Urinary Incontinence

When working in the home, you will undoubtedly encounter clients with urinary incontinence (UI). UI affects 25 million, just in the United States. UI imposes a burden on the client and the caregiver and is one of the leading causes for nursing home admission. UI often is associated with social isolation and approximately 20-30% also experience depression. Further, UI is associated with increased fall risk (from rushing to the bathroom), sleep deprivation, urinary tract infections, and pressure ulcers.

Many have the erroneous belief that incontinence is a normal consequence of aging and this is a myth. Because of this belief, as many as 50% of those having problems with UI don’t seek help. However, about 80% of adults with UI can experience significant improvement with evaluation and treatment. Therefore it is important that caregivers can help identify UI in clients and can understand measures that can be taken to improve the client’s incontinence and quality of life.

Types of Incontinence

There are 4 major types of incontinence. The first is urge incontinence. Urge incontinence is the involuntary loss of urine following an overwhelming urge to urinate that cannot be controlled. It is the “gotta go” type of incontinence. This can happen when the nerve signals between the bladder and brain tell the bladder to contract and empty, even when it isn’t full. In these instances, the bladder contracts with little or no warning. This type of incontinence is also referred to as overactive bladder.

Stress incontinence is the involuntary loss of urine during actions—such as coughing, sneezing, and lifting—that put abdominal pressure on the bladder. Common causes of stress incontinence are poor pelvis support and weakened sphincters. Child birth and abdominal surgery are common contributors to stress incontinence.

Overflow incontinence is the constant dribbling of urine, usually associated with urinating too frequently and in small amounts. Common causes are obstruction (prostate enlargement or cancer) and neurogenic bladder from diabetes, spinal cord injury or nerve damage. When a client has this type of incontinence, it is not uncommon for them to have weak urine stream, night time incontinence, and frequent or constant dribbling.

Functional incontinence is urine leakage due to environmental or other factors that prevent a person from getting to the bathroom in time. Generally, it is attributed to poor lighting, immobility, physical weakness, an unfamiliar environment, or dementia (causing an inability to recognize the bathroom or problems finding the toilet).
Causes of Incontinence

There are many causes of urinary incontinence. To assist in remembering what contributing factors cause UI, the following pneumonic DIAPPERS can be used:

D: Delirium

- Delirium is an acute change in the cognition of an individual. It can be caused by an infection, medications, lack of stimulation, fever, electrolyte imbalance and many other causes. Delirium interferes with the ability to recognize the need for toileting or respond in a timely manner.

I: Infection

- Many infections, such as a bladder or urinary tract infection, can contribute to incontinence by irritating the bladder and causing it to spasm frequently.

A: Atrophic urethritis or vaginitis

- As women age and less estrogen is produced, the vaginal skin thins and becomes dry. This can make the vaginal and urethra more fragile and prone to inflammation and infection.

P: Pharmacology (drugs)

- There are several drugs that may contribute to UI, especially in the elderly. Alcohol, benzodiazepines, and sedatives may cause confusion that can lead to incontinence. Diuretics may overwhelm the bladder’s capacity and cause bladder contractions. Some
medications can contribute to incontinence by decreasing the muscle tone of the bladder and sphincter.

P: Psychological disorders

- Depression may interfere with motivation and desire to attend to continence. Anxiety or fear may contribute to frequency difficulties controlling urge.

E: Endocrine

- Blood chemistry changes can contribute to UI by causing excess urine production. High blood sugar, high calcium levels, and low protein states can all cause problems with UI.

Restricted Mobility:

- If a client is unable to easily remove their clothing or cannot easily get to the bathroom, they may become incontinent.

Stool Impaction:

- Conditions causing severe constipation or impaction can contribute to UI. Bowel impaction can cause obstruction of the bladder neck leading to urge or overflow urinary incontinence.

How you can help

There are many things you can do as a caregiver to assist the client with their incontinence and perhaps improve their quality of life. When a client is incontinent, review their environment and make sure their adaptive device is within reach. It is important that the lighting be good to ensure they can find the bathroom, particularly at night. If mobility becomes an issue, bedside commodes, elevated toilet seats, gait training, or physical therapy for muscle strengthening can help. It is important that clients get enough fluids, but it may be necessary to limit fluids before bed. Very often clients avoid drinking fluids at all, especially if they need to go out of the home. However, dehydration often contributes to bladder irritation by making the urine more concentrated. Finally, offering regularly scheduled toileting times can be a very effective method of improving UI. Prompting the client to go to the bathroom every 2-4 hours puts the client on a regular voiding schedule. The goal with scheduled toileting is to keep the client dry and ensure they are regularly emptying their bladder.

Dietary management can also impact the client’s incontinence. There are many bladder irritants that can contribute to UI. Bladder irritants can cause the bladder to empty before it is full or can cause more urine to be produced. Common bladder irritants are: caffeinated drinks, carbonated drinks, coffee and tea (even without caffeine), and citrus juices. Other bladder irritants include tobacco, alcohol, chocolate, artificial sweeteners and spicy, citrus, and tomato based foods.

Another effective management strategy for UI is Kegel Exercises. Your clients can strengthen their pelvic muscles and this has been reported to improve urge incontinence 55%. Clients performing Kegel exercises are asked to squeeze the muscles in the genital area, as if trying to stop the flow of urine. It is
important not to squeeze the muscles in the belly or legs at the same time. The client should eventually try to hold these muscles for a count of 3 and work up to 3 sets of 10. If clients have difficulty isolating the appropriate muscles to perform Kegel exercises, talk to your manager to see if they can be referred to a physical therapist who specializes in urinary issues. Kegel exercise must be done for 3-6 weeks on a routine basis to see improvement.

Finally, to help the client with urge incontinence, it is important that you understand urge avoidance techniques. When the client is experiencing frequent urination urges, they are to stop what they are doing and sit if possible and remain still until the urge passes. If possible, they can squeeze the pelvic floor muscles quickly, several times. Once the urge has subsided, they are to walk to the bathroom slowly. By trying to control the urge, clients can condition their bladder to spasm less frequently in many cases.

**Additional Resources:**

National Association for Continence.  [www.nafc.org](http://www.nafc.org)

International Gastrointestinal Disorders.  [www.aboutincontinence.org](http://www.aboutincontinence.org)
Incontinence Quiz

1. Stress incontinence usually occurs at night?
   True or False

2. Incontinence can lead to social isolation and depression.
   True or False

3. About 80% of adults with UI can experience significant improvement with evaluation and treatment.
   True or False

4. Incontinence causing the loss of urine during actions such as coughing, sneezing, and lifting is called ____________________ incontinence.

5. ____________________ exercises can help clients strengthen their pelvic muscles and can improve urge incontinence 55%.
Incontinence Quiz Answers

1. False
2. True
3. True
4. Stress
5. Kegel