

Incontinence

Unlike Alzheimer's disease, reasons for bowel incontinence in FTD are complicated. These are not people who forget to use the toilet in advanced disease. People with FTD can defecate impulsively during periods of high stress or stimulus. Any strategy to manage it must consider the particular cognitive, behavioral and communication impairments in FTD, and address as many of the potential causes as possible.

- Recognize that bowel and urine incontinence is common in early and moderate FTD.
- Do not take the incontinence personally or think the person is doing this on purpose to spite you. While incontinence is a very frustrating problem, this is simply another example of disinhibited symptoms in FTD.
- Do not try to punish the person or retrain them. It will only frustrate you.
- Carry a "Please excuse my companion" card whenever in public. These cards can be handed to individuals witnessing the behavior.
- At the first sign of urinary or fecal incontinence, have the person evaluated by a physician to rule out other pathology such as an infection.
- Carry a bag with gloves, paper towels, wet wipes, sanitizer and a change of clothing in the car or with you whenever out.

Fecal (bowel) Incontinence

- Be aware that certain medications, such as the cholinesterase inhibitors, SSRI-type antidepressants, antibiotics, and benzodiazapines (Ativan), as they may increase the potential for diarrhea for a variety of reasons. If a particular medication increases diarrhea, ask the doctor to substitute another in the same class.
- Encourage use of incontinence products as early as possible – using "pull-ups" instead of underwear, especially when going out where there will be crowds, noise, or high stimulus. Encourage the person to wear them by replacing the underwear in the bureau with protective garments. One caregiver reported ordering the products online so the package seemed like a gift.
- Recognize that fecal incontinence can be dangerous due to the potential for infections, especially gastroenteritis. Wash your and your person's hands frequently. Use hand sanitizer routinely before handling food. Make sure you disinfect surfaces your person has touched.
- Untreated carpet and upholstery will rot if exposed to BM. Routine carpet cleaners and stain removers do not treat this. Purchase products specifically designed to clean BM. These are available at pet stores.
- Watch your person's intake. If overeating occurs, try eliminating meals and focus on continual provision of small snacks.
- Limit use of prepared canned nutritional shakes, which can cause diarrhea.
- Try to get the person to use the toilet 20 minutes after eating.
- Avoid using oral laxatives as they may cause a loss of control. Instead check with the physician/provider about products such as fiber or stool softeners. If constipation occurs, try using suppositories.
- Give the person something to hold during care provision. Rolled towels or washable toys work nicely. This eliminates the person's need to grasp the caregiver. Grasping is a primitive reflex where they grasp anything nearby but are unable to release it.
- Caregiving staff should wear two sets of long sleeves so they can twist out of the grasp if needed.

Urinary Incontinence

- For urinary incontinence with a male, try coloring the toilet water and adding cereal for him to sink.
- Try to get the person to urinate in a routine every 2-3 hours. Limit caffeine as it is a bladder irritant.
- Try to achieve fluid goals of about 1 ½ quarts per day before 6 p.m. and sips after 6 p.m.
- Try to get the person up at least once a night to urinate. Keep a light on in the bathroom.