

Managing incontinence

.....
Commonly experienced problems
and how to deal with them
.....

*Health &
wellbeing*



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Age Concern and Help the Aged.***

***With almost 120 years of combined
history to draw on, we are bringing
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and solutions to do more to enrich
the lives of people in later life.***

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Age NI and Age Scotland. There are
also more than 170 local Age UKs.***

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Please note that the inclusion of named agencies, websites, companies, products, services or publications in this information guide does not constitute a recommendation or endorsement by Age UK or any of its subsidiary companies or charities.

This guide was first published in August 2010 and updated in December 2011. Every effort has been made to ensure that the information contained in this guide is correct. However, things do change, so it is always a good idea to seek expert advice on your personal situation.

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AGE
Concern

HELPTHEAGED WE WILL



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Introduction

Incontinence, a persistent problem with controlling your bladder or bowel, is a distressing condition. More than 2.5 million people over 60 in the UK suffer from urinary incontinence, and 6.5 million people of all ages are affected by some form of bowel problem. Many don't talk about these problems or seek any help, either out of embarrassment or the notion that nothing can be done. But there are actions you can take to help you deal with some of the common problems. Incontinence is not an inevitable part of getting older, and you should not struggle with incontinence for too long before speaking to a health professional about it.

This guide looks at different types of incontinence and what you can do to help yourself. In many cases, incontinence can be improved, or even cured. There are also many ways of managing incontinence so that it does not interfere with your everyday life.

Throughout this guide you will find suggestions for organisations that can offer further information and advice about your options. Their contact details can be found in the 'Useful organisations' section (see pages 30–34). Contact details for organisations near you can usually be found in the local phone book. If you have difficulty finding them, your local Age UK should be able to help (see page 30). As far as possible, the information given in this guide is applicable across the UK.

Key



This symbol indicates where information differs for Scotland, Wales and Northern Ireland.

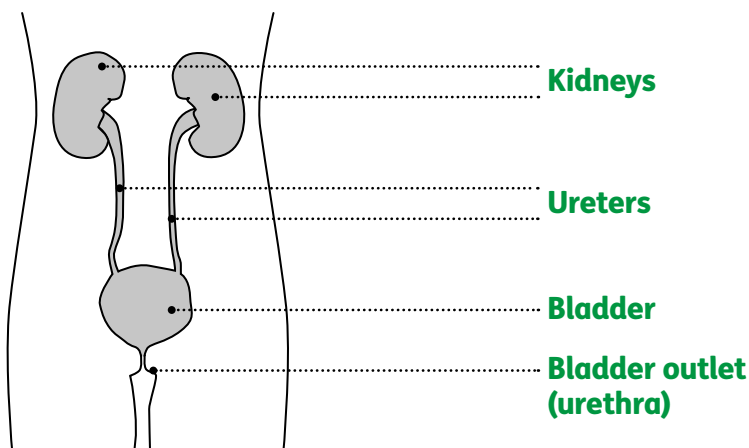


This symbol indicates who to contact for the next steps you need to take.

How the bladder works

The bladder is a balloon-shaped bag surrounded by muscle in the lower part of your body. Urine is made in the kidneys and stored in the bladder until you are ready to pass water.

When you go to the toilet the bladder contracts, the bladder outlet (the urethra) relaxes, and urine empties out. Your brain controls your bladder, automatically sending messages telling it when to hold on and when to empty.



A normal bladder:

- empties four to seven times each day (every three to four hours)
- can hold up to a pint of urine (between 400ml and 600ml), but usually feels quite full at about half this amount
- may wake you up once or twice at night to pass water
- tells you when it's full but gives you enough time to find a toilet
- empties completely each time you pass urine
- does not leak urine.

What causes urinary incontinence?

There are many different types of incontinence. These are the most common.

Stress incontinence

This is leakage when you cough, sneeze, laugh or exercise. Even gentle exercise, such as walking, can cause leakage if you have stress incontinence. It's more common in women and is caused by a weak bladder outlet and pelvic floor muscles.

In women, the bladder outlet is very close to the vagina. The pelvic floor muscles, which support the bladder outlet, can be stretched and weakened during childbirth. After the menopause, the body stops producing the hormones that help keep the vagina and bladder outlet healthy. Being overweight can also put added strain on the muscles.

Men may develop stress incontinence after a prostate operation.

Urge incontinence

This is indicated by a sudden, urgent need to pass urine, but not being able to reach the toilet in time. You may also need to pass urine more often than usual (this is known as 'frequency') and you may be woken several times at night.

Urge incontinence can often be caused by an overactive bladder. Many people find that, as they get older, the bladder becomes more unpredictable, gives less warning and needs emptying more often. This is normal, until it becomes a problem or starts to cause incontinence. Then it's time to seek help.

The cause of an overactive bladder is often unknown. Sometimes it happens following a stroke or other disease of the nervous system, when the brain is no longer able to tell the bladder to ‘hold on’ until you get to a toilet.

Overflow incontinence

This happens when the bladder does not empty completely. Urine builds up and in the end may overflow, often as a frequent dribbling leakage. The bladder may not empty completely for a number of reasons.

- There may be an obstruction, such as an enlarged prostate gland in men.
- Severe constipation may block the bladder outlet.
- Diabetes may affect the ability of the bladder to squeeze effectively.
- Conditions such as multiple sclerosis, stroke or Parkinson’s disease may make the bladder less efficient at emptying.

If you have overflow incontinence, you may have difficulty starting to pass urine and feel that your bladder does not empty completely. The stream may be slower than before.

Practical difficulties

Practical issues can often lead to incontinence. For example, if you have walking difficulties you may find it difficult to reach the toilet in time. If your fingers are stiff, it can be tricky to get clothes out of the way. Some people find it difficult or uncomfortable to get on and off a low toilet. A shortage of public toilets can also lead to problems when you’re out. If there is also an urgent need to pass urine, incontinence may result from any of these problems.

**what
next?**

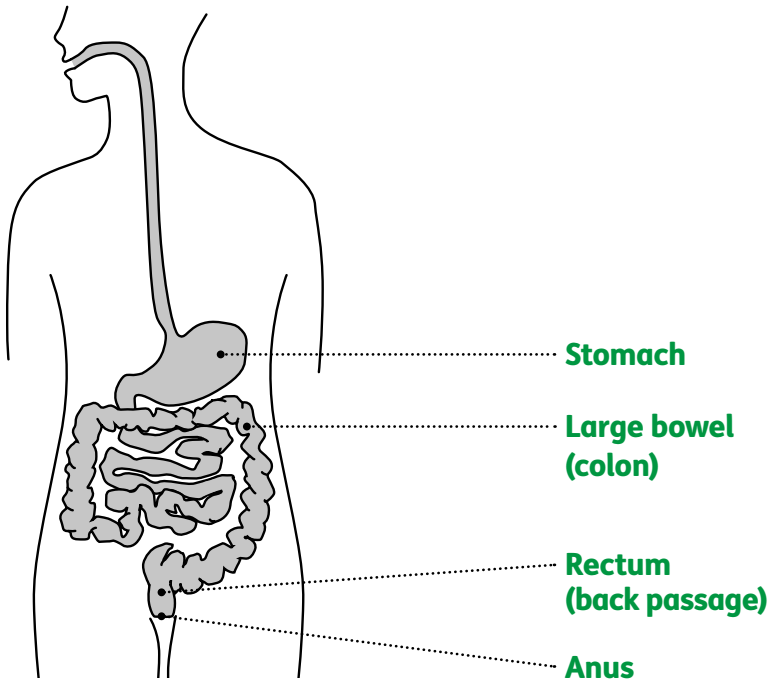
Read our free factsheet *Help with continence* for more information. See also the Bladder and Bowel Foundation’s booklet *A healthy bladder: what to do if things go wrong* (see page 31).

What can make urinary incontinence worse?

- A urine infection may cause pain or a burning feeling, with urine that smells and a frequent need to pass water.
- If you are constipated, this may irritate the bladder.
- Some medicines disturb the bladder. For example, water tablets (diuretics) make it fill more often.
- Not drinking enough makes urine very strong and concentrated. The bladder then becomes used to holding very little.
- Some drinks upset the bladder. Fizzy drinks and alcoholic drinks may cause problems, and so might drinks containing caffeine, such as tea, coffee, chocolate drinks and cola.
- Drinking too much fluid in the evenings can lead to waking several times in the night to pass urine.

How the bowel works

Food passes from the stomach into the upper part of the bowel. It then passes along the large bowel where fluid is absorbed and the remains of undigested food form the basis of a bowel motion (faeces). When a bowel motion arrives in the rectum it creates a feeling of fullness. When you go to the toilet, the anal sphincter relaxes to allow the bowel motion to pass from the rectum and out through the anus.



Normal bowel motions:

- are soft and easy to pass
- may come several times a day, or only once every two to three days (either can be normal)
- don't cause you to strain.

What causes bowel incontinence?

Constipation

This is the most usual cause of bowel leakage. Hard bowel motions become difficult to pass. Small pieces may be passed without warning, or liquid mucus may be lost. This looks like diarrhoea, but it isn't. Constipation may be caused by:

- not eating enough fibre (that is roughage, found in foods such as wholemeal bread and cereals, fruit and vegetables)
- not drinking enough (you should drink at least six to eight cups of liquid a day)
- being unable to move around much
- some medicines (such as some painkillers)
- not being able to get to a toilet or putting off going (in the end, the feeling that you need to empty your bowel goes away)
- some nerve and bowel diseases.

Diarrhoea

Frequent, urgent bowel motions can cause you to have an accident if you can't find the toilet in time. Diarrhoea has many possible causes, including the overuse of laxatives, an upset stomach, an irritable bowel or other bowel diseases.

Bowel incontinence can also be caused by damage to the anal sphincter, nerve diseases, or muscle weakness (for example, after childbirth). Some women who suffer muscle damage in childbirth have no problems when their children are young but develop control problems later in life.

**what
next?**

Bowel incontinence, any change in bowel habits and any bleeding should always be reported to your doctor. See the Bladder and Bowel Foundation's booklet *Bowel problems: what to do if things go wrong* (see page 31).

Tackling incontinence

If you have a bladder or bowel control problem, you may feel too embarrassed to tell anybody. But talking about it, especially with a health professional, is the best first step you can take to help yourself. Your GP might be able to help or may want to refer you to another health professional. If you prefer, you can refer yourself directly to your local continence clinic (see 'Seeking professional help' on page 17).

A health professional can assess your symptoms, identify the cause, and discuss with you what treatment or exercises may help tackle your continence problems.

Talking things through with friends and family can also help you feel less alone.

Try not to let having a bladder or bowel control problem stop you going out. Planning ahead can help you to feel more confident.

You could try to think of practical solutions to problems that might arise. For example, if you think you will leak while you're out, you could take some spare pads and pants with you. A scented bag for soiled pants or pads could be useful if you're worried about smell.

If you're going on a long journey with friends, and you know that you will need to use the toilet frequently, let your friends know beforehand. That way, you can plan for extra stops and you won't have to worry about accidental leaks. You'll feel more in control by telling them yourself in advance.

It's important to remember that a bladder and/or bowel control problem is a real condition and talking about it could be the first step to helping yourself. You don't have to cope alone.

what next?

For more ideas to help you adapt to a bladder and/or bowel weakness, see the Bladder and Bowel Foundation publications *Only when I laugh, cough or sneeze* and *Travelling with confidence* (see page 31). You can also get advice from the Bladder and Bowel Foundation's helpline call-back service (see page 31).

What can I do to help myself?

There are some good general tips you can try that may improve your condition.

- Drink normally, as cutting down on liquids will make urinary incontinence worse, not better. Aim to drink at least six to eight cups of liquid each day.
- If you notice that tea or coffee make your symptoms worse, then cut down on caffeine.
- Avoid constipation by eating plenty of fibre-rich foods and making sure you're drinking plenty of liquid (see page 8).
- Keep as active and mobile as you can. For tips on keeping fit and mobile, see our free guide *Healthy living* or priced publication *Strength and balance exercises for healthy ageing*. You can order these by calling Age UK Advice (see page 30).

There are more specific things you can try for certain types of incontinence. You'll find details of what to do on the following pages.

Stress incontinence

The best treatment is pelvic floor exercises. Losing weight may also help control stress incontinence and, if you smoke, try to stop – coughing may make you leak more often.

Urge incontinence

A good, simple treatment is bladder retraining (see page 16). Also, make sure the toilet is easy to get to and that clothes are easy to remove.

Overflow incontinence

This is not an easy problem to deal with yourself. See 'Seeking professional help' on page 17 for information about the professional help available.

Nocturia

The need to pass urine more than twice during the night is called nocturia. Waking more than once or twice in the night can be both annoying and tiring. Try restricting how much you drink in the few hours before bedtime, but if it persists and is affecting your quality of sleep and daily life, speak to your GP.

‘I only wish I’d known sooner that there was something simple I could do to resolve the problem.’



When Audrey started passing urine without enough warning, she thought it was just an inevitable part of ageing.

‘In my early 60s I started finding it difficult to get to the toilet in time, and I often passed water unexpectedly when I sneezed, coughed, or laughed. I love going out for walks with my friends, but I had to stop because I never knew when I would need to get to the ladies quickly. I bought some incontinence pads so that I could still go out to the shops, but I became very self-conscious.

‘I felt too embarrassed to talk to my friends about it and just assumed it was something that you have to put up with when you get to my age. Eventually I plucked up the courage to go to my GP.

‘She said that I had stress incontinence, and that a lot of people my age have the same problem, especially women. She told me that I should do pelvic floor exercises and explained how. It was tricky at first as you have to make sure you’re exercising the right muscles, but I soon got the hang of it. I did them several times a day, as I was told to, and noticed an improvement after only a few weeks.

‘Now I’m much more confident, and I can go out for walks again. I only wish I’d known sooner that there was something simple I could do to resolve the problem.’



How can pelvic floor exercises help?

Pelvic floor exercises should help you if you leak urine, or have a bowel motion, when you cough, sneeze, laugh or exercise. They may also help you to hold on until you reach a toilet if you have urge incontinence. If you try these exercises for a few weeks and can't see any benefit, go to your GP – they can give you advice or refer you to another professional.

First of all you need to find your pelvic floor muscles. Imagine you're trying to stop passing wind and urine at the same time. Tighten the muscles around your back passage, and then your front passage, and lift them up inside you. When you do this you are tightening your pelvic floor muscles.

It's very easy to use other muscles as well, so to be sure you are using only the right ones:

- don't pull in your stomach
- don't squeeze your legs together
- don't tighten your buttocks
- don't hold your breath.

How to do pelvic floor exercises

There are two exercises to learn – the slow pelvic floor exercises and the quick pelvic floor exercises.

The slow exercises

Tighten the pelvic floor for as long and as hard as you can. Build up to a maximum of ten seconds. Rest for four seconds and then repeat the contraction as many times as you can, up to a maximum of ten times.

The quick exercises

These exercises work the muscles quickly to help them react to sudden stresses such as coughing, laughing or exercise. Draw in the pelvic floor and hold it for just one second before letting go. Repeat this quick contraction up to ten times.

Aim to do one set of slow exercises, followed by one set of quick exercises six times each day. You need to do both. You can do the exercises in any position: lying down, sitting or standing – don't feel self-conscious, because no one will be able to tell you're doing them.

Also, try to tighten your pelvic floor before you do anything that might make you leak – things like getting up from a chair, coughing, sneezing or lifting. It takes practice to work the muscles quickly like this, so persevere.

**what
next?**

The Bladder and Bowel Foundation produces two factsheets on this subject, *Pelvic floor exercises for women* and *Pelvic floor exercises for men* (see page 31).

Bladder retraining

Bladder retraining helps to control urge incontinence.

- Keep a record for two to three days of how often you pass urine or get wet.
- Look at the pattern and then attempt to hold on, gradually extending the time interval between visits to the toilet. For example, if you're passing urine every two hours, try to wait at least two-and-a-half hours. If you go ten times a day, aim for nine times the next day.
- Once you feel the urge to go, wait one minute, then five, then ten minutes. Tightening the pelvic floor muscles will help you to 'hang on'.

Bladder retraining helps you to regain confidence in your bladder. It may take weeks or months to overcome the urge to pass urine, but it will get easier.

Eventually, you will pass urine only every three to five hours (five to seven times each day) and be able to wait until it's convenient for you. Keep a record of your progress so that you can see that things are improving. This may be slow at first, but if you're determined, you have a good chance of success.

Bladder retraining should help you to control urgency (rushing to pass urine) and frequency (going very often). It's not always easy and you need to be determined to make it work – so don't give up.

Seeking professional help

Don't struggle with incontinence by yourself for too long – professional help is available.

- Talk to your GP. They will want to hear about your symptoms. They may examine you and then discuss your treatment options.
- Your GP may arrange for a district nurse to visit you at home if it is difficult for you to get to the surgery.
- If you prefer, you can refer yourself directly to your local NHS continence service for an assessment and to discuss your treatment options. Here you will see a specialist nurse called a continence adviser. To find your local service, ask at your GP practice or call the Bladder and Bowel Foundation (see page 31). Registered users of the Bladder and Bowel Foundation website can search for continence clinics by postcode.
- A specialist continence physiotherapist can teach you pelvic floor exercises and help to improve your mobility. An occupational therapist can advise on aids and equipment that will help you use the toilet.
- Your GP or continence adviser may suggest a referral to a hospital specialist, such as a urologist, gynaecologist or geriatrician, who may want to carry out bladder tests (known as 'urodynamics') to help diagnose your problem.

What will a professional need to know?

A healthcare professional may ask you some of the questions below. You may also be asked for a urine sample, or your bladder may be tested.

- When did incontinence start?
- How often does leakage happen?
- How much is lost?
- How are you dealing with it?
- Can you feel when the bladder and bowel are full?
- How often do you use the toilet?

what next?

NICE – the National Institute for Health and Clinical Excellence – produces useful guidance for patients about what to expect from the NHS, and explains what various tests and procedures involve (see page 33).

Treatments for incontinence

Stress incontinence

A specialist continence physiotherapist may be asked to help you with pelvic floor exercises. If you find it difficult to do these exercises, they can use equipment to help you learn which muscles to use. This is known as biofeedback. Sometimes mild electrical stimulation is used to help exercise and strengthen the muscles.

There is a medicine available for women with a moderate to severe stress incontinence problem. This works best when used with pelvic floor exercises. Ask your doctor for more details.

If leakage is severe, or there is a prolapse, an operation may be suggested. You won't be pushed into choosing this option, but for many people it does provide a cure.

Urge incontinence

Bladder retraining is the best treatment to start with. Pelvic floor exercises may also help you to hold on. If these don't work, your doctor may prescribe medicine that can help to calm an overactive bladder.

Overflow incontinence

Sometimes it is necessary to remove an obstruction (prostate gland or constipation). You may also be taught to empty your bladder completely by using a small plastic tube two or three times a day.

Constipation

In addition to the self-help described on pages 10–11, your doctor may prescribe medicines. Sometimes suppositories or an enema are needed to clear severe constipation. Don't use medicines you have bought yourself for long periods. See your doctor if constipation persists.

what next?



Visit the [NHS Choices website](#) for more information about incontinence, including treatments (see page 33). In Scotland, visit the [NHS Inform website](#), or call the helpline (see page 33). In Wales, visit the [NHS Direct Wales website](#) (see page 33). To find out more about particular conditions from a patient's perspective you can visit the 'Health Encyclopedia' section of the site.

Making life easier

As well as exercises and medical help, there are some practical changes and special equipment that can make things easier for you.

Improving the toilet

If the incontinence is caused by problems with getting around, special rails may make it easier to get on and off the toilet. These grab rails can be freestanding or mounted on the wall. Adding a raised seat to the toilet may make it easier to sit down if you have stiff hips. If you have difficulty getting about, a walking aid or stairlift may help you to get to the toilet in time.

Alternatives to the toilet

If you can't reach the toilet easily, a commode may be useful. These come in a variety of designs. Many have a lid and look like an ordinary chair when not in use. You can get hand-held urinals, for men and women, which can be used in bed or sitting in a chair.

Clothing

Clothes can get in the way when you use the toilet. Many women find that stockings are easier to manage than tights, and that full skirts are easier to get out of the way than tight ones. The more layers of clothes you wear, the longer it takes to remove them when you go to the toilet.

Men may find loose boxer shorts easier to manage than Y-fronts. An extra tab on a zip may make it easier to open trousers in a hurry, or, if you can't manage a zip, velcro can be used for flies.

Toilet queues

The Bladder and Bowel Foundation offers a free Just Can't Wait toilet card (see page 31), so that you don't have to queue if you're out and need to use a toilet quickly. The card states clearly that the holder has a medical condition that requires the urgent use of a toilet.

what next?

For more advice on special equipment, speak to your district nurse or continence adviser, or contact the Disabled Living Foundation (see page 32).

As well as exercises and medical help, there are some practical changes and special equipment that can make things easier for you.



Claiming benefits

If you have a physical or mental disability and have difficulty getting about, or need supervision or help when carrying out personal care tasks, you might be eligible for Disability Living Allowance (DLA) or Attendance Allowance (AA). These are non-means-tested benefits, so you can claim them regardless of your income or any savings you have.

Having incontinence issues will not necessarily mean you can get AA or DLA, but you may be eligible if you need help with tasks such as getting to and from and using the toilet, changing your continence pads, or if you need to be reminded to go to the toilet.

For more information about who qualifies for AA or DLA, see our benefits guides *Claiming benefits: a guide for people of working age* and *More money in your pocket: a guide to claiming benefits for people over pension age*.

what next?

For information on claiming DLA or AA, call the Benefit Enquiry Line on 0800 88 22 00. Your local Age UK can help you with the claim form and can also carry out a benefits check.

Incontinence products

Incontinence does not always respond completely to treatment, but good incontinence products will help you deal with the problem and let you carry on with a normal life.

There are a variety of pads, pants and other products available. You can buy many of them in pharmacies and supermarkets, but it's important to seek professional advice before using them (see page 17).

- Re-usable pads often come as part of a pair of pants. They take a few washes before they reach their maximum absorbency.
- Disposable pads are held in place by close-fitting pants, although these tend to be more expensive.
- All-in-one pads, with plastic backing and adhesive patches to seal the sides, are generally more suitable for heavy incontinence.
- You can also get bed protection in the form of disposable or washable pads.
- For men there is a range of appliances that fit over the penis and collect urine into a bag strapped to the leg. A 'penile sheath' is the most popular version of this and is available on prescription. Men can also wear pads and pants, or special dribble pouches.

If you are assessed as needing incontinence products, your district nurse or continence service may be able to arrange the supply free of charge on the NHS. What is available varies from region to region, so speak to your health professional to find out.

Age UK Trading also provides a range of incontinence products in partnership with Choice Shops. To find out more about what products are available and the costs, visit the website www.ageukincontinence.co.uk or call 0800 849 8032.

If you are having problems with extra laundry, speak to your district nurse to see if there's any help available.

Good incontinence products will help you deal with the problem and let you carry on with a normal life.



Personal hygiene

Skin care

Washing regularly helps to keep your skin healthy. When you change your pad, you may want to use a wipe to remove any residue. Change pads frequently and dry the area carefully with a soft towel. A balanced diet and plenty of fluids also help. A simple barrier cream such as zinc and castor oil will protect your skin.

If your skin becomes red or sore, make sure that any pad or appliance fits properly and isn't rubbing. You could also check that you haven't developed an allergy to something, for example, a washing powder or cream, or part of a pad or appliance.

Avoiding smell

Fresh urine should not smell offensive. If it does, there may be an infection. Urine starts to smell when it is exposed to air for long periods. Good-quality pads help to absorb some smell, but any wet clothes should be changed as soon as possible. Keep wet clothes or sheets in a bucket with a lid until washed. Mop up any spills quickly and allow fresh air to circulate.

Smell from bowel incontinence is more difficult to hide. Change soiled pads as soon as possible and put them into an airtight container or sealed bag.

If your skin becomes broken or you develop pressure sores, consult your district nurse or doctor immediately.

Incontinence in a care home or hospital

Many people become incontinent while living in a care home or during a stay at hospital. This should never be treated as inevitable and the cause should always be identified. It's important to talk about incontinence problems with the manager or head of the home, or at the time of hospital discharge, so that they can carry out a continence assessment and treatment options can be considered. Any treatment or support should be incorporated into your care plan.

You should not have to pay for incontinence products if you have been assessed as needing them and they are part of your care plan. If you are asked to pay for pads yourself, get advice from the Bladder and Bowel Foundation (see page 31).

If you are unhappy with the way you have been treated while living in a care home or staying at hospital, you have the right to complain. Start by having informal discussions with staff or the managers of the service provider if you can. Someone else can make the complaint on your behalf, if you give them permission to do this. If you feel your concerns haven't been addressed, you might want to raise a formal complaint. The organisation must provide you with a copy of its complaints procedure on request.

For more information on the procedures for making complaints, see our factsheets *Resolving problems and making a complaint about NHS care* and *How to resolve problems and make a complaint about the local authority*.

All hospitals and care homes must meet the standards set down by the Care Quality Commission (CQC), the standards regulator for the sector. You can contact the CQC about poor services. It has wide powers to take action to ensure that service providers provide high-quality services.

The Independent Complaints Advocacy Service (ICAS) is a national service that supports people who wish to make a complaint about their NHS care or treatment.

**what
next?**

Officers from the Patient Advice and Liaison Service (PALS) are available in all hospitals. They offer confidential advice, support and information on health-related matters to patients, their families and their carers.

***It's important to talk about
incontinence problems
so that treatment options
can be considered.***



Helping a confused incontinent person

Someone who is confused may forget to visit the toilet, so regular gentle reminders might be needed. If the person forgets where the toilet is, a notice or picture on the door might help. A regular routine, which includes visits to the toilet, can help.

Try to find a pattern to incontinence, and take the person to the toilet when you think they are likely to need to go.

what next?

The Alzheimer's Society can offer further advice on helping someone who is confused (see page 31).



In Scotland, contact Alzheimer Scotland for further advice (see page 30).

Useful organisations

Age UK

Age UK is the new force combining Age Concern and Help the Aged. We provide advice and information for people in later life through our Age UK Advice line, publications and online.

Age UK Advice: 0800 169 65 65

Lines are open seven days a week from 8am to 7pm

www.ageuk.org.uk

Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

In Wales, contact

Age Cymru: 0800 169 65 65

www.agecymru.org.uk

In Northern Ireland, contact

Age NI: 0808 808 7575

www.ageni.org

In Scotland, contact

Age Scotland: 0845 125 9732

www.agescotland.org.uk

Alzheimer Scotland

Produces a factsheet for Scotland called *Continence management – advice for carers of people with dementia*

22 Drumsheugh Gardens

Edinburgh EH3 7RN

Tel: 0808 808 3000

Email: alzheimerscot@alzscot.org

www.alzscot.org

Alzheimer's Society

Produces a factsheet called *Coping with incontinence for people with dementia*. It is available online, or you can order a printed copy, CD or tape.

Devon House
58 St Katharine's Way
London E1W 1LB

Tel: 0845 300 0336
(in Northern Ireland, call 02890 664 100)
www.alzheimers.org.uk

Bladder and Bowel Foundation

Provides a range of resources for people with bladder and bowel problems. Runs a national helpline with a call-back service, offering confidential advice from a specialist nurse, who can also give you details of your nearest continence clinic. You can order the booklets and factsheets over the phone for free, or sign up as a registered supporter (you must donate a minimum of £5 for six months' access) to download them from the website.

SATRA Innovation Park
Rockingham Road
Kettering
Northants NN16 9JH

Tel: 0845 345 0165 (helpline)
Tel: 01536 533 255 (general enquiries)
Email: info@bladderandbowelfoundation.org
www.bladderandbowelfoundation.org

Disabled Living Foundation

Provides advice on equipment such as commodes and urinals.

380–384 Harrow Road
London W9 2HU

Tel: 0845 130 9177
Email: helpline@dlf.org.uk
www.dlf.org.uk

EXTEND

Arranges community-based exercise classes for older people and trains teachers to tutor exercise classes.

2 Place Farm
Wheathampstead
Herts AL4 8SB

Tel: 01582 832 760
Email: admin@extend.org.uk
www.extend.org.uk

NAPA (National Association for Providers of Activities for Older People)

Produces a range of resources to help care homes and other organisations offer stimulating activities for older people.

Bondway Commercial Centre
Unit 5.12, 5th Floor
71 Bondway
London SW8 1SQ

Tel: 020 7078 9375
Email: info@napa-activities.co.uk
www.napa-activities.co.uk

NHS Choices

Provides information about health conditions, treatments and services in England.

www.nhs.uk

In Wales, visit www.wales.nhs.uk

For further information on particular conditions, such as incontinence, from a patient's perspective, you can visit the Health Encyclopedia section of the site at www.nhsdirect.wales.nhs.uk/encyclopaedia

In Scotland, visit NHS Inform www.nhsinform.co.uk
Tel: 0800 22 44 88

NICE (National Institute for Health and Clinical Excellence)

Provides guidance on being healthy and treating illnesses and conditions.

You can download:

- *Urinary incontinence: the management of urinary incontinence in women*
<http://guidance.nice.org.uk/CG40>
- *Faecal incontinence (bowel control problems)*
<http://guidance.nice.org.uk/CG49>
- *The management of lower urinary tract symptoms in men*
<http://guidance.nice.org.uk/CG97>

Click on the versions called 'NICE guidance written for patients and carers'.

The information in these documents about treatment available on the NHS only applies to England and Wales.

Alternatively, you can order printed copies by calling 0845 003 7783.

RADAR

Operates a National Key Scheme that offers people with disabilities independent access to about 7,000 locked public toilets nationwide.

12 City Forum
250 City Road
London EC1V 8AF

Tel: 020 7250 3222
Email: radar@radar.org.uk
www.radar.org.uk

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You may be interested in other guides in this range

- Bereavement
- Caring for your eyes
- Going into hospital
- Going solo
- Health services
- Healthy eating
- Healthy living
- Staying cool in a heatwave
- Staying steady
- Winter wrapped up



To order any of our **free** publications, please call Age UK Advice free on:

0800 169 65 65

www.ageuk.org.uk/healthandwellbeing

What should I do now?

For more information on the issues covered in this guide, or to order any of our publications, please call Age UK Advice free on **0800 169 65 65** or visit www.ageuk.org.uk/healthandwellbeing

Our publications are also available in large print and audio formats.

The following Age UK information guides may be useful:

- *Adapting your home*
- *Healthy living*
- *Home safety checker*

The Age UK Group offers a wide range of products and services specially designed for people in later life. For more information, please call **0800 169 18 19**.

If contact details for your local Age UK are not in the box below, call Age UK Advice free on **0800 169 65 65**.

