

■ Wandering

Wandering is a common and stressful problem for carers of relatives with dementia. Not only are you like to feel concerned for their safety but you may also feel guilty that they have managed to slip away. But nobody can be expected to keep a 24-hour watch on somebody else, so some degree of risk is inevitable.

Wandering can occur for a variety of reasons, such as loss of short-term memory resulting in confusion; feeling uncertain and disorientated in a new environment; as a way of using up excess energy, and an outlet for expressing boredom; or searching for something or someone related to the past.

When you find your relative he or she is likely to be confused and frightened. Try not to scold or show your anxiety. Reassure the patient and return to a familiar routine as quickly as possible.

Avoid giving your relative medication to prevent wandering. Doses which are powerful enough to achieve this have unfortunate side-effects, such as drowsiness, which often increases confusion and incontinence.

Make sure your relative carries some form of identification in case of getting lost, for example, an identity bracelet with name and telephone number. It makes sense to tell neighbours and local shopkeepers about the problem. Most people are helpful once they understand the situation.

Sometimes it may help to put a lock or bolt on the door that sufferers are not familiar with. If they are determined to leave the house it is best not to confront them too severely, but rather try following them a little way, and then divert their attention so that you can return home together.

■ Incontinence

The first step when dealing with any problem of incontinence, whether it be urinary, faecal, or constipation, is to consult your GP. The problem may be caused by a medical condition such as a urinary tract infection, or by the side-effects of medication.

An important initial intervention involves keeping a record or a diary sheet for a week or so, to monitor how often the person is wet, when it occurs, and how often they go to the toilet. Try to identify a pattern or any situations which tend to precipitate incontinence.

You may be able to avoid many accidents by taking your relative to the lavatory at regular intervals. Also, become more alert to the tell-tale signs that your relative wants to go, such as fidgeting or pulling at their clothes. Clothes which are easy to remove or unfasten are an advantage, for example, tracksuit trousers.

Make sure that the lavatory is easy to reach and is comfortable. If it is a distance to the lavatory, a commode loaned from social services or the health authority may be useful.

If incontinence occurs at night, try cutting down on fluids several hours before bedtime but make sure your relative drinks plenty of fluids for the rest of the day. Make sure that they use the lavatory before going to bed.

If incontinence cannot be controlled through regular toileting, it may make sense for your relative to wear incontinence pads or underwear during the day.

Try to get over your embarrassment – be tactful and sensitive. Sometimes a little humour is useful for relieving the tension. Finally, remember that although the situation is difficult for you, it is also humiliating for your relative. Try to remain calm and matter-of-fact; remember it is not the patient's fault.