

INCONTINENCE



What is incontinence?

Incontinence is the body's inability to control the release of urine and stool.¹

Causes and types

There are several types of urinary incontinence, including:²

Stress incontinence

Urine leaks out when you cough or laugh

Urge incontinence

Urine leaks when you feel the urge to use the toilet

Mixed incontinence

Mixture of both stress and urge urinary incontinence

Overflow incontinence

Unable to fully empty your bladder, causing leaking

Total incontinence

Pass urine constantly with frequent leaking

Incontinence can be caused by overactivity of the muscles that control the bladder or caused by an obstruction in the bladder.²

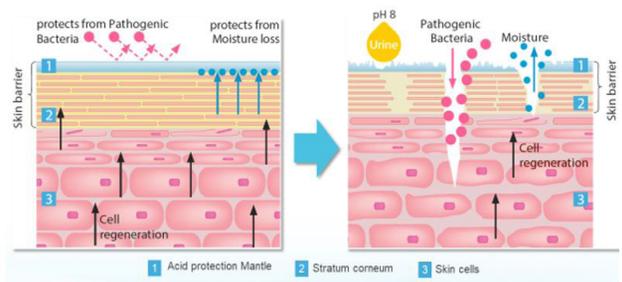
Consequences of incontinence

Many people who have incontinence may experience incontinence-associated dermatitis (IAD). This is especially common in older adults.¹ This condition is directly related to incontinence. The skin, when exposed to urine or faeces regularly, can become inflamed.¹ IAD can cause pain, considerable discomfort and distress.³

IAD is also known as perineal dermatitis, diaper/nappy rash, irritant dermatitis, moisture lesions, or perineal rash.³

Incontinence-associated dermatitis

Healthy skin works as a barrier between the outside and inside of the body.¹ Incontinence exposes the skin to continual wetness, leading to overhydrated, softened and waterlogged skin.³ The pH level of the skin is naturally acidic which creates an acid layer that helps to protect the body against infection. Exposure to urine can make the skin more alkaline, breaking down the acid layer and making the skin more susceptible to breakdown.³ Faecal incontinence exposes the skin to digestive enzymes that are damaging to the skin, with liquid stool increasing the risk of developing IAD.³



The barrier function of the skin breaks down

Who is at risk

Although the key risk factor for IAD is incontinence, poor mobility, cognitive impairment and older age can increase risk.³



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Signs and symptoms

The skin damage of IAD can occur in various areas such as between the buttocks, on the outer buttocks and thighs, and in the groin area.⁴



Redness, patches or large areas of inflammation, lesions, pain, burning or itching.¹

Principles of care

What you can do about it

Provide a structured skin-care regimen that protects the skin.⁵

Cleanse - Moisturise - Protect⁵



What product can be used to help?

Using an absorbent product with curly fibre has the potential to prevent incontinence associated dermatitis, as well as reduce the severity and promote healing.

MoliCare® Premium is an absorbent range of products from slight to severe incontinence, that contains curly fibre and has active skin protection, used in combination with the **MoliCare® Skin barrier cream & MoliCare® Skin Zinc Oxide cream** with NUTRISKIN protection complex and skin balanced pH5.5. Protection Complex for added moisture and protection and a pH of 5,5.

The importance of pH

Because skin is exposed to alkaline urine during incontinence, taking steps to acidify the skin will help.^{3,5}

Ammonia in urine elevates the skin pH impairing its barrier function.^{3,6} Urine also overhydrates exposed skin increasing the risk of friction injury.^{3,5,6} Faecal enzymes also damage the skin, with liquid stool being particularly irritating to the skin.³

Treatment and lifestyle modifications

Depending on the cause of your symptoms, your health care professional may make recommendations on how to effectively manage your condition.¹

Using absorbent incontinence briefs with curly fibre is considered a strategy for combating incontinence dermatitis and maintaining skin health. Protection begins immediately and lasts for over 5 hours – which is especially beneficial during sleep.

Medicine may be recommended if you're still unable to manage your symptoms, or surgery may also be considered.²

Tips to improve symptoms

Simple measures can be taken to help improve symptoms, these include;²

- Lifestyle changes such as losing weight, cutting down on caffeine and alcohol
- Pelvic floor exercises – where you strengthen your pelvic floor muscles by squeezing them
- Bladder training – where you learn to wait longer between needing to pass urine

Ask your doctor or pharmacist for appropriate choices to treat your symptoms.

References: 1. Silver N. Healthline [Online, March 2017]. Available at: <https://www.healthline.com/health/overactive-bladder/incontinence-associated-dermatitis#diagnosis> Last accessed March 2020. 2. NHS. Urinary incontinence [Online; November 2019]. Available at www.nhs.uk/conditions/urinary-incontinence Last accessed March 2020. 3. Yates A. Incontinence-associated dermatitis 1: risk factors for skin damage. *Nursing Times* 2020;116(3):46-50. 4. Bliss DZ, Funk T, Jacobson M and Savik K. Incidence and Characteristics of Incontinence Associated Dermatitis in Community-Dwelling Persons with Fecal Incontinence. *J Wound Ostomy Continence Nurs* 2015;42(5):525-530. 5. Gray M. Incontinence Associated Dermatitis in the Elderly Patient: Assessment, Prevention and Management. *J Aging Life Care* 2014. 6. Corcoran EC, Woodward S. Incontinence-associated dermatitis in the elderly: Treatment options. *British Journal of Nursing* 2013. DOI: 10.12968/bjon.2013.22.8.450.

