This AARP Home Alone Alliance℠ series on managing incontinence (reduced control of urination or bowel movements) gives family caregivers the basics to understanding incontinence, in addition to some helpful suggestions.

Basic Information about Incontinence (Reduced Control of Urination or Bowel Movements)
Incontinence is common among older adults, yet many people find it hard to talk about. That's understandable. Many people feel shame or embarrassment when they can't get to the toilet on time. As a family caregiver, you want to help, but you may not know what to do or say or where to start. Your family member's incontinence affects you too.

Episode 1 is the first in a series of videos AARP Home Alone Alliance℠ created to make it easier to talk about urinary incontinence and find ways to manage how it affects a person's life. This resource guide provides some basic information about urinary incontinence and its cause. You can view the other videos in order or pick the one that addresses an immediate problem, such as finding the right incontinence products. Either way, each video and the accompanying resource guide give you information that can make this aspect of caregiving less stressful.

Dispelling Myths about Incontinence
Urinary incontinence may be mild, moderate, or severe. There are many factors that can cause or contribute to incontinence. Some of them are described in the videos. It's important to start by identifying some common myths about incontinence.

> Incontinence DOES NOT happen because the person is angry or wants attention. Incontinence is an involuntary action.
> Incontinence CAN BE managed. There are many different techniques, which will be demonstrated in other videos in this series.
> You are not alone. There IS HELP for family caregivers who are struggling to help manage their family member's incontinence. Some resources are listed at the end of this guide.

Types of Urinary Incontinence
Stress incontinence is unexpected leaking of urine caused by physical movement or an activity that puts pressure (stress) on the bladder. It often occurs during exercise, coughing, sneezing, or even laughing. Stress incontinence is the most common type of incontinence in middle-aged and older women, who are more likely than men to develop incontinence of any kind. However, men who have had prostate surgery are at higher risk for stress incontinence.

Urge incontinence, sometimes called overactive bladder, occurs when the person feels the sudden need to urinate but cannot hold back the urine in time to reach the bathroom. It is more common in older adults and men and may occur in people who have chronic diseases such as diabetes or Parkinson's disease.

There are other types of incontinence as well, such as functional incontinence (being physically or mentally unable to get to a bathroom), or overflow incontinence, when the person is unable to empty the bladder completely. This can happen after a person has had a stroke, with certain prostate conditions or other neurological conditions. Men are more likely than women to experience overflow incontinence. Nocturia is the
need to urinate frequently at night. Nocturia can happen to both men and women.

**Common Chronic Causes of Urinary Incontinence**

A thorough assessment by a health care provider can help determine which type of incontinence your family member has. To help with diagnosis and developing a treatment plan, the provider will ask about common risk factors, such as obesity, smoking, physical activity, or constipation, as well as chronic diseases, medications, and past surgeries. Undiagnosed medical conditions can cause or contribute to incontinence. Here is a list of common medical causes:

- Diabetes
- Urinary tract infection (UTI)
- Alzheimer's disease and other dementias
- Parkinson's disease
- Multiple sclerosis
- Obesity
- Sleep apnea
- Vitamin B12 deficiency

Some commonly prescribed medications may have incontinence as a side effect. For example, diuretics (water pills) that increase urination to avoid fluid buildup are commonly prescribed for heart conditions. Ask a health care provider or pharmacist whether any medications your family member is currently taking could be contributing to incontinence.

**Resources for Patients and Family Caregivers**

Many websites offer information for consumers and online message boards and support groups where you can learn about the experiences of others and share your experiences. Many are sponsored by companies that sell incontinence products. That doesn’t mean you should avoid them—just be aware that their goal is to sell products.

Below are a few nonprofit websites. Note that some organizations use “continence” in their titles, avoiding the term “incontinence.”

National Association for Continence (NAFC) is a national, private, non-profit organization dedicated to improving the quality of life of people with incontinence, voiding dysfunction, and related pelvic floor disorders. Its website, www.nafc.org, has information, publications, and other resources. Call 1-800-225-2337 for more information.

The Simon Foundation for Continence, a nonprofit, private, organization offers a useful fact sheet about “Incontinence and Emotions” at http://simonfoundation.org/wp-content/uploads/Fact_Sheet_-_Emotions-11-26_2010.pdf. While designed for the person with incontinence, it’s useful for family caregivers to understand this difficult aspect of the condition. Other fact sheets are available at www.simonfoundation.org.

The Urology Care Foundation, sponsored by the American Urological Association, provides information on urinary incontinence, its diagnosis, and treatment at its website, https://www.urologyhealth.org.

The Office of Women's Health at the U.S. Department of Health and Human Services has fact sheets about urinary incontinence at https://www.womenshealth.gov/about-us/. Or call 1-800-994-9662.

Another helpful government website is the National Kidney and Urologic Diseases Information Clearinghouse at www.niddk.nih.gov. You can also call 1-301-496-3583. Remember to take care of yourself as you help your family member. Find someone to talk to about your own feelings about handling this care. You are not alone!