Continence care for people with dementia at home

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The majority of people with dementia live in their own homes. Difficulties with using the toilet and incontinence can lead to them moving into care homes.

This report summarises a systematic review by Drennan et al (2012) that investigated the evidence for conservative interventions for the prevention or management of incontinence in people with dementia living at home.

Around two-thirds of people with dementia live in their own home (Knapp et al, 2007). A decline in abilities and behavioural and psychological problems can lead to difficulties with using the toilet and often incontinence. These are often key factors in decisions to move to care homes (Luppa et al, 2008).

To find out about continence care for people with dementia living at home, we searched 14 electronic databases for relevant papers. We retrieved 56 studies; only three were concerned with incontinence and our population of interest. All three examined conservative interventions to address urinary incontinence (UI) and were on advising family carers.

One of these studies was an occupational therapist (OT) problem-solving intervention. Gitlin and Corcoran (1993) found that fewer than half of the suggestions made by OTs for incontinence management were tried out, with toilet schedules the least likely to be attempted.

The second study, by Engberg et al (2002), provided half the participants with eight weekly instructional visits by a nurse practitioner (NP) to assist the carer in undertaking prompted voiding, and to offer continence advice. The other half received non-continence focused visits from an NP for eight weeks then were offered the intervention. The people with dementia responded to prompts to use the toilet four out of five times and the mean number of incontinent episodes was shown to decrease with the NPs’ input. There were no statistically significant differences in the UI outcome measures for either group. Interestingly, while seven out of 15 family carers reported their caring workload had decreased, five reported it had increased.

The third study was conducted by Jirovec and Tempelín (2001) into the effect of offering a NP and carer-planned individualised scheme of toileting (IST) together with a booklet, continence advice, one telephone call a month for six months and bi-monthly visits. Half the participants received the IST intervention while the other half received monthly, non-continenence focused phone calls. The study reported a statistically significant decrease in incontinence episodes in the intervention group. However, we re-analysed the data and found a borderline rather than statistical significance.

Conclusion

We found insufficient evidence to recommend any of these interventions for people with dementia living at home.

There is a need for more research in general, particularly to underpin clinical guidance that is based on a consensus of expert opinion, including that of family carers.

We think it is important for clinical guidance to make the care setting clear, as recent guidance on UI in neurological conditions uses evidence gained in care homes to refer to all settings (National Institute for Health and Care Excellence, 2012).

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References


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Although most people with dementia live at home, little research has been done on whether conservative continence interventions enable them to stay there instead of moving into care homes.

Problems with using the toilet at home can lead to admission to residential care.