



A publication of
Alzheimer's Queensland.

Dementia Matters

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Alzheimer's Queensland

Alzheimer's Queensland is Queensland's largest not-for-profit community organisation whose primary aim is to maintain the quality of life of people with dementia and their caregivers. We support the desire of most people to remain living in their own home as long as possible and assist families and caregivers to facilitate this.

We aim to do this by offering the following:

Statewide Information, Education and Support Services:

- 24 hour 7 days per week professionally staffed Advice Line (ph: 1800 639 331)
- Community education
- Library resources
- Interactive website at www.alzheimersonline.org
- Professional education
- Family carer education
- Support groups – face to face and telephone support groups
- Individualised support
- Fact sheets and specific information requests posted as required
- Dementia Matters newsletter

Alzheimer's Queensland

**47 Tryon Street
Upper Mt Gravatt Qld 4122
Telephone: (07) 3422 3000
Fax: (07) 3343 2557
Email: helpline@alzheimersonline.org
Website: www.alzheimersonline.org
Dementia Advice line: 1800 639 331**

Alzheimer's Queensland A Good News Story

Enthusiasm, unconditional love and creating positive situations are some of the terms researchers use when defining the benefits of Intergenerational Groups when an older person and the young are able to interact in meaningful activities.

This is definitely the case when ladies from Alzheimer's Queensland's Gordon Park Multiservice Centre visit a local Child Care Centre on a weekly basis. As "Story Tellers" and when chatting with the children, the ladies are confident and at ease in situations where they can recall and better use their communication and interaction skills and establish ongoing and valued relationships.

The Education Leader at the Day Care Centre reported that the children immediately become more engaged in what they are doing, demonstrating pride in sharing their experiences and environment. They eagerly want to question the ladies and enjoy being around them, following their lead or leading them around. The Kindergarten children are especially fascinated and have a beautiful sense of pride as soon as the ladies walk through the door, saying hello and waving and immediately getting them involved in what they are doing at the time.

The researchers have got it right and an atmosphere of enthusiasm, positive situations and unconditional love has definitely been created between our young friends at the Child Care Centre and the ladies from Gordon Park.



Alzheimer's Queensland Tai Chi Groups

Please contact 3812 2253 if you would like to join a Tai Chi group in Ipswich run by the Occupational Therapists at Alzheimer's Queensland. Separate groups are available for the general public, carers and persons living with dementia. Tai Chi may help to relieve pain, and improve health and balance. A Tai Chi DVD is available in the Alzheimer's Library.



Incontinence and Dementia

Involuntary loss of urine or faeces (incontinence) is not normal ageing. However, the incidence and severity increase with age and with dementia. Changes associated with dementia may include memory changes, reduced mobility, vision changes, loss of insight into personal hygiene, loss of confidence and self-esteem, depression, anxiety, difficulty communicating and neglect of nutrition and hydration. In the middle or late stages of dementia the incidence of incontinence may increase. Incontinence is a common issue contributing to carer stress, hospitalisation, costs and early entry into Residential Aged Care.

Dementia and severe incontinence are more common among women and in the over 85 age group. Diabetes, obesity, reduced physical activity and cardiovascular disease e.g. strokes

are risk factors associated with both dementia and also urinary and faecal incontinence. Part of the treatment or management of incontinence is to effectively manage these and other chronic conditions and also to identify and treat reversible causes of incontinence such as urinary infections, constipation, enlarged prostate, side effects of medication, anxiety, depression and cancer.

Alzheimer's Queensland staff work with multidisciplinary teams including medical staff to rule out reversible causes; Nurse Continence Advisors for assessment, education and referral; Occupational Therapists and Physiotherapists to identify aids to support independence. Realistic, achievable goals are identified with carers and the person with dementia to maintain continence by improving functional ability and delaying decline.

Familiar Routines Promote Continence

- Observe and record routines and the times urine is passed for 24 hours and bowels for 7 days. This will inform the carer and provide valuable information to the doctor.
 - Going to the toilet at night 1-2 times is not unusual for older people.
 - Going to the toilet frequently, urgently, having a weak stream of urine or being slow to start to pass urine may indicate an enlarged prostate.
- Observe Changes:
 - Changes may suggest urine infection, constipation e.g. frequently going to the toilet, reduced volume of urine, dark coloured urine, unusual smell to urine, reduced appetite, abdominal discomfort, reduced amount and type of faeces passed, anal itching. Constipation, urine infection, dehydration, pain can result in delirium e.g. causing an increase in confusion, agitation, fatigue, reduced balance and alertness.
- Note skin changes e.g. rash, broken skin – prescribed creams or barrier creams (sparingly applied) may reduce agitation. Do not use excessive washing, strong soaps, deodorants or talcum powder after an incontinence episode. These increase the risk of skin breakdown.
 - Change faecally soiled pad/pants immediately to reduce tissue irritation and alkalinity.
 - Report if incontinence or constipation commences after the introduction of a new medication e.g. sedatives, diuretics, antipsychotics.
- Maintain toileting at familiar times and places e.g.
 - Toilet before showering; toilet before bed; be flexible – after morning diuretics when more urine is passed, more frequent toileting may be needed; if the normal routine for bowel action is 5a.m. it may require a 5a.m. escort to the toilet when the person is no longer independently initiating this.
 - Schedule toileting prompts e.g. every 2-3 hours; Do not toilet frequently or 'just in case'.
 - Be aware that the person may find it difficult to wait and may 'need to go now'.
- Prompt toileting for bowels half to one hour after a meal if unsure of the normal pattern.
- Use terms which are meaningful and culturally appropriate e.g. poo, wee.
- Support a diet to aid bowel function – fruit, vegetables, grains daily e.g. finger foods if appetite reduced; comfort foods related to cultural background. Maintain oral health.
- Fluids 1.5-2litre daily unless medically contraindicated – aids both bowel and urinary function – may include soup, ice blocks, yoghurt, custard, milk.
- Exercise assists with maintaining mobility, strength, endurance, independent toileting, well-being and also continence. It will reduce falls' risks.
- Identify if unfamiliar environments increase incontinence e.g. crowded, noisy, poorly lit, patterned or shiny flooring.

Changed Toileting Behaviour

- Difficulty with zips, belts, buttons:
- Provide familiar clothes. Include elasticised waists, velcro not zips, belts or buttons.
- Respect privacy but assist or prompt if needed to start or complete pulling pants down or up.
- Keep verbal instruction simple, clear and do not rush.
- Not getting to the toilet on time and leaking some urine:
 - Prompt scheduled toileting times.
 - Ensure aids are in place e.g. over-toilet seats, grab rails to promote independence.
 - Simple clothing – easy to take down and pull up.
 - Keep walking aids in view and within reach.
- Resisting toileting before going out:
 - Prompt to toilet and give a short, simple reason.
 - Model/show the behaviour yourself.
 - Point to toilet with open hand. Minimise touch.
 - Use positive expressions – eye contact, smile, respect personal space.
- Feeling shame and embarrassment – reassure if incontinence occurs. Avoid anger, blaming, humiliating.
- Not recognising toilet signs or being able to toilet independently when out.
 - Plan ahead and ensure toilets are easily accessible.
 - Accompany into disability toilet.
 - Take change of pad/clothes to reduce carer's anxiety, when travelling or on longer outings.
 - Do not reduce outings or reduce socialisation.
- Hiding soiled pads/pants in their cupboard or drawers:
 - Reassure and prompt to toilet regularly.
 - Check regular hiding places.
 - Change pads/pants immediately when faecally soiled and before pads are heavy with urine.
 - Provide plastic bags or rubbish bin in bedroom, bathroom. Provide a large print sign at eye level e.g. 'Bucket for pads'. In laundry - 'Do not wash pads. Machine will break'



Communicating a Need to Toilet

- Signs of needing support to go to the toilet:
 - Starting to undress or pass urine or faeces in inappropriate places.
 - Agitation e.g. pacing up and down, calling out, plucking at clothes, frowning, looking lost, standing up and down, standing in a corner, word-finding difficulty.
 - Men may need to sit to pass urine if balance is impaired.
 - Intermittent episodes of incontinence at night or during the day or wandering during the night.
- Try to identify why e.g. a dark toilet mat may be interpreted as a hole in the ground and dangerous; unfamiliar toilet; shiny surfaces or 'busy' patterns (walls/flooring).
- If a small toilet space – try a larger ensuite; leave door open; turn on light day and night.
- Fear loss of privacy or safety – remove mirrors in case it is interpreted as someone else being present. May no longer recognise the carer. History of abuse.
- Toilet may feel cold in winter or have an unfamiliar, confusing smell e.g. from a deodoriser.
- Toilet locks may become confusing – remove or disarm locks if there is a risk of becoming locked in the toilet.
- Toilet doors that open outwards, grab rails and over toilet aids may reduce the fall's risk and fear of falling.
- Pain: Skin rashes, haemorrhoids, infection, constipation and/or chronic illness may cause discomfort and agitation.

Fearful of Entering a Toilet

Communication and Memory

- Replace toilet seat, toilet roll holder, light switch in a contrasting colour e.g. dark blue
- Paint the toilet door or architrave a contrasting colour to the walls. Signage on door.
- Prompt to locate toilet – use simple words, break task down into smaller tasks – ‘let’s go for a walk’; as you walk past the toilet – ‘there is the toilet’, do not rush, reassure.
- Prompt to follow the steps ‘Can you help me with the pants?’; place picture on back of door showing steps to take; run water to encourage passing urine; distract, talk, play music, give magazine or newspaper; place picture on toilet door (at eye level when seated) to encourage staying seated; never restrain the person.
- Assist or prompt if needed with personal hygiene. Use disposable gloves (clean front to back or bidet).
- Give the person something to hold if they are trying to ‘help you’ unsuccessfully to clean up e.g. a washer; distract with unrelated conversation; intervene early before the person tries to remove the pad/pants; Caution: do not block up toilet with wet wipes – have plastic bags and bins nearby; change in the shower recess; use combined toilet/shower chair where bulk of faeces may drop into pan.
- Remove pot plants, waste bins, laundry baskets that may be mistaken for toileting places.

Toileting at Night

- Ensure bed and toilet are not too low or too high to independently get on and off.
- Leave the toilet light on at night.
- Provide sensor lights or fluorescent tape along the route to the toilet if it is not near the bed.
- Leave the toilet door open and toilet seat up to focus attention.
- Keep walkways clear of clutter or distractions.
- Toilet before going to bed.
- Avoid caffeine drinks before bed.
- Avoid fluids for 2 hours before bed.
- Trial use of commode beside bed, spill proof urinal or bucket.
- Maintain good sleep hygiene practices.
- Impaired balance or sight may require that the carer to escort the person at night.

Resources to Assist

If incontinence occurs assessment, education, continence pads or aids can be organised by Alzheimer’s Queensland Phone 1800 639 331. Incontinence will add to the expenses, workload and stress of carers. Alzheimer’s Queensland provides flexible Home Care Packages and can assist carers with showering, laundry, bed making and housekeeping and other flexible, individualised services. We can also arrange day and overnight respite at Alzheimer’s Queensland respite centres in Brisbane, Ipswich and Toowoomba.



Indwelling Urinary Catheters

- Are usually the last choice for maintaining continence.
- Associated complications include infection, trauma, psychological distress, reduced mobility.
- Catheters may be a choice at the end of life if pain, reduced mobility, reduced intake, urine retention or pressure sores are issues of concern.
- Catheters used at the end of life may ease agitation for some and increase agitation for others.



Pin on your notice board

Alzheimer's Queensland Services and Contacts

www.alzheimeronline.org

Dementia Advice Line

1800 639 331

Open 24 hours a day, 7 days a week.

Free call from landline and public phones.

Or email: helpline@alzheimeronline.org

For information and emotional support for people with dementia, families, friends and staff. The

Advice Line has a database of services in Queensland to provide information and referrals.

Call for free information

e.g. fact sheets or brochures to be mailed out.

AQ Rehab

In home - Physiotherapy

Occupational Therapy

Speech Therapy

1800 180 023

Care Services

Brisbane North, Brisbane South, Ipswich, Toowoomba

Seven days per week including:

- Personal Care; Domestic Assistance
- Social Support; Transport
- Allied Health Assessments
- Respite - Centre-based – day, overnight or emergency
- Respite for Working Carers
- Home Maintenance

Multi-Service Respite Centres located at:

- Gordon Park; Mt Gravatt; Ipswich; Toowoomba

Residential Aged Care located at:

- Garden City Aged Care Services, Upper Mt Gravatt
- Rosalie Nursing Home
- Windsor Aged Care Services

Home Care Packages at:

- Brisbane South
 - Logan River
 - Brisbane North
 - West Moreton
 - Darling Downs
-

Call the Advice Line for vacancies for Home Care Packages and for Residential Aged Care both permanent and respite.

Carer Support Groups - 2018

Provide information and support for those caring for a friend or family member with dementia.

Please phone 1800 639 331 for more information, or to be placed on the mailing list.

- **Toowoomba:** First Monday of month: 9:30am – 11:30am Park Motel, 88 Margaret Street Toowoomba
For 2018 5 Nov, 3 Dec. **For 2019** 7 Jan, 4 Feb, 4 March, 1 April, 13 May (NB: 2nd week due to public holiday)

- **Toowoomba Men Only:** 11:30am - 1:30pm (Includes Lunch) For Venue and Dates please contact 07 4635 2966

- **Ipswich:** Third Wednesday of every month: 10:00am – 12 noon Cottage, 85 Cherside Road, Ipswich. **For 2018** 17 Oct, 21 Nov, 19 Dec **For 2019** 16 Jan, 20 Feb, 20 March

- **Ipswich Evening:** 5pm - 7pm Cottage, 85 Cherside Road, Ipswich. **For 2019** 17 April, 21 August, 18 Dec

- **Windsor:** First Thursday of month: 10:00am – 12 noon. Windsor Aged Care Services 26 Palmer Street, Windsor. **For 2018** 1 Nov, 6 Dec.

For 2019 7 Feb, 7 March, 4 April, 2 May

- **Redcliffe:** First Thursday of month:

- 2:00pm – 4:00pm Redcliffe Cultural Centre, Terry Walker Room, Downs Street Redcliffe. **For 2018** 1 Nov, 6 Dec. **For 2019** 7 Feb, 7 March, 4 April, 2 May

- **Mt Gravatt:** First Friday of month: 10:00am – 12 noon 47 Tryon Street, Upper Mount Gravatt
For 2018 2 Nov, 7 Dec. **For 2019** 1 Feb, 1 March, 5 April, 3 May

- **Garden City Evening:** 52 Khandalla Street, Upper Mount Gravatt 6:00pm – 7:00pm. **For 2018** 21 Nov. **For 2019** 20 Feb, 15 May, 21 August, 15 Nov

- **Gordon Park Evening:** 45 Shamrock Street, Gordon Park 6:00pm – 7:30pm. **For 2018** 18 October. **For 2019** 14 Feb, 16 May, 15 August, 17 October

- **QLD-Wide Telephone Support Group:** Last Wednesday of every month: 1:00pm – 2:00pm. AAQ organises telephone link-up at no cost to members. **For 2018** 31 Oct, 28 Nov. **For 2019** 30 Jan, 27 Feb, 27 March, 24 April, 29 May

**For further details or to register please contact
the Alzheimer's Queensland Dementia Advice Line 1800 639 331**

