

Continence: A Matter of Dignity

Causes, Signs and Prevention

By

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Instructor Note:

IF INTRO VIDEO SEGMENT IS **NOT** USED:

Welcome. We are here today to discuss a topic which, every day, affects our jobs and the lives of those for whom we care for: the challenges of Continence Care. Our goal is to achieve and maintain the best possible levels of continence in elderly persons. By helping to avoid “accidents”, each of you can greatly promote the dignity and quality of life of the older adults under your care.

IF INTRO VIDEO SEGMENT **IS** USED:

Welcome to this first of two modules on Continence: A Matter of Dignity - Causes, Signs and Prevention. Let’s watch as the faculty author of the module, Marie Mangino, introduces the topic! (go to next slide)

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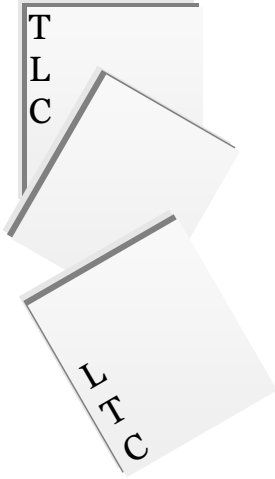
Acknowledgements

Appearing in Video:

Name	Appearing as	Name	Appearing as
Bob Swensen.....	Mr. Banks	Dick Brown.....	Mr. Clark
Ruth Alpert.....	Mrs. Banks	Deanna Penn.....	Supervisor
Susaye Lawson.....	Susaye	Sangeeta Bhojwani.....	Trainee
Nate Lazowick.....	Mr. Williams	Roby Jacobs.....	Daughter
Kevin Brown.....	Carl, DCSW	Charlene Duff.....	Shopper, Gift Shop
Dinnie Childs.....	Piano Player	Sheila Mitchell-Ayers...	Shopper, Gift Shop
Clarese Herbert.....	Mr. William's friend	Marie Mangino.....	Trainer, as herself
Man at Piano.....	Arjun Bhojwani	Tanisha Jones.....	Testimonial
Nancy Web.....	Mrs. Powell	Julie Cohlmer.....	Testimonial
Eric Stewart.....	Mike, grandson		
Ruth Livikoff.....	Ruth, DCSW		

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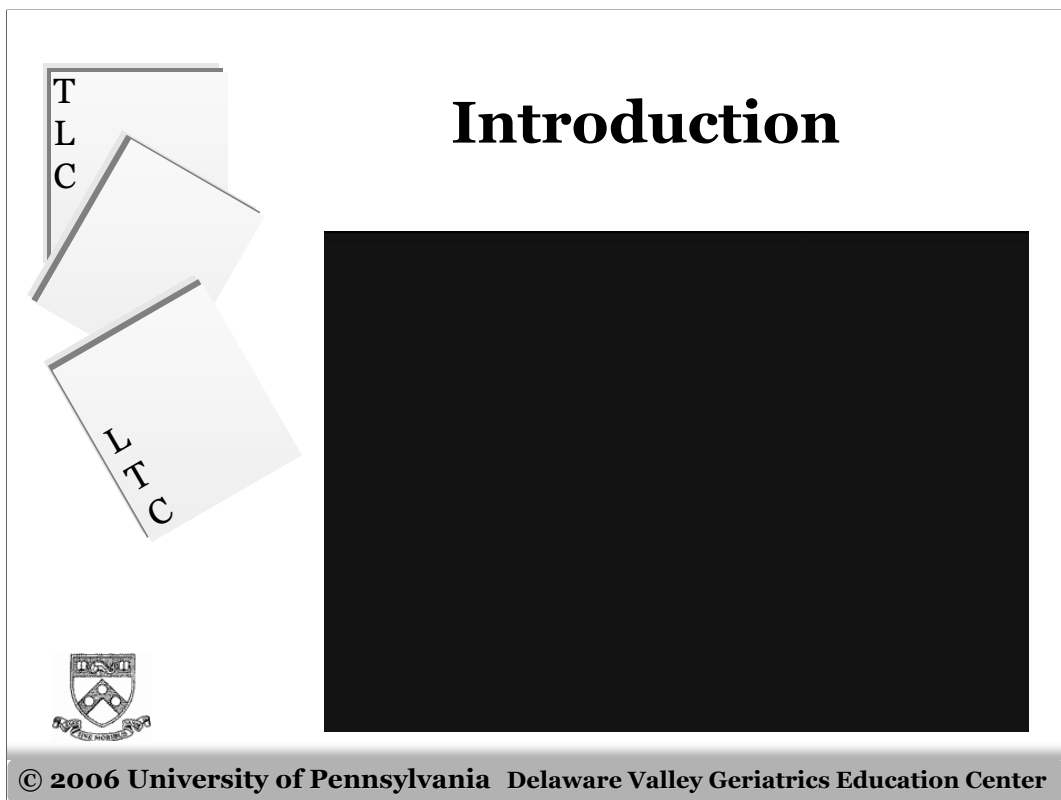




Special thanks to:

- Henrietta Roberts and Sandy Bailey, of Stapeley in Germantown for coordination of video shoot
- All the residents and staff of Stapeley in Germantown, for their participation and for permitting video production.
- Raybourn Rusk Productions



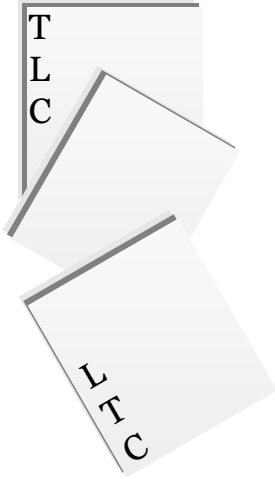


Instructor:

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OR

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Urinary Incontinence (UI) Defined

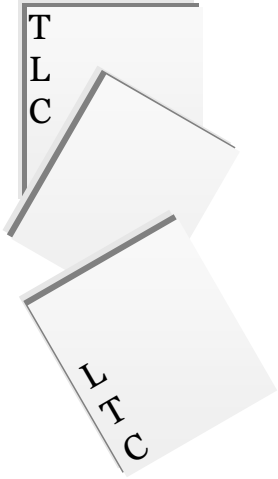
UI is simply defined as the involuntary or inappropriate loss of urine. In other words, incontinence is urine loss which happens when the person doesn't *want* it to or doesn't *know* it's happening.



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In order to promote continence we have to have an accurate understanding of incontinence. UI is simply defined as the involuntary or inappropriate loss of urine. In other words, incontinence is urine loss which happens when the person doesn't *want* it to or doesn't *know* it's happening.

Learning Objectives



At the end of this program you will be able to:

- ❑ List the common causes of urinary incontinence (UI)
- ❑ Describe the potentially serious effects of not treating UI
- ❑ Recognize signs of a urinary tract infection
- ❑ Discuss effective ways to prevent or reduce episodes of UI and enhance dignity

Our goal is to help you provide care to reduce or prevent episodes of UI and enhance the dignity of those in your care.



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Learning Objectives

At the end of the program you will be able to:

1. List the common causes of urinary incontinence (UI).
2. Describe the potentially serious effects of not treating UI.
3. Recognize the warning signs of a possible urinary tract infection in order to prevent more serious complications including hospitalization and even death.
4. Discuss effective ways to prevent or reduce episodes of UI and enhance dignity.

Our goal is to help you provide care to restore or prevent episodes of UI and enhance the dignity of those in your care.

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Prevalence of UI

- ❑ 13 million Americans have UI
- ❑ 85% of them are women
- ❑ Almost 30% of persons over 65 and living in the community have UI
- ❑ 53% of homebound have UI
- ❑ 50-80% of LTC residents have UI
In 8 of 10 cases symptoms can be improved and function restored.

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INSTRUCTOR NOTE: (PLEASE INCLUDE THIS SLIDE IF YOU ARE NOT USING THE VIDEO)

Remember approximately 13 million Americans report some incontinence of urine. Eleven million or 85% of them are women. Almost thirty percent of persons over 65 and living in the community have UI. *(note: this number may very likely be an underestimation due to poor self-reporting and denial)*

Among homebound persons, 53% are incontinent as well as 50-80% of those in nursing homes. In fact, incontinence is one of the top reasons why families place a loved one in a nursing home. Assisted Living Facilities will often refuse admission on the basis of UI.

It is most important, however, for you to know that in 8 out of 10 cases of UI, symptoms can be improved or eliminated with treatment. This is what we want to talk about: things you CAN do to help those with UI.

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The Facts about UI

- ❑ Continence is normal; Incontinence is not
- ❑ Normal aging does not always cause incontinence
- ❑ When continence is impaired, many simple things can be done to restore or improve function

Mrs. Mendoza



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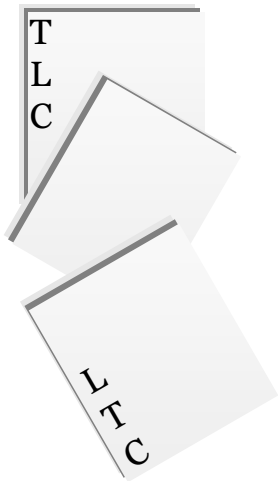
UI is not normal in any adult. Many older adults do not have UI and there are many younger people who do have UI. UI is more common among older adults because of medical problems and some changes with aging that increase the risk of having incontinence. There are many simple things you can do for those in your care to reduce the number of times a person is incontinent and restore normal function.

Being incontinent can be a terrible experience for an older adult. An ‘accident’ can be very humiliating. Imagine how it must feel to need someone to clean you and change you. The loss of dignity can be tremendously difficult.

CASE EXAMPLE

*Let’s imagine an older woman like **Mrs. Mendoza** who has occasional “accidents”. Since her UI started, her caregiver has been putting diapers on her all the time. Wearing diapers has made her feel so depressed that she no longer leaves her room.*

When continence is impaired, many simple things can be done to restore or improve function.



Caring for UI is Important Because:

- Untreated or under-treated UI can cause:
 - Skin breakdown and infection
 - Falls and injuries

Mr. Phillips



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When UI is left untreated or under-treated many problems can result, all of them serious.

Skin breakdown and infections can occur in the older adult with incontinence.

Falls and injuries can occur when the person tries to hurry to the bathroom and loses his or her balance. The person may become incontinent on the way to the bathroom, then slip in the urine and fall.

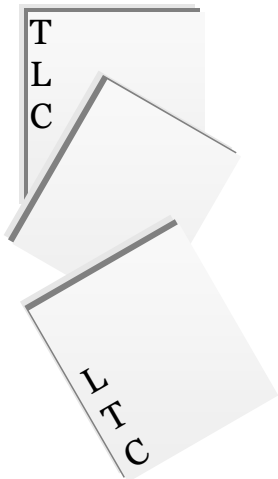
CASE EXAMPLE

*Imagine, **Mr. Phillips**, age 83, who walks very slowly with a cane at baseline. One night, he awoke feeling the need to urinate. He quickly got out of bed and hurried to the bathroom. Unfortunately, he fell and broke his hip.*

Question for discussion:

“Think of someone whom you know like this”

“What do you think happened to Mr. Phillips? What do you think may have caused him to fall?”



Caring for UI is Important Because:

- Untreated or under treated UI can cause:
 - Depression/social withdrawal
 - Loss of dignity/lower quality of life
 - UTIs (urinary tract infections) → hospitalization → death

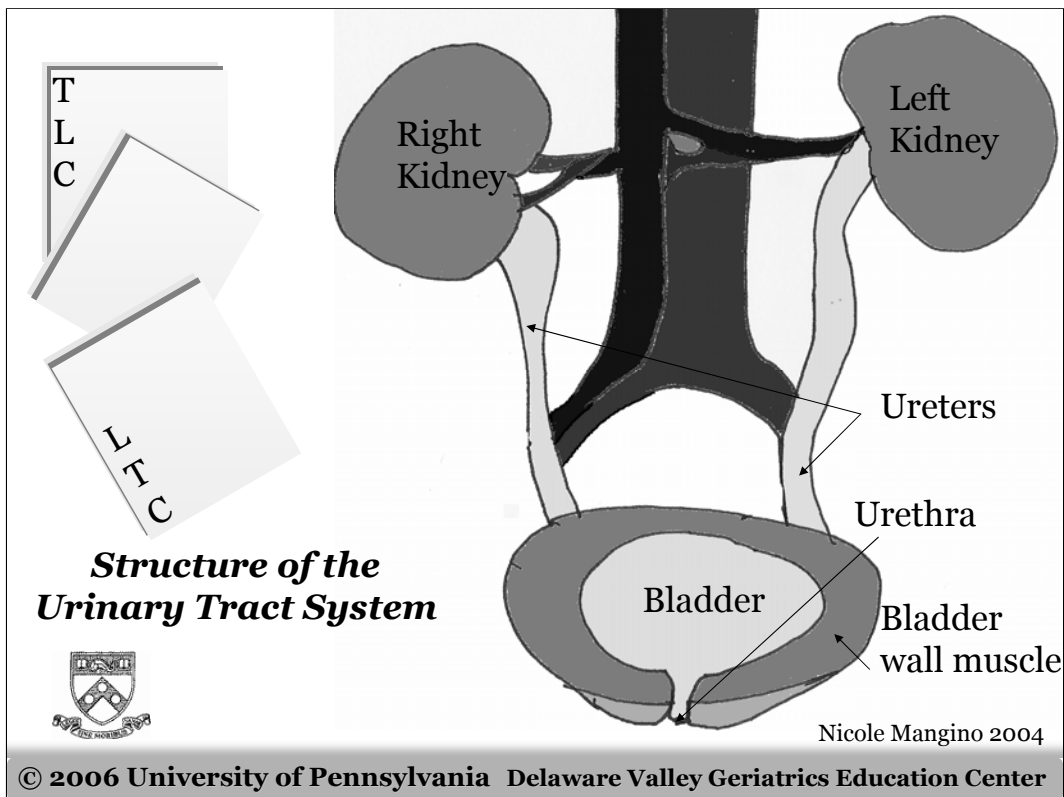


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UI can also have a very bad effect on a person's mood. UI can cause depression and even withdrawal. People in the community will often stop going out of the house to do things they enjoy because they are afraid they might have an 'accident'. In a nursing home or assisted living facility, some individuals will only go to activities near a bathroom or not attend them at all.

Each of these changes results in a loss of dignity and self-worth and, therefore, reduces the person's quality of life.

Finally, UI can cause urinary tract infections that return over and over again. These repeated infections can lead to hospitalization and even death in some cases.



In order to understand what causes incontinence, let's review the structure of the urinary tract system.

This system has several parts. Urine is made in the two kidneys, and then passed to the bladder through two tubes called ureters. Urine is stored in the bladder until the brain tells the bladder to empty. The muscle that holds the bladder closed then opens and the bladder contracts, pushing urine through the urethra to the outside.

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Contributors to UI: Age-Related Changes

- ❑ Overactive bladder muscle
- ❑ Enlarged prostate (BPH)
- ❑ Atrophic vaginitis and urethritis
- ❑ Reduced bladder capacity
- ❑ Increased post-void residual (PVR)

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As we grow older certain changes may occur in our bodies that can make UI more likely, though not inevitable.

- An overactive bladder muscle can cause spasms that give a sudden sense of urgency (the need to go right away).
- An enlarged prostate gland in men can partially block the ability to urinate and cause urine retention. This means that even after urinating, too much urine is left in the bladder.
- Atrophic vaginitis and urethritis: Loss of hormones like estrogen can cause dryness of the genital area, including the urethra. This dryness can lead to irritation of the bladder muscle.
- Age also causes the bladder to shrink so that it can hold less urine. This will make it necessary to go to the bathroom more often.
- Also the amount of urine left in the bladder after going to the bathroom increases with age so that there is less room for new urine. The remaining volume is called post-void residual urine.

Some of these conditions can be improved; we will discuss them later.

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Contributors of UI: Injury and Disease

- Diabetes
- Damage to the:
Brain, Spinal Cord
and Bladder
Injury



Mrs. Banks



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Diabetes that is not well controlled increases urine production. UI can also be caused by damage to the brain, spinal cord or the bladder. Normally, a signal runs from the bladder through the spinal cord to the brain giving the message that the bladder is full. With damage in the brain, spinal cord or bladder, the signal may not get through and the person may become incontinent. Spinal injuries cause the bladder to become weak so that it cannot contract. This means that the bladder does not fully empty. This condition is called Urinary Retention.

CASE EXAMPLE

Let's think about **Mrs. Banks**. You'll meet her later in a video. She is home recovering from a stay in the hospital. While she was there, a Foley Catheter was inserted and utilized for several days. She is recovering well, becoming more ambulatory, but she cannot feel the need to urinate. This is a very common situation following the use of a Foley Catheter, which interferes with a "bladder full" signal.

Questions for discussion:

If Mrs. Banks cannot feel the need to urinate:

"What do you think will happen?"

"How do you think she will feel?"

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Contributors to UI: Limitations in Function

- Ambulation
- Dressing

Mr. Williams



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The most common cause of UI in the older adult is limitation in function. The older adult who cannot get to the bathroom, commode or urinal in time, or is unable to remove clothing in time has Functional Incontinence.

CASE EXAMPLE

Mr. Williams is a vibrant, very social 83 year old. His arthritis in his hands hinders him from getting to the bathroom and opening his zipper in time. He is beginning to have “accidents”.

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Contributors to UI Bladder Irritants

- Artificial sweeteners
- Caffeine
- Alcohol

Mrs. Powell



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Earlier we mentioned an overactive bladder muscle leading to muscle spasm. Artificial sweeteners, caffeine and alcohol all irritate the bladder and can also cause spasms. These spasms give a sense of urgency and very little time for the older adult to get to the bathroom.

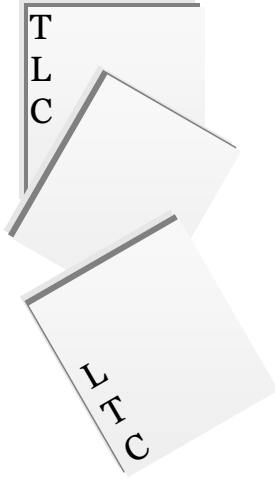
Alcohol also increases the need to urinate by drawing water out of the body just like a water pill.

UI from these irritants can often be reversed by eliminating the substance.

CASE EXAMPLE

***Mrs. Powell** is an excellent example of this problem. She drinks mostly coffee or diet soda. She often feels a sudden urge to urinate and 'leaks'.*

Contributors to UI Hydration & Physical Conditions



- Not enough fluid
- Too much fluid
- Fecal Impaction
- Acute Confusion
- Infections/Medical illness



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Not drinking enough fluid also irritates the bladder. Some older adults think if they drink less they will need to go to the toilet less often. But this concentrates the urine and that causes spasms and UI. Drinking too much fluid will simply produce extra urine and the need to go more often.

Some physical conditions can cause temporary or reversible UI include:

- Medications
- Fecal impaction
- Delirium (acute confusion)
- Restricted mobility due to an injury such as a fracture
- Urinary tract infection or UTI

When these temporary problems are resolved an older adult can often return to full continence.

Because UTI is such a common cause of UI we will address it in greater detail.



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UTI Symptoms in the Older Adult

- Increased Frequency
- Increased Urgency
- New or increased incontinence
- Urine odor or cloudiness
- Change in mental status



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A urinary tract infection or UTI is a common cause of new or worsened UI in the older adult. Several different symptoms are common when a person has a UTI.

The older adult may feel the need to go to the toilet more often. This is called *urinary frequency*. The person may have a sense of *urgency* which is the “gotta’ go now!” feeling. The person may have new or increased incidents of UI. In other words, think of a UTI in a person who was not incontinent and suddenly is, or a person who only had occasional episodes of incontinence and now has frequent episodes.

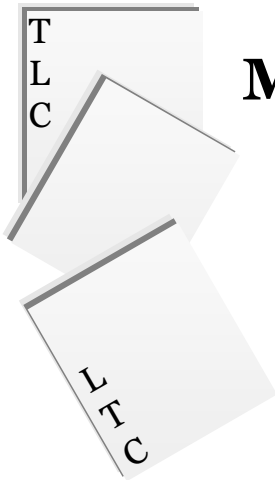
Urine that looks cloudy or has a foul odor may also indicate a UTI although these changes are more commonly found with dehydration.

Remember that most older adults do not get the burning sensation that many younger people get with a UTI. They can still have an infection without the burning. Any one of these signs or symptoms may be noted by the caregiver, family or the older adult and should be reported to a nurse or doctor.

Finally, a change in mental status may be the only sign of a UTI in the older adult.

Remember that many older adults may not develop fever with a UTI.

Acute Changes in Mental Status that may indicate UTI



- Sleepiness
- Lethargy
- Irritability or agitation
- New or increased confusion



Mr. Green



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A change in mental status can take many forms including: sleepiness, difficulty being aroused, irritability, agitation or confusion. The confusion may be new or increased. Keep in mind that even someone with dementia can have a change in mental status.

CASE EXAMPLE

Mr. Green is a 92 year old man with Alzheimer's Disease. Although confused, he is usually awake and active much of the day. He does come to meals on his own. Over the past two days he has been increasingly agitated and sleeping much more than usual.

QUESTIONS FOR DISCUSSION (INSTRUCTOR: QUESTIONS TO BE ANSWERED BY YOU IF TIME IS LIMITED)

Would it be a good idea to check his urine for odor or cloudiness? Why?

Because the presence of odor or cloudiness might indicate that he has a UTI and that may be causing his change in mental status.

You could also check his temperature. You do check his urine and find that it is cloudy with a very strong odor and you report this immediately. You also check his temperature and find that it is normal at 98.7.

You find out later that Mr. Green does have a urinary tract infection. His change in mental status along with a very strong odor to his urine were the clues. Of course, reporting your findings is very important so that a urine specimen can be sent for testing and treatment orders obtained from the doctor as soon as possible.

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Things You Can Do for Older Adults with UI

- Keep a log of UI events
- Monitor toileting



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What can you do to help the older adult with UI?

You can try to assist with toileting *before* an 'accident' in order to keep the person dry and enhance his or her dignity. There are many things you can do to help improve the older adult's quality of life.

- Start by logging the time of all “accidents” while you are providing care. Keep a close watch if the person cannot tell you. If the person can tell you, ask frequently if he or she needs to go the bathroom or needs to be changed. Let's review the sample Bowel and Bladder Log form in the participant materials.
- Keep the log for the first three or four times you are caring for him or her. If the older adult is living at home, ask for family's help to keep track. If the older adult is in an assisted living facility or a nursing home ask fellow staff to do the same. The log should be used to keep track of the actual times the person urinates or has “accidents”.



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Things You Can Do for Older Adults with UI

- Determine frequency of need
- Develop a schedule and prompt



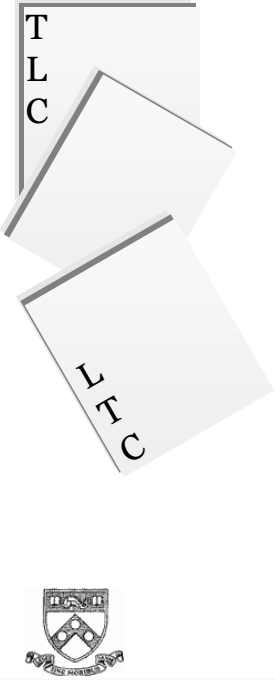
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- After three or four days look at the log to see when and how often the person is having “accidents” or needing to urinate. It may be every two, three or four hours or more frequently. You may see more frequent requests to urinate or “accidents” in the morning when the older adult takes a diuretic (or water pill) and longer periods between “accidents” later in the day.
- Based on the log results, develop a schedule to assist the older adult with getting to the commode or bathroom or with reaching a urinal in time. Someone who is leaking urine frequently will need to be toileted and changed every two to three hours. For anyone who can sit, always toilet before changing. For those who cannot be taken to the bathroom, offer a urinal or bedpan.


Even older adults with dementia can benefit from scheduled toileting. Establishing and following a schedule for toileting may also lessen a person’s worry about having “accidents” and give him confidence to do other things.

Show Video Scenario “The Banks’ Turning Point” with this Introduction:

We are now going to show you a video clip “The Banks’ Turning Point”. Remember Mrs. Banks who is recovering from a stay in the hospital. While she was there, a Foley Catheter was inserted and utilized for several days. Mrs. Banks is at home recovering nicely but she cannot feel the urge to go. Scheduling her toileting could greatly improve her quality of life. {go to next slide}



The Banks' Turning Point



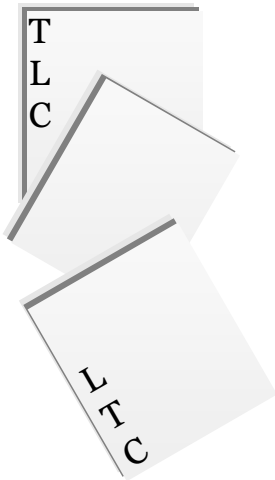
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Instructor:

Double click on black square to start video segment “The Banks’ Turning Point”. Or use right hand button on mouse, and click on “Play movie”. Adjust volume.

OR

Insert Video into VCR, start video tape at second scenario to play “The Banks’ Turning Point”



Things You can Do: Scheduling

- ❑ Log actual number of “accidents” or “urinations”
- ❑ Based on log results - develop schedule
- ❑ Establishing and following a schedule can give a person confidence to do other things

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The **Banks'** Turning Point reminds us of these things to remember:

- Log actual number of “accidents” or “urinations”
- Based on the log results, develop a schedule
- Establishing and following a schedule for toileting may also lessen a person's worry about having “accidents” and give him/her confidence to do other things

Even older adults with dementia can benefit from scheduled toileting.



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Things You Can Do

- ❑ Encourage change in diet (avoiding caffeine, sweeteners, alcohol)
- ❑ Assist with
 - getting to the bathroom or commode
 - removing clothing
 - positioning urinal or bedpan

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Encourage the older adult to avoid alcohol, artificial sweeteners and caffeine to reduce bladder spasms that can cause UI. Eliminate or reduce these things slowly to avoid symptoms of withdrawal.

CASE EXAMPLE

Remember Mrs. Powell, who drank coffee and diet soda almost all the time and had urinary incontinence? She is a perfect example. Gradually she lowered her caffeine intake to one cup of coffee a day in the morning and replaced all the soda and the rest of her coffee with water, juice and skim milk. Since then she has been completely continent.

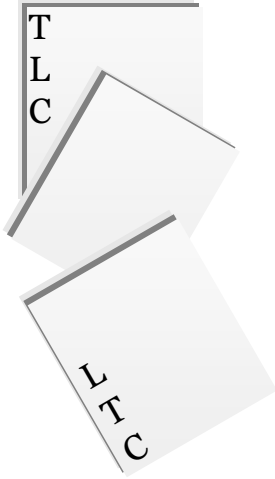
Assistance is the key to enable the older adult to use bathroom promptly:

- Assist with removal of clothing
- Assist with transferring to and from the commode or toilet or with placement of the urinal or bedpan
- Afterwards, assist with cleaning, and then with return to other activity.
Clothing with elastic waist bands and velcro closures can also make toileting easier

Show second part of video scenario “Mr. Williams’ Challenge” to participants with this introduction:

Remember Mr. Williams, our 83 year old Adult Day Care Center member with severe arthritis? In his case, prompt assistance with getting to the bathroom and assisting with clothing are key. Let’s watch “Mr. Williams’ Challenge” (go to next slide).

Mr. Williams' Challenge



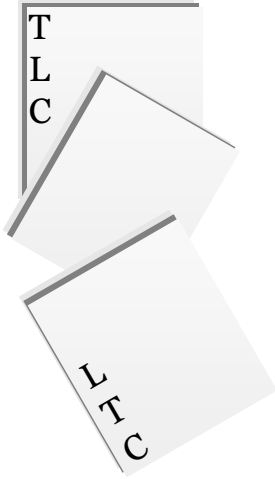
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Instructor:

Double click on black square to start video segment “Mr. Williams’ Challenge” . Or use right hand button on mouse, and click on “Play movie”. Adjust volume.

OR

Insert Video into VCR, start video tape at third scenario to play “Mr. Williams’ Challenge”



Mr. Williams' Challenge

- Arthritis
- Personal Embarrassment
- Effect on Family
- Clothing with Elastic or Velcro Closures



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After video, questions for discussion:

“Doesn't Mr. Williams look familiar?”

“What problems does his arthritis cause for him?”

“What can be done to address those problems?” (Use list below as prompts)

In this scenario, Mr. Williams' experiences great embarrassment and his family is affected as well. You can do things to maintain his dignity and help improve his quality of life.

- Assistance is the key to enable the older adult to use the bathroom promptly
 - Assist with removal of clothing or suggest clothing with elastic or velcro closures which can make toileting easier
 - Assist with transferring to and from the commode or toilet or with placement of the urinal or bedpan
 - Afterwards, assist with cleaning, and then with return to other activity

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Things You Can Do

- Make urinals available to men
- Prompt (suggest, encourage and remind) to toilet
- Encourage and motivate
- Change if incontinent

Mr. Samson



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CASE EXAMPLE

*Let's look at the situation of **Mr. Samson**. He is paralyzed on his right side from a severe stroke. He cannot stand to pivot. He has been using diapers since his admission to a nursing home three months ago. He does not talk since his stroke, but he appears to understand.*

QUESTIONS FOR DISCUSSION (INSTRUCTOR: QUESTIONS TO BE ANSWERED BY YOU IF TIME IS LIMITED)

What might you try to improve his life?

Because he always wore diapers, everyone assumed he was incontinent. You approach him in his room or a private area with a urinal and ask him if he can go in the urinal. He nods "Yes." You gently lower the covers, open the diaper, place the urinal between his legs and ask him to urinate and he does.

Should you try to do that more often?

Yes, because this would help keep him dry, if not all the time, then much of the time. This would enhance his quality of life and dignity, prevent skin breakdown and reduce the need for cleaning and changing him after incontinent episodes.

Would it be a good idea to tell others who may care for him?

Absolutely. Consistency of care is important. If someone like Mr. Samson is at home with family, instruct them to do the same.

Every older adult man should have a urinal available to use, especially at night. Never assume that an older adult man is unable to use a urinal.

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Skin Care

To prevent skin breakdown:

- Work towards improved continence
- Change incontinent garments promptly and clean perineum and buttocks
- Use a skin barrier
- Promptly report any change in skin



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Skin breakdown and infections can occur more frequently in patients with UI.

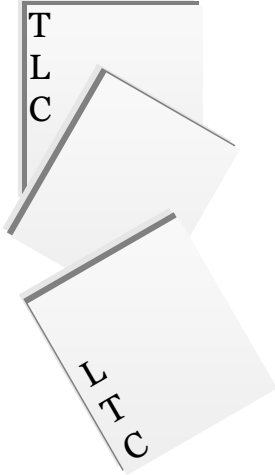
It is so important to toilet on a schedule before an 'accident' occurs. Every time you prevent an 'accident' you help keep that person's skin intact.

If the person does have an 'accident', change all wet garments promptly and clean the perineum and buttocks. Use a skin barrier with each episode. A skin barrier is a coating of ointment which creates a waterproof barrier on the skin (example: A&D ointment).

Good prompt skin care is very important to prevent skin breakdown. If you see a change in the skin such as breakdown or redness that does not fade, report it immediately.

Of course, the best wound care is to prevent it from ever happening.

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Product Use for UI

- ❑ Least restrictive
- ❑ Most dignified
 - Brief (diaper)
 - Regular underwear with liner
 - Change type of clothing used to reduce time



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Use products only when necessary!

How it would feel to wear a diaper? Imagine needing to depend on someone else to clean you after an 'accident' and put another diaper on you. Although some people refer to the diapers as briefs, the older adult is well aware of what they really are.

- Underwear liners are a useful and more dignified product that allow the older adult to continue using a familiar undergarment
- When choosing a product, make it the most dignified and least restrictive and best fitting

Whether liners in undergarments or briefs (diapers), a product that is too large may gap and leak. Products that are too small may cause skin break down.

If removing clothing slows the person down enough to have an 'accident' you may want to suggest clothing that makes toileting easier such as garments with elastic waist bands and velcro closures.

See Algorithm in your handouts for product selection in participant handouts. Tell them that this is one tool to help them select the least restrictive and most dignified product for each person.

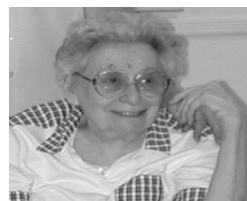
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Final Case Scenario

- Ms. Hill has rheumatoid arthritis with severe deformities of her hands
- She has difficulty with such things as door knobs and buttons on her clothes



Mrs. Hill



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Let's think about one last scenario and talk about what you could do.

CASE EXAMPLE

Mrs. Hill has rheumatoid arthritis with severe deformities of her hands. She has difficulty with such things as door knobs and buttons on her clothes, but she is able to walk to the bathroom. She has been having more episodes of UI lately and seems very sad. She has some very mild forgetfulness.

Final Questions for Discussion:

What would you do to help her be more continent?

Do you think a diaper is an appropriate solution?

IMPORTANT:

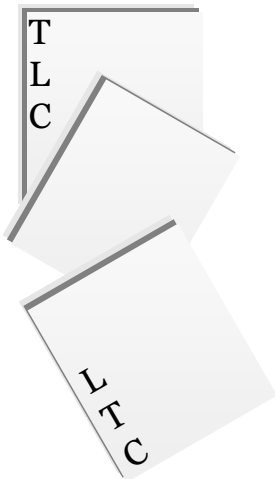
Hopefully all will say "No" because anyone who can stand or walk should be in personal underwear with a liner, not in a diaper. Ask why not.

Would velcro closures on her clothing be a good idea?

Yes, to make it easier for her to get clothing out of the way quickly.

You could ask her if she has certain times when she usually goes to the bathroom and offer to meet her at those times to assist her with the door and her clothing. You could complete a log to determine the times she needs to go if she is unable to tell you. If you are in a nursing home or assisted living facility you could encourage her to ring the bell but you must be sure to answer it promptly.

The important thing is to treat each person individually and develop a plan that will address each person's unique continence needs.



Learning Objectives Review

Can you now:

1. List the common causes of Urinary incontinence (UI)?
2. Describe the potentially serious effects of not treating UI?
3. Recognize signs of a UTI?
4. Discuss effective ways to prevent or reduce episodes of UI and enhance dignity?



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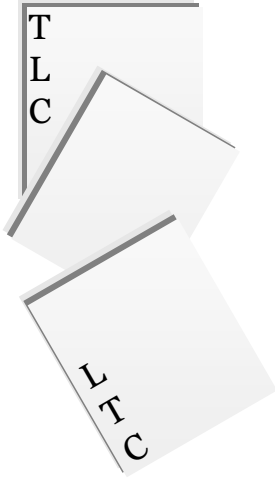
Conclusion

Let us review the four learning objectives for this program. Did we meet them?

1. List the common causes of urinary incontinence include age related changes, illnesses and disorders and the most common cause of all, functional limitations in getting to the bathroom and removing clothing in time.
2. Describe potentially serious effects of not treating UI include skin breakdown, falls, injuries, infections and even death.
3. Recognize the major signs of a UTI such as change in mental status so you can report it promptly and prevent it from becoming far more serious.
4. Discuss effective ways to prevent or reduce episodes of UI and enhance dignity include logging “accidents” over a few days to see the pattern, prompting and assisting with toileting and use of products.

Remember, that each time you enable a person to be continent you greatly enhance his or her dignity.

In conclusion, your efforts to improve the continence of the older adults in your care will help them remain dry. It will also restore their dignity, enhance the quality of their lives, and have a positive impact on staff and family as well.



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Web sites:

Collaborative to Support Urinary Incontinence and Women's Health www.stressUI.org

National Association for Continence: www.nafc.org

National Institute of Diabetes & Digestive & Kidney Diseases: www.niddk.nih.gov



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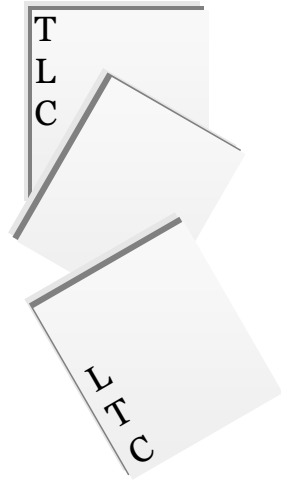
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**“Contenance: A Matter of Dignity
Care of Chronic and Complex UI”** is designed to follow this module (what you have learned in **“Causes, Signs & Prevention”**).

