



Tips for helping manage bladder and bowel problems in people with dementia

This leaflet is for relatives and carers of people with dementia and explains some of the things you can do to help manage bladder and bowel problems in people with dementia.

Why can people with dementia become incontinent?

Incontinence is a term that describes the involuntary leakage of urine (wee) or faeces (poo). There are many reasons why someone may be incontinent and your healthcare professional can assess this for you and treat any reversible causes. People with dementia may have additional problems related to their underlying dementia. For example:

- There may be a breakdown in communication between their brain and their bladder or bowel so they do not recognise when they need to go to the toilet.
- They may not be socially aware that you should go to the toilet when you need to open your bladder or bowels.
- They may be unable to communicate that they need the toilet.
- They may have difficulty finding a toilet or correctly identifying a toilet and therefore go to the toilet in inappropriate places.
- Reduced mobility may affect their ability to mobilise to a toilet or to unfasten clothing in time.
- They may refuse assistance because they do not understand that someone is trying to help them or they are embarrassed.
- They may be ashamed after an accident and hide soiled clothes, only to forget they have hidden them.

What can I do as a relative or carer to help them?

The advice in this leaflet aims to enable the person with dementia to maintain continence for as long as possible and manage incontinence if it does occur. There are some tips and tools to help. Not everything will work for everyone but hopefully you will find what works for you.

Sadly, we cannot always cure incontinence and it can be one of the most challenging things to manage in someone with dementia. It is important to remember how difficult this can be and to know that it is OK to ask for help.

It is important to recognise that incontinence is not an inevitable part of dementia and if you notice a sudden change in bladder or bowel habits of the person you care for, ask a healthcare professional to review. They can rule out any medical causes that could be making things worse (such as a urinary tract infection or constipation).

Healthy bladder and bowels

- It is important to eat a healthy diet and drink enough fluids to maintain good bladder and bowel function.
- Encourage someone with dementia to drink plenty throughout the day (unless there is a medical reason for their fluids to be restricted). The recommended amount is 6-8 glasses every day. Ideally, this should be water-based drinks, rather than caffeinated drinks (such as coffee, tea, cola and energy drinks). Drinking enough water helps to avoid constipation and also helps to flush through the bladder.
- Caffeinated drinks irritate the bladder and can cause urinary urgency, which can lead to incontinence. Try to use decaffeinated tea and coffee and well diluted squash rather than fruit juices.
- If someone has early stage dementia and can understand instructions, then pelvic floor exercises and bladder retraining may help. If you feel the person you care for may benefit from this, ask for our pelvic floor exercise and bladder retraining leaflets. Or watch a video on How to do pelvic floor exercises on <https://www.nhs.uk/conditions/urinary-incontinence/10-ways-to-stop-leaks/>
- Treat constipation by making sure the person has adequate fluid and fibre in their diet, and mobilises daily. Sometimes, laxatives may also be necessary. The aim is to have a regular bowel movement, of a soft but formed consistency and an adequate volume so that the bowel has emptied properly. What is considered 'regular' can vary significantly from person to person, so it is more important to monitor changes from the person's usual pattern of bowel movements.

How can we reduce accidents?

There are several tips you can try to help someone with dementia improve their continence:

- **Identification:** Make the location of the toilet clear; this can be with a clearly marked sign on the door (a picture and bright colours can help) placed within the person's line of sight. Leaving the door open when not in use helps the person to know when it is vacant.
- **Accessibility:** Make it easy for them to get to the toilet. Remove any furniture that is in the way, ensure good lighting (especially at night) and keep doors open that the person may find hard to open themselves.
- **Privacy:** Make sure the person has privacy in the toilet but be aware of the risk of them locking themselves in if they have difficulty managing locks. If locks are a problem, then consider either disabling the locks or making sure they are easily opened from the outside, in case of an emergency. Look at the position of the mirror in the bathroom. Some people with dementia may confuse their own reflection with that of another person and therefore may not go to the toilet because they feel self-conscious.
- **Dexterity:** Ensure clothes are easy to remove and fasten back up again. Elasticated waists or Velcro fastenings are easier than buttons and zips.
- **Mobility:** If mobility becomes a problem, consider using a commode or portable urinal. Ask to speak to an occupational therapist for advice.
- **Reduce fluid intake before bed:** Unless there is a medical reason not to, people with dementia should aim to drink 1.5-2 litres of fluid (6-8 glasses) a day. Try to ensure this is done

earlier in the day and aim for them to stop drinking approximately 2 hours before bedtime in order to avoid night-time accidents. Avoid caffeine after midday or aim to cut it out completely.

- **Regular routines:** Aim for the person to open their bowels at around the same time each day – scheduled toilet visits can help with this (see below).

Remembering to go to the toilet

- Some people with dementia may forget to go to the toilet. Regular prompts every 2-4 hours, asking them if they need to go to the toilet, can be useful. It is important to ask this in a respectful way that does not annoy or patronise. As a carer you will find out what works for your situation. Sometimes, removing the question of whether they need the toilet can work better than asking them to try to identify that sensation. For example, rather than 'do you need the toilet?' try 'shall I take you to the toilet now?' Automatic timers on smartphones can also act as a prompt.
- Having a regular routine is useful. For example, going to the toilet before or after every meal. In particular, with faecal incontinence, sitting on the toilet at the same time each day until they have opened their bowels (normally after breakfast) can help to reduce faecal incontinence.
- Look for non-verbal cues and signs that someone needs the toilet. For example, do they become more agitated, fidget or pace? If this happens, use it as a prompt to ask them if they need the toilet or help take them to the toilet.
- If someone has an accident at a similar time each day, try to pre-empt this and take them to the toilet just before the time that the accident would usually occur.
- When someone has walked to the toilet, checking to see they have actually passed urine or faeces can help if they get easily distracted.

Out and about

- If the person with dementia has a toilet schedule, plan day trips around that schedule. For example, leaving the house after they have a bowel movement in the morning.
- A RADAR key, also known as a National Key Scheme (NKS) key, is a blue and silver key that unlocks over 10,000 accessible toilets across the UK. Apply for a RADAR key from your local council to enable access to locked disabled public toilets. You can also buy a RADAR key online from verified suppliers or visit <http://www.nks.co.uk/>
- The website <https://www.toiletmap.org.uk> can help find the nearest toilet location.
- The 'Just Can't Wait' card from Bladder and Bowel UK (www.bbuk.org.uk) can allow you to jump a queue or access toilets usually only available for staff.
- If necessary, wear continence products to help contain leaks (see below) for extra reassurance.
- Pack a spare pair of underwear and clothes, pads, a bag for soiled items, as well as items to help clean up (such as wipes, gloves, paper and hand soap/hand gel), to avoid any embarrassment if accidents do occur.
- Dark coloured clothes can hide wet patches better than light coloured clothing.

Cleaning up after an accident

Having accidents can be difficult for both the person with dementia and whoever is looking after them. It is important to approach it in a matter of fact, non-judgmental way, avoiding anger or blame. Remember it is the dementia not the individual that is accountable. It can be easy for people with dementia to become withdrawn and avoid being in social situations if they are embarrassed or anxious about accidents. As a carer for someone with dementia, you can help them to feel more comfortable.

- Clean them up in a timely manner, sometimes using humour if it feels appropriate. Each individual is different and you will know the person you care for best.
- It is important to maintain good personal hygiene for yourself and the person you care for. Ensure good hand hygiene and wipe from front to back to avoid germs from the bottom being transferred to the bladder.
- After cleaning up following an accident, ensure the skin is dry.
- Barrier creams can help to protect skin if it is getting sore from contact with urine or faeces. However, remember that barrier creams can reduce the absorption of pads, so only use a thin layer each time.

Continence products

There are lots of different continence products that can be used for individuals as well as for beds and furniture. The website continence product advisor

(www.continenceproductadvisor.org) is a good place to start. They provide information on all products, not just pads.

- When choosing a product think about the absorbency level, the fit, how they will be disposed of and the ease with which they can be put on and removed.
- If someone is mobile and able to get to the toilet, it can be better to use products that enable them to remove and replace their underwear easily, such as slip-in pads or pull-up pants.
- You may be eligible for free continence products on the NHS. Ask your healthcare provider to refer you for a continence assessment.

Forgetting to wear pads:

- Some people with dementia forget they need to wear pads. Pull up pants that resemble their usual underwear can help. Replacing their previous underwear and putting them in the same drawer makes it more likely they will wear them.
- Some people with dementia can pull out slip in pads. If this is the case, then pull up pants or wrap around pads are harder to remove.

Disposing of pads:

- Some people with dementia may forget where to dispose of their pads or be embarrassed and try to hide their used pads. Having a well-marked bin (with clear writing or a picture) near to the toilet can help.
- If hiding soiled pads is a problem, see if any patterns emerge of 'favourite places' to hide and inform all carers where this is so it can be regularly searched.

Professional support

There are a variety of healthcare professionals who can help, including GPs, continence advisors, occupational therapists, physiotherapists, district nurses and mental health nurses. If you feel you need additional help, contact your GP in the first instance. They can review and refer you onto other services in your area if they feel it is appropriate.

Further information

You can get further information on incontinence in dementia from:

- Dementia and Continence (Dem Con) website: www.demcon.org.uk
- Alzheimer's Society website: www.alzheimers.org.uk/get-support/daily-living/toilet-problems-continence
- Bladder and Bowel UK: www.bbuk.org.uk
- Continence Product Advisor website: www.continenceproductadvisor.org
- Publicly accessible toilets online may: <https://www.toiletmap.org.uk>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr Katie Evans, Consultant in Elderly Care, RBFT Continence Lead for Elderly Care, December 2025

Next review due: December 2027