



Richard helps retain balance and good mobility by regular gentle walks along the beautiful breakwater at Brunswick Heads



# The Byron carer

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[www.byronrespite.com.au](http://www.byronrespite.com.au)

Byron Shire Respite Service is located at the Brunswick Valley Community Centre, South Beach Rd, Brunswick Heads.

Our incorporated non-government community based organisation is managed by a local committee and covers the shires of Byron, Ballina and Lismore.

### NDIS Registered Provider

Respite care is delivered through our Flexible Respite, Day Respite and Social Support projects, with a person centred enablement approach across the respite continuum.

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Byron Shire Respite Service acknowledge and pay respect to the Arakwal people of the Bundjalung nation, the traditional owners of the land on which we live and care – and pay respect to the Elders past, present and emerging.

Byron Shire Respite Service Inc. is supported by the Australian Government Department of Health. Visit [www.health.gov.au](http://www.health.gov.au)

Although funding for the Commonwealth Home Support Programme (CHSP) has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

## Falls and older people

Older people may be at risk of falls and other serious health impacts after months of COVID-19 confinement and loss of mobility. The Australian Physiotherapy Association has reported an increase of up to 30 per cent in the number of falls during COVID-19, leading to hospitalisation and pressure sores.

According to a recent Australian Physiotherapy Association's (APA) submission to the Royal Commission last month, during this time many people living at home have asked to receive less care or had their care discontinued by providers due to fear of infection. Other older people have chosen not to attend to health needs in an effort to not overburden the health system as it deals with the pandemic.

Many people are confused about whether to attend non-urgent health appointments or physiotherapy's status as an essential service. This has resulted in appointment cancellations and some people with home-care packages have had their physiotherapy access decreased due to infection risks.

The APA are concerned that this will have an impact on the health of older people and contribute to increased falls, hospitalisations, reluctance to keep those older people in hospital to reduce infection risks, which will have an impact on the health of those people and may result in premature admission to residential aged care.

**During COVID-19, many older people's movements and quality of life have been significantly restricted, including:**

- not being able or wanting to leave the house
- cancellation of activities and outings
- cancellation of group exercise classes
- reduction or loss of regular health treatments
- receiving less one-on-one support from services
- loss of or reduced visits from family and friends due to lockdowns or state border closures.

To read Australian Physiotherapy Association's 13 page submission to the Royal Commission, visit: <https://australian.physio/sites/default/files>

**If you or someone you care for prone to or at risk of falls, please see the back page of this newsletter for tips to reduce falls.**

# What is incontinence?

Incontinence is the accidental, involuntary and/or uncontrolled loss of urine from the bladder or bowel motion from the bowel.

According to the Continence Foundation of Australia, incontinence is not just a problem for older people or people with a disability, however, people from these two groups are at a greater risk of developing incontinence. Poor mobility, memory problems and chronic health problems such as Parkinson's disease, stroke, dementia and multiple sclerosis, greatly affect bladder and bowel control.

With a good continence assessment, management and treatment program, incontinence can sometimes be cured. If it cannot be cured, it can be improved or better managed.

## Caring for a person with incontinence

There are many roles and duties involved in being a carer. Managing incontinence adds to this workload significantly and may in some situations create demands that are so great that they are beyond the capacity of the carer to manage.

Incontinence and the stress that it generates for carers is one of the most common factors leading to the decision that a person must move from home into a residential care setting.

### Step 1: Symptoms requiring immediate attention

- If the problem comes on suddenly, see a doctor to make sure it is not an infection
- If the person being cared for suddenly CANNOT pass urine, see a doctor IMMEDIATELY as this may be a medical emergency
- If the person is constipated, see the doctor about treatment options. Constipation can also impact bladder control, and

- See a doctor or a specialist if there is ongoing diarrhoea.

### Step 2: Services available

**The National Continence Helpline on 1800 33 00 66** (8am to 8pm Monday to Friday (except national public holidays). is staffed by a team of continence nurse advisors who provide information and advice to people affected by, or caring for someone with a bladder or bowel problem. The Helpline provides free confidential information on continence-related topics, products and financial assistance schemes, and can provide contact details for local continence services.

#### General Practitioners

The doctor will discuss the incontinence issues and possibly examine the person being cared for. Some treatments will be carried out by the doctor, while others may need referral to a specialist, continence nurse advisor or pelvic floor physiotherapist.

Ask your doctor for a referral if needed. It is important to involve the doctor in the care if possible. If it is a family doctor, they will know the family health history and current medications. Seek advice on all available treatment options. Arrange for a full check-up at the next visit with the person being cared for and discuss all their medicines and their possible effect on incontinence. Discuss the management of any other conditions to reduce their effect on incontinence.

It will help to write down all the issues and the questions you

have to ensure you cover all the areas of concern. It is important to let the person being cared for tell their own story where possible. It is helpful to take the following items to the doctor's appointment:

- fluid diary
- bowel diary
- record of what the person eats
- list of medicine taken, including those you can buy over the counter (or take and show the packets)
- observations of any changes in the person's behaviour or activities.

#### Questions to ask the doctor:

- What is causing the incontinence?
- Could medicine be causing it, or making it worse?
- How can we prevent or manage it?
- Will medicine fix it?
- Will the person need tests?
- Will they need surgery?
- Where can I get help to buy the pads and products?
- Are there any funding schemes to assist with costs?
- Should we see someone who specialises in this problem or specialist doctor?

#### Continence nurse advisors

A visit to the continence nurse advisor may need referral from the doctor. Phone the National Continence Helpline on 1800 33 00 66 to find a continence nurse advisor near you.

A continence nurse advisor is a nurse with specialised training in continence care who can assess incontinence and advise on treatment and management.

#### Pelvic floor physiotherapists

A pelvic floor physiotherapist has specialised training in pelvic floor rehabilitation, including continence assessment and management.

They work with the person being cared for and assist them to use the pelvic floor muscles correctly.

## Fluids

It is a common belief that drinking fluid may increase a person's risk of wetting themselves, so people will refuse to drink to avoid this risk. Fluid is everything a person drinks. Fluid includes milk, juice and soup. The best fluid to drink is water.

While this belief is understandable, it is not the right approach to take. In fact, not drinking enough fluid may cause urinary incontinence, constipation and dehydration. It is important to see a doctor or continence nurse advisor and not wait for the symptoms to get worse in the person you are caring for. The sooner advice is sought the easier it is to understand and manage these problems.

### Step 3: Continence assessment

It is recommended to see a doctor or continence nurse advisor to be assessed for continence problems. This assessment will help you as a carer to manage the incontinence problems with the person you are caring for.

You may be asked to attend an appointment for a continence assessment with the person you care for. You or the person you are caring for will be asked to fill out a chart to show when they pass urine or have a bowel motion. A physical examination is likely as this will help gauge the kind of continence problem the person you are caring for has.

#### The sorts of questions that will be asked include:

- how often the person goes to the toilet
- how much urine is passed
- what their bowel actions look like
- how often and how much leakage is occurring
- the person's fluid intake and diet
- what current medicine they take
- other health problems they experience
- their ability to perform self-care tasks such as toileting, dressing, getting to and from the toilet
- any changes in behaviour prior to or during toileting.

It is important to inform the nurse about any symptom changes.

To view or download the original transcript of this article, please visit The Continence Foundation of Australia at: [https://www.continence.org.au/data/files/Factsheets/Caring\\_for\\_someone\\_with\\_bladder\\_or\\_bowel\\_problems\\_booklet](https://www.continence.org.au/data/files/Factsheets/Caring_for_someone_with_bladder_or_bowel_problems_booklet).

# Need support?

- **Carer Gateway** telephone: 1800 422 737 for information about planned & emergency respite & other carer supports. [www.carergateway.gov.au](http://www.carergateway.gov.au)

- **Australian Government Department of Health** For more information about COVID-19 call the Coronavirus Health Information Line on 1800 020 080 or [www.health.gov.au](http://www.health.gov.au)

- **My Aged Care** telephone: 1800 200 422 for information about the Australian Government's aged care system and services. [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

**If you require emergency respite, please call the Carer Gateway: 1800 422 737**

- **Telephone Janine at Byron Shire Respite Service to discuss your role as a carer.** telephone: 02) 6685 1619
- **National Dementia Helpline** telephone: 1800 100 500
- **Carers Counselling Service** telephone: 02) 6628 6416
- **Carers NSW** telephone: 1800 242 636
- **Sandra Kimball Counselling** telephone: 0458 175 962
- **National Continence Helpline** telephone: 1800 330 066
- **NSW Elder Abuse Helpline** telephone: 1800 628 221

## Aids:

- **Byron Ballina Home Maintenance and Modification Service 1/65 Centennial Circuit, Byron Bay** telephone: 02) 6685 7312
- **Lismore Home Maintenance and Modification Service 43 Habib Dr, South Lismore** telephone: 02) 6622 2323
- **Bright Sky Cards for Continence Aids Payment Scheme (CAPS)** telephone: 1300 886 601

## Need Transport?

- **Byron Shire Respite Service** can assist with transport to medical appointments. Telephone Janine: 02) 6685 1629
- **Byron Shire Limousines** telephone: 02) 6685 5008 Travel for medical appointments free with travel voucher or for Veteran and Widow Gold Card holders
- **Brunswick Limousines** telephone David on: 0412 855 747
- **Tweed Byron Ballina Community Transport** telephone: 1300 875 895

Tweed Byron Ballina Community Transport provide transport to medical appointments, weekly & fortnightly shopping outings & monthly social outings. The service is funded to support older people living at home independently or have a permanent disability or Indigenous Australians aged over 50 years. Phone Kathryn in the Byron office on: 1300 875 895 for transport to medical appointments or Amanda for any shopping bus or social bus enquiries.

# Preventing Falls

Falls are a common problem for older people and are often the reason people are admitted to hospital or need to move out of their own home and into a residential aged care facility.

The likelihood of a fall increases partly because of the natural changes that happen as we age.

## The good news!

- Many falls are preventable.
- Injury from falls can be minimised.
- Ageing DOES NOT have to mean a loss of independence.

The 'Don't fall for it' booklet is a great online resource available from the Department of Health that can be downloaded and printed to keep. It is aimed at older people living in the community and their families and carers. It contains information about three aspects of falls prevention:

## Fall-proofing yourself –

This section describes intrinsic falls risk factors relating to people and their health. It describes in detail how these risk factors can be reduced.



## Falls prevention from the ground up – feet and footwear

As we age, our feet can change shape and lose some feeling and flexibility. This changes the way we walk and affects balance. Painful or swollen feet can make it difficult to walk. Also, some shoes or slippers can make you more likely to slip, trip or stumble, leading to a fall.

### What you can do:

- See a podiatrist or doctor if you have painful or swollen feet, tingling or pins and needles in your feet or if you have any changes in the shape of your feet (for example, bunions).
  - Choose comfortable, firm-fitting, flat shoes with a low broad heel and soles that grip.
  - Never wear poorly fitted slippers or walk in socks!
- If you have difficulty finding suitable shoes because of foot problems, ask your podiatrist for the names of specialist shoe stores.
  - Ask your podiatrist or physiotherapist to suggest ways to improve circulation, decrease swelling and reduce pain in the legs and feet.

## Fall-proofing surroundings –

This section describes extrinsic falls risk factors relating to a person's environment and describes in detail how these risk factors can be reduced.

**Just in case** – This section describes what to do in the event of a fall. Information in this section includes how to minimise injury from a fall, making a plan to get help if you fall and how to get yourself and others up from the floor in the event of a fall.

Visit the Department of Health's website to read the original transcript of this article and download a copy of the 'Don't fall for it' booklet at: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/E23F5F7BF8F07264CA257BF0002043F5/\\$File/Don't%20fall%20for%20it.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/E23F5F7BF8F07264CA257BF0002043F5/$File/Don't%20fall%20for%20it.pdf)

Risk factors for falls can be from illness or a less healthy lifestyle. Bodies also change constantly throughout our lives and osteoporosis (thin, weak bones) means we're more likely to break or fracture a bone if we fall.

## Risk factors for falls include:

- **Poorer eyesight**, when we find we can't see quite as clearly anymore, are less able to judge distance, depth or can't cope with sudden changes in light levels or glare.
- **Limited balance or weaker muscles and stiffer joints**, which change the way we walk and move around.
- **Less feeling in the feet and legs** or

## Keep yourself mobile

Inactive or unfit people tend to have poorer balance and weaker muscles and can be unsteady when walking.

These can all increase the risk of falling.

It is common for people who feel unsteady to do less walking. Over time this actually makes you more likely to fall because your muscles get weaker, your joints stiffer and your balance gets worse.

**Physical activity keeps us healthy and reduces the risk of falls. It can also:**

- Improve balance
- Improve muscle strength and flexibility
- Keep bones strong
- Increase energy levels
- Help with sleeping problems
- Help to control blood pressure, blood sugar levels and weight
- Help you to feel good about life.

increased likelihood of pain and changes to the shape and flexibility of our feet.

- **Slower reaction times** and more difficulty concentrating on several things at the one time.
  - **Some health problems** make falls more likely. The most common of these are stroke, Parkinson's disease, arthritis, low blood pressure, dizziness, diabetes, depression, dementia, incontinence and poor nutrition.
  - **Short-term illnesses** such as the flu and other infections or surgery that can temporarily increase falls.
  - **Unsafe home and surroundings** with clutter or uneven flooring increase the likelihood of a fall. Safer homes reduce the number of falls and accidents and can make it easier for you to manage daily activities as we get older.
- People fall for a variety of reasons or a number of things combine to cause a fall. The more risk factors we have, the more likely we will fall. Look for ways avoid falls and ask for support where needed.

## Did you know that 60% of falls happen in and around the home?

Some of the problem lies with us, and some with our houses and gardens. As we get older our abilities change, increasing the chances of us slipping and tripping. And our homes age too, through general 'wear and tear' or lack of maintenance, making them less safe. Often we don't notice this because we have lived there for many years without any problems. It is important to check your surroundings and those of people you care for and take steps to make them safer.