



Medical Supplies for Care at Home Since 1957

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Feature Article

Understanding The Diagnoses Behind Incontinence

When there is a better understanding of the different diagnoses of which incontinence is a symptom, health care providers can more easily help patients who are unaware of the reason for their incontinence or are less willing to discuss the issue. Here are some of the most likely diagnoses that can lead to incontinence:

Stroke

A cerebrovascular accident, commonly known as a stroke, is sudden, localized damage in the brain that results in nervous system (neurologic) deficits. Brain damage from a stroke disrupts the central nervous system's ability to send the correct signals to the bladder to work properly.

Dementia

Related to aging, brain damage from dementia can also be disruptive to the central nervous system and its ability to send the correct signals to the bladder so that it can work properly. Dementia is a devastating disease that affects approximately 24 million people worldwide; its most common form, Alzheimer's disease, affects more than 4.5 million people in the U.S. according to the Alzheimer's Association. The disease slowly robs individuals of their memory, cognitive functioning, and eventually renders the person almost completely dependent upon others for their daily care. A loss in bodily functioning can lead to urinary and fecal incontinence in those who are affected with dementia.

Alzheimer's Disease

As the disease progresses, many people with Alzheimer's begin to experience incontinence, or the inability to control their bladder and/or bowels.

Parkinson's Disease

Becoming more common in the later stages of the disease, there are several urinary incontinence problems associated with Parkinson's including reduced mobility, reduced dexterity to use buttons and zippers, difficulty emptying the bladder, and the instability of the Detrusor muscle, which relaxes to allow the bladder to fill and contracts to expel urine. Often the muscle will contract erratically or involuntarily even with small volumes of urine in the bladder.

Mental Retardation or Intellectual Disability

The effect of mental retardation, or intellectual disability, on the nervous system can cause incontinence because it interferes with muscle function or the normal sensations that trigger bladder and bowel control.

Autism

According to Temple Grandin, who is a prominent and widely cited proponent of autistic person's rights, "There are two major causes of toilet training problems in children with

Feature Article

Understanding The Diagnoses Behind Incontinence (Continued from page 1)

autism. They are either afraid of the toilet or they do not know what they are supposed to do.”

Cerebral Palsy

Cerebral palsy refers to a group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination. Cerebral palsy (CP) is caused by damage or abnormalities inside the developing brain that disrupt the brain's ability to control movement. Incontinence can be a complication of CP that is caused by poor control of the muscles that keep the bladder closed.

Multiple Sclerosis

Bladder control problems occur in at least 80% of people with multiple sclerosis. Because MS interrupts or slows the transmission of signals to and from the brain, the electrical impulses to the muscles that are involved in emptying the bladder can become disrupted.

Diabetes

Incontinence due to diabetes is usually due to neuropathy, or nerve damage that is often a complication of diabetes. The nerves around the bladder are no longer able to distinguish when the bladder is full. ■

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MOST POPULAR PRODUCTS *for moderate to heavy incontinence*



First Quality PerFit Adult Protective Underwear

These adult pull-up style underwear provide maximum leakage protection and wearer comfort.

The protective underwear has a cloth-like outer fabric for comfort and to reduce noise for wearer discretion. Ventilated waist panels improve skin health and comfort by reducing heat build-up.



TotalDry Ultra Booster Pads

Advance wrapped and non-woven with wide adhesive strip. Designed without a plastic backing for optimal absorbency when placed inside other disposable products.



First Quality Nu-Fit Adult Briefs

These adult diapers provide protection for moderate to heavy incontinence.

The adult briefs have a cloth-like back sheet for comfort. Breathable zones for air circulation improve skin health. Easy Lock Fastener (ELF) tabs grip without being sticky.



Incontinence Solutions Program

- On-staff product specialists to provide expertise and support to patients and caregivers managing incontinence
- Complimentary incontinence product sample kits to assist in determining suitable products for patients' needs
- Innovative, absorbent products for any level of incontinence and every level of mobility
- Complimentary educational in-services for healthcare professionals on a variety of incontinence related topics

URINARY TRACT INFECTION (UTI): Symptoms, Prevention and Care

Urinary Tract Infections (UTIs) are responsible for more than 8.1 million visits to the doctor and hundreds of millions in costs per year. On average, 50% of women and 12% of men will experience a UTI.

Urinary tract infections usually appear with a fever. However, 30%-40% of elderly do not display a fever making a UTI difficult to recognize.

Listed below are other signs and symptoms of UTI:

- Increased frequency of urination
- Painful urination
- Lower abdominal tenderness
- Grimacing or painful facial gestures when urinating
- Milky, cloudy or red/pink urine
- Sudden onset of confusion that is not normal for the person

SIGNS & SYMPTOMS

The risk of urinary tract infections increases as incontinence worsens. The body's natural way of preventing urinary tract infections is through voiding. As urine travels through the urinary system it washes bacteria out. The elderly are at greater risk for urinary tract infections because as we age, the bladder will lose its elasticity and the kidneys' ability to filter waste will decrease. Urinary retention can occur where small amounts of urine are left in the bladder after voiding and will increase the possibility of a UTI. Other medical conditions like high blood pressure, heart disease, diabetes and cancer increase the risk for UTIs.

PREVENTION & CARE

It is very important to try to **reduce the risk**. Here are some recommendations:

- ☑ Consume adequate amounts of fluid (6-8 8oz glasses per day).
- ☑ Include up to three 8oz glasses of cranberry juice per day (not cocktail – look for 100% juice on the label).
- ☑ Avoid consuming bladder irritants like alcohol, caffeine, spicy foods and citrus fruits.
- ☑ Changing of the absorbent products whether it's an adult diaper (brief), disposable underwear (pullup), or bladder control pad immediately after becoming soiled or wet will not only reduce the risk of UTI but will also reduce skin breakdown or damage.
- ☑ Use the toilet following an incontinence episode in a pad, diaper, or pullup to void all remaining urine from the bladder to make sure it is empty. Leftover urine in the bladder can be a breeding ground for bacteria.
- ☑ Proper cleaning, or pericare, after each incontinence episode or restroom use.
- ☑ Clean from front to back using warm water or hypoallergenic and unscented cleansing cloths. No rubbing!
- ☑ Wash hands before and after each incontinent episode or use of the restroom.
- ☑ Create a toileting plan to allow several visits per day to the toilet to minimize the number of incontinent episodes.



The Importance of Patient-Physician Communication of Incontinence Issues

1/3 of men and women ages 30-70 have experienced loss of bladder control at some point in their adult lives and may still be living with the symptoms. Meanwhile, 2/3 of those who experience loss of bladder control do not use any treatment or product to manage their incontinence. Furthermore, 2/3 of adults have never discussed bladder health with their doctor. Men are even less likely to do so and are therefore less likely to be diagnosed than women.

Knowing that most patients get less than 10 minutes with their doctor at an appointment, it is best to know what risk factors should be discussed that can lead to the development of incontinence. These include:

- Pelvic Trauma
- Medication side effects or use of diuretics
- Decreased fluid intake
- Weakened pelvic muscles
- Previous urinary tract infections
- Cognitive impairments
- Loss of muscle control
- Unsteady gait while walking
- Poor nutrition
- Household hazards



COMMON TERMS

It is also important that patients and providers be well versed in incontinence terms to help the discussions progress easily. Below is a list of common terms related to incontinence:

- **Anticholinergic agents:** Drugs that can cause or contribute to incontinence by inducing constipation and thus impaction of stool with chronic retention of urine
- **Bladder retraining:** Bladder training is an education program that teaches the person to restore a normal pattern of voiding by setting scheduled voidings to achieve longer time intervals between voiding
- **Continenence:** The ability to exercise voluntary control over the urge to urinate until an appropriate time and place can be found
- **Diuretic:** An agent that promotes the excretion of urine
- **Enuresis:** The involuntary loss of urine during sleep
- **Gastroenterologist:** A physician who specializes in problems of the intestinal system
- **Geriatrician:** A physician who specializes in diagnosing and treating the health disorders of older people
- **Nocturia:** Excessive urination at night, or awakening at night by the need to void
- **Sphincter:** A ring-like band of muscle fibers that closes a natural opening. Tightening the urethral sphincter controls the urge to urinate
- **Urgency:** An intense desire to void immediately

Incontinence need not be embarrassing or shameful. Proper management of it can greatly improve the lives of those affected. Proper management is often as simple as choosing the correct absorbent products for the need of the patient. ■

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