is happening. They make spots on his pants. So he calls his doctor.

When to get professional help

Pain with urination



It hurts when Bess urinates. So she calls her doctor.

Blood in the urine

Symptoms could be caused by a urinary tract infection or urinary retention (inability to urinate.) Either condition can become life threatening if untreated.



Carol sees red blood in the toilet after urinating. So she calls her doctor.

Know the answers to the following questions before calling the doctor



Andy gets the information the doctor will need. Then he calls the doctor's office.

What are the symptoms?

When did the problem start?

Has it ever happened before?

Does the older person have other health problems?

What medicines are being taken by the older person? (Be sure to include non-prescription medicines, and herbal and other remedies.)

Here is an example of what you might say when calling

“Hello, this is Betty Jones. My mother, Sandra Jones, has been having problems with her bladder. She doesn't make it to the toilet on time and loses urine. We're concerned about it and would like to know what can be done.”

What You Can Do To Help



Ben wants to help his dad with his urination problems.

Keep a bladder record or diary. This is a daily record of the times when a person urinates into the toilet or has accidents urinating on his or her underwear or clothing. If there is leakage, write down what caused it (coughing, laughing, urge to urinate on the way to the toilet). This information helps the doctor decide how to treat the problem. A two day record is usually enough.



Dona keeps a list of when her mother urinates in the toilet or somewhere else. When her mother does urinate somewhere else, Marcy writes what her mother was doing when it happened.

When to get professional help

Ask the doctor about exercise and medicines. A combination of exercise programs and medicine can strengthen the resistance of the urethra or can be used to stop bladder contractions (This combination is very helpful for urge and stress incontinence.). In some women, local estrogens are helpful. However, **certain medicines can make incontinence worse.** Diuretics (water pills) make a person urinate a lot. Some over-the-counter medicines and herbal remedies can interfere with bladder function. Many other drugs can contribute to incontinence. The doctor may choose to discontinue these medicines or prescribe smaller doses.



Ann asks the doctor if exercises or medicines can help her mother control urination.

Set up a schedule

It is important for people with stress incontinence or urge incontinence to urinate about every two hours to avoid having too full a bladder. They should keep a record for about two days of when they go to the toilet and then schedule trips to the toilet just before the person would normally feel the urge to go.

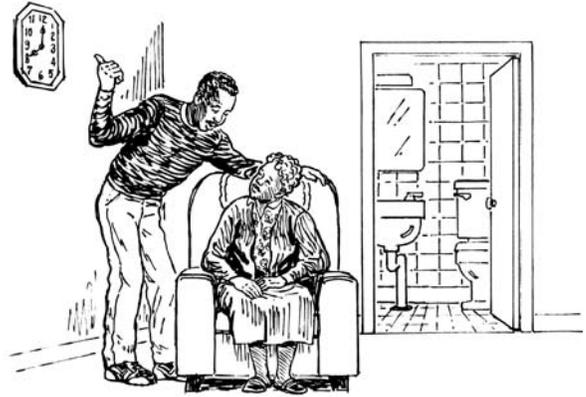


Catherine is looking at the clock. She knows she should go to the bathroom every two hours.

When to get professional help

Remind people with functional incontinence.

People who are unable to remember to go to the toilet in time can be helped by reminding them when to go to the toilet, assisting them in getting to the toilet and helping with their clothing and hygiene. If necessary, provide a urinal or portable toilet by the bedside at night.



Chuck is reminding his aunt that it is time for her to go to the bathroom.

Control the diet.

Limit caffeine (coffee, tea, cola) Older people should drink four to six glasses of water or other clear liquids a day. Too little fluid reduces cues to urinate regularly. Concentrated urine can cause bladder irritation. If there is an incontinence problem at night, restrict drinking for two to three hours before bedtime.



Andy will not drink coffee, tea, or drinks with alcohol such as beer.

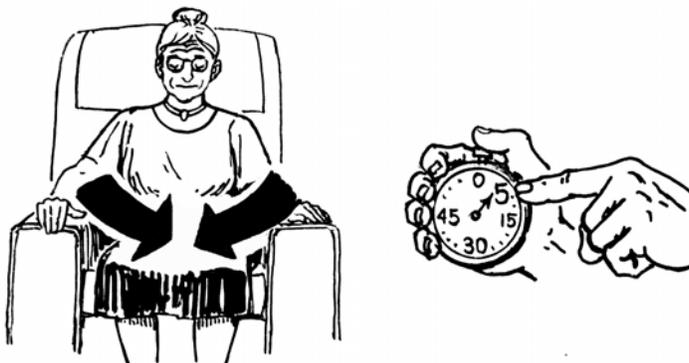


Sally tells her mother that she should not drink anything 3 hours before she goes to bed.

When to get professional help

Encourage doing Kegel or pelvic muscle exercises.

These can be useful in treating stress and urge incontinence. Kegel exercises are explained at the end of this chapter.



Rose is doing Kegel exercises to strengthen the muscles that control urination.

Ask about biofeedback.

Biofeedback uses a computer to help a person learn how well he or she is contracting and relaxing the muscles involved in bladder control. Biofeedback can be used in combination with exercises to gradually gain better control over these muscles.



Kate is asking the doctor if biofeedback will help her mother control urination.

When to get professional help

Ask about surgery.

Surgery is usually a last resort, although it can reposition the bladder or clear an obstruction such as an enlarged prostate in men. Sometimes minor surgery can cure the problem.



Sam is asking the doctor if surgery will help his father control urination.

Use pads, absorbent garments, and urinary catheters only as a last resort. Do not use them in place of a doctor's evaluation. Incontinence could be a result of an underlying medical condition that should be treated. Diapers and pads can be helpful for extra protection on long trips. However, diapers and pads can worsen incontinence if the older person relies on them and does not practice bladder exercises. If pads or diapers are necessary, change them often to avoid odor, leakage, and skin rashes. Catheters should be used only if absolutely necessary because they can increase the risk of serious urinary tract infections.



Liz is asking the doctor if her mother should use diapers, pads, or a catheter for her problems with urination. The doctor says not to use them unless everything else has failed.

Carrying out your plan



***Mary and her mother
are working together to
carry out their plans.***

Problems You Might Have Carrying Out Your Plan

Problem:

“Incontinence is something that just normally happens to you as you get older.”

Response: Urinary incontinence is common, but it is not a normal condition of aging. There are things that can be done to help. In almost all cases the symptoms are treatable, and in some cases, incontinence can be cured.

Problem:

“All I need are pads. I don't need to see a doctor.”

Response: You do need to see a doctor. Your incontinence could be caused by a medical condition that needs to be corrected. If the doctor decides that pads are the only treatment needed, then that is fine.

Problem:

“I'm embarrassed to talk about incontinence with my doctor.”

Response: Would you prefer to talk to a doctor of the same sex? Would it be easier to talk to a nurse? Would it help if a family member brought up the topic with the doctor? Remember, incontinence is a medical condition much like diabetes or high blood pressure which can and should be treated.

Think of other problems that could interfere with carrying out your plan

What additional problems could get in the way of doing the things suggested in this chapter? For example, will the older person cooperate? Will other people help? How will you explain your needs to other people? Do you have the time and energy to carry out this plan?

You need to make plans for getting around these problems.

Checking on Progress

Incontinence can be emotionally upsetting to both caregivers and the older person with the problem.

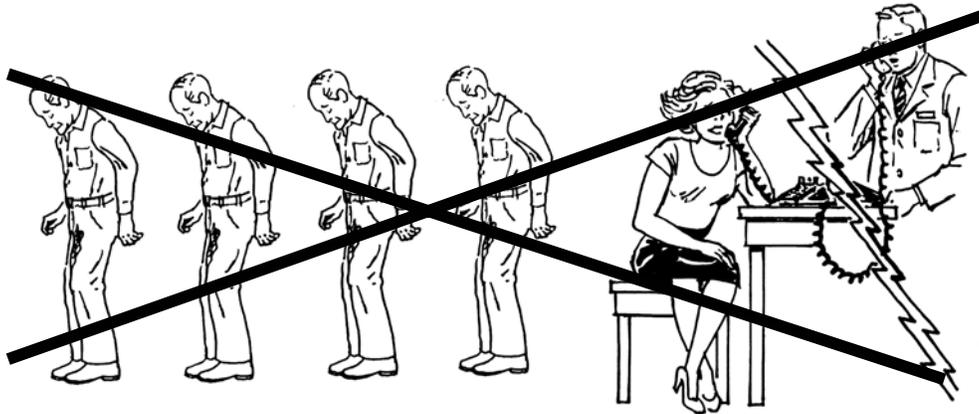
Incontinence should be discussed with tact and sensitivity – but it should not be ignored. Incontinence is one of the common reasons for placing people in nursing homes.



Jane is talking to her mother about her mother's problems with urination. Nancy does not pretend that everything is fine.

Checking on progress

Incontinence should be addressed early.



*Nancy's father has urination problems many times before she calls the doctor. **This is wrong.** She should call when the problems start.*

The first step is to have an evaluation by a doctor or other healthcare professional, and then develop a plan based on the recommendations.

Progress might be slow and might require setting up new routines and exercises.



First the doctor does a medical examination. Then the doctor, Eliza, and Eliza's mother make a plan together.

If your plan does not work

If incontinence is becoming more of a problem, or if the person is becoming more and more bothered by it, ask the doctor or nurse for help. Tell what you have done and what the results have been. The doctor may refer you to a nurse or therapist who is specially trained to deal with incontinence problems and in therapies such as pelvic muscle exercises and bladder training. These specialists will also be knowledgeable in using biofeedback or other aids in helping to strengthen the pelvic muscles and to use them correctly to prevent urinary accidents. The doctor may also recommend seeing a geriatrician, urologist, or gynecologist

For further information:

National Association for Continence

800-BLADDER or 800-252-3337

www.nafc.org

Simon Foundation for Continence

800-23-SIMON

www.simonfoundation.org

Bladder Control for Women (also available in Spanish)

Available at National Institute of Diabetes and Digestive and Kidney Diseases
301-496-3583

www.niddk.nih.gov/health/urolog/uibcw/index.htm

Your Medicines and Bladder Control

Available at National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

301-496-3583

www.niddk.nih.gov/health/urolog/uibcw/index.htm

Making a Difference: Facts about Overactive Bladder

Available at National Council on the Aging website
202-479-1200

www.ncoa.org/CIN/ob/ob_what.html

About the Overactive Bladder Campaign

Available at American Foundation for Urologic Disease website

www.afud.org/oab/general/campaign.html

The AGS Foundation for Health in Aging
Eldercare At Home - Incontinence

PELVIC MUSCLE (KEGEL) EXERCISES

What are pelvic muscle exercises?

They are exercises used to strengthen the pelvic muscles that help to control the outlet from the bladder and urination.

How do you learn to do the exercises?

The best way to learn to control urination is to stop the flow of urine in the middle of urinating. This helps you get an idea of the muscles being used to control urine flow.

It is very important that only the pelvic muscles are used and not the muscles of the stomach. The stomach should stay relaxed during these exercises.

Breathing in and out while doing the exercise will help keep the stomach relaxed.

Many people benefit from biofeedback to help learn the exercises. (See the “What You Can Do To Help” section). Biofeedback helps people gain control of their muscles.

How are the exercises practiced?

Once you get the feel of using the right muscles, you should do the exercises as follows:

- **Squeeze the muscles and hold for 10 seconds. (You may have to gradually buildup to this time.)**



Martha is tightening the muscles that control urination. She holds them tight for 10 seconds.



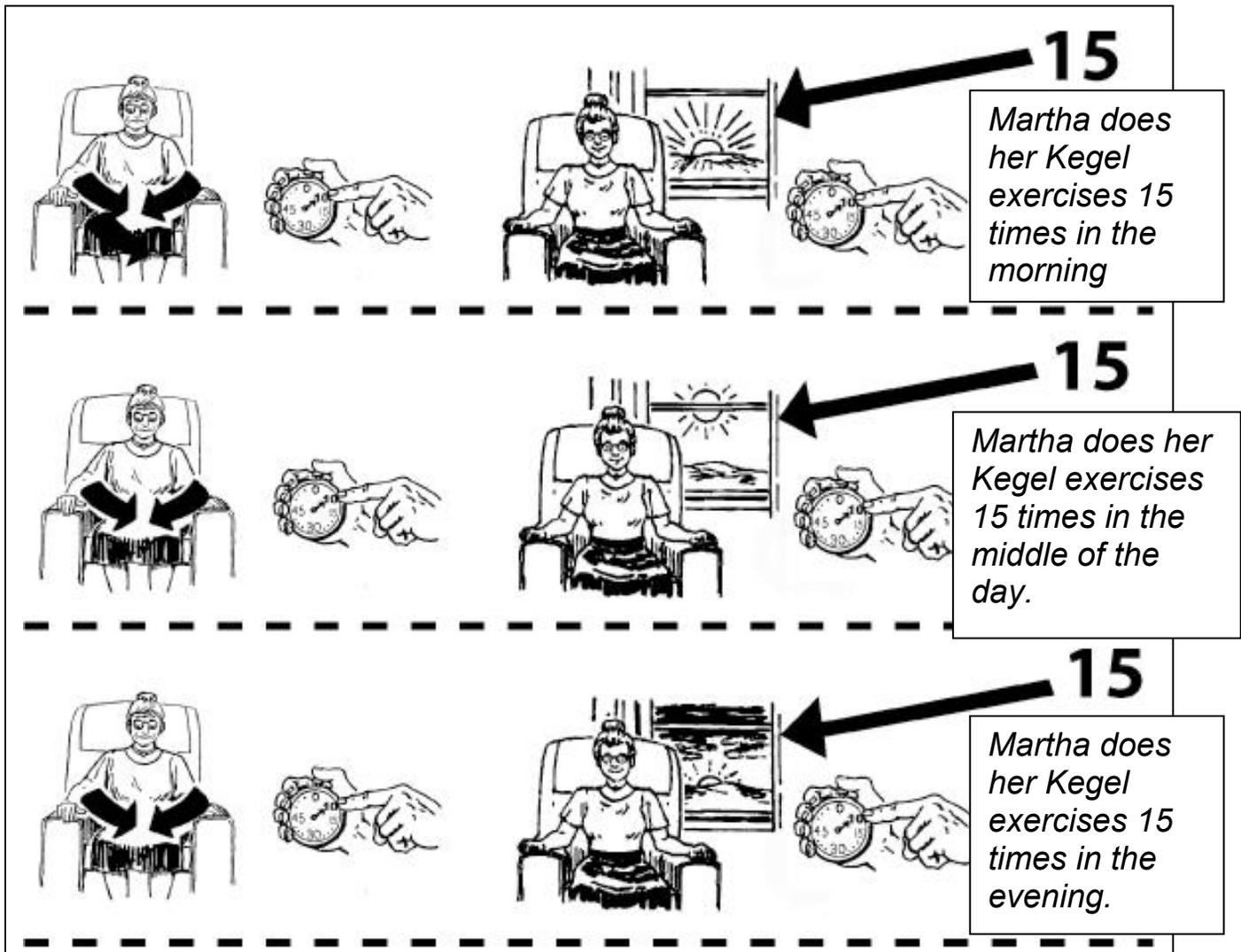
- **Relax for 10 seconds.**



Then Martha relaxes the muscles that control urination for 10 seconds.



- **Repeat, gradually building up to 15 squeezes and 15 relaxations three times per day.**



You should do no more than 50 muscle squeezes (or exercises) per day, divided into 3-4 sessions. After one to two weeks of these exercises, you should start to be able to use these muscles to prevent accidents (both urge and stress).

When should the exercises be done?

You can practice anytime, while you are sitting, standing, or lying down. However, to prevent accidents, the exercise must be done at times that normally cause you to leak urine, such as coughing, laughing, straining, or when a very strong urge to urinate begins, for example, when putting a key in the door or when you hear running water.

How long do the exercises take to work?

If they are practiced properly, you should begin to notice a difference within four to six weeks.

Can the exercises be harmful?

No. If you get any stomach or back pain with the exercises, you are not doing them correctly. You should only contract your pelvic muscles. Do not use your stomach or abdominal muscles to do this. The exercises do not require great effort and should not cause discomfort or fatigue. Hold contractions only as long as comfortable, usually eight to ten seconds.

Remember: Like any other exercise, pelvic muscle exercises must be practiced regularly in order to be work

INCONTINENCE SUMMARY



You should start by sensitively discussing the problem with the older person.



People with incontinence should be seen by a healthcare professional.



When to call the doctor during office hours



Sudden loss of ability to pass urine



Great difficulty urinating



Uncontrolled dribbling



Pain with urination



Blood in the urine

INCONTINENCE SUMMARY



What you can do to help



Keep a bladder diary.



Ask the doctor about exercise and medicines.



Set up a schedule.



Remind when to go to the bathroom.



Limit caffeine and alcohol.



Do not drink anything 2-3 hours before bedtime.



Encourage doing Kegel or pelvic muscle exercises.



Ask about biofeedback.



Ask about surgery.

INCONTINENCE SUMMARY



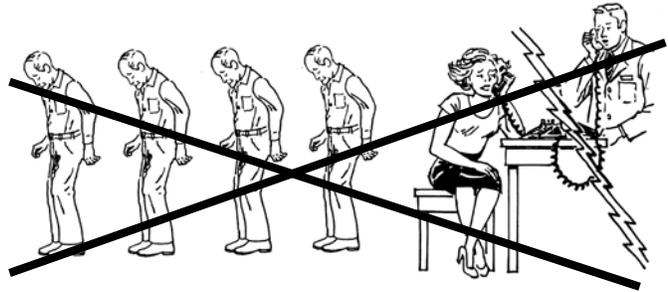
Use pads, absorbent garments, and urinary catheters only as a last resort.



Carrying out and adjusting your plan



Incontinence should be discussed with tact and sensitivity – but it should not be ignored.



Incontinence should be addressed early.



Have a medical evaluation and then develop a plan.



The AGS Foundation for Health in Aging (FHA)

Established in 1999 by the American Geriatrics Society, the AGS Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs: wellness and preventive care, self-responsibility and independence and connections to the family and community through self-responsibility and independence and connections to the family and community through public education, clinical research and public policy.

Eldercare At Home

Eldercare At Home is part of a comprehensive effort by the AGS Foundation for Health in Aging to provide support and guidance to those of you caring for older people at home. The FHA has created a series of Powerpoint® slide presentations that cover each of the 27 chapters found in *Eldercare At Home*. Accompanying each slide presentation is a fully illustrated handout that can be used as handouts, or as stand-alone resources for caregivers who are dealing with only one or two issues.

The major goal of this initiative is to make *Eldercare at Home* materials available to all caregivers. To this end, the plain text version (without illustrations) of *Eldercare at Home* is available free of charge online at www.healthinaging.org.

Eldercare at Home Workbook is also available for purchase through the FHA. Each of the twenty-seven chapters in the *Eldercare at Home* books cover the most common problems that family caregivers face. The *Eldercare at Home* Workbook can be used just as you would a cookbook. Read a chapter before you start dealing with a specific problem just as you would read a recipe before beginning to cook. Reading the chapter allows you to understand the problem and take action before it becomes severe. *Eldercare at Home* can even help you to prevent some problems from happening. It offers you advice on developing care plans, which will give you a sense of purpose and hope in coping with the challenges of providing care.

For more information on *Eldercare at Home*, or the AGS Foundation for Health in Aging, visit www.healthinaging.org, or call 1-800-563-4916.

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