

DIAPPERS

DIAPPERS is an acronym or mnemonic that summarizes the factors that contribute to urinary incontinence in the elderly. It is useful for first-line assessment and management of incontinence in the elderly.

Addressing these transient causes may alleviate or improve incontinence of recent onset.

This acronym was introduced by Dr Neil M Resnick, now at the University of Pittsburgh. It has been recommended by the International Consultation on Incontinence although at present the A of DIAPPERS has been dropped from the list.

Date _____ Name _____

AVOID DIARRHEAS

DELIRIUM	INFECTION (SYMPTOMATIC)	ATROPHIC VAGINITIS	PSYCHO-LOGICAL	PHARMACO-LOGICAL	EXCESS FLUID	RESTRICTED MOBILITY	STOOL IMPACTION
ASSESSMENT (bladder and bowel record completed: date							
<input type="checkbox"/> present <input type="checkbox"/> recent onset <input type="checkbox"/> established dementia	<input type="checkbox"/> present <input type="checkbox"/> dipstick result _____ <input type="checkbox"/> urine culture result _____	<input type="checkbox"/> present <input type="checkbox"/> vaginal itch <input type="checkbox"/> vaginal bleeding <input type="checkbox"/> discharge <input type="checkbox"/> urgency <input type="checkbox"/> dysuria	<input type="checkbox"/> present <input type="checkbox"/> signs of depression <input type="checkbox"/> lack of motivation	<input type="checkbox"/> present <input type="checkbox"/> medication review <input type="checkbox"/> check for new medication <input type="checkbox"/> on diuretic	<input type="checkbox"/> present <input type="checkbox"/> intake > 2000 ml <input type="checkbox"/> edema <input type="checkbox"/> evening intake high <input type="checkbox"/> caffeine, alcohol intake <input type="checkbox"/> nocturia >2 <input type="checkbox"/> glycosuria	<input type="checkbox"/> present <input type="checkbox"/> toileting / transfer difficulty <input type="checkbox"/> visual difficulty <input type="checkbox"/> requires prompting	<input type="checkbox"/> present <input type="checkbox"/> check bowel record for evidence of constipation or impaction
MANAGEMENT							
<input type="checkbox"/> if recent onset, find cause & resolve if possible, e.g.: new medication or acute illness such as urinary tract infection, influenza	<input type="checkbox"/> treat infection if symptomatic <input type="checkbox"/> avoid indwelling catheter	<input type="checkbox"/> introduce topical estrogen <input type="checkbox"/> if estrogen contraindicated, use vaginal gel <input type="checkbox"/> use pH compatible cleanser	<input type="checkbox"/> refer for management of depression	<input type="checkbox"/> discuss with physician <input type="checkbox"/> may need adjustment of: anticholinergics, sedatives, hypnotics, narcotics, Ca channel blockers, diuretics, NSAIDs	<input type="checkbox"/> encourage intake of 1500-1800 ml/day <input type="checkbox"/> avoid irritants and diuretics (alcohol, caffeine) <input type="checkbox"/> reduce evening intake <input type="checkbox"/> elevate legs in evening <input type="checkbox"/> adjust diuretic timing <input type="checkbox"/> manage diabetes	<input type="checkbox"/> mobilize <input type="checkbox"/> treat underlying cause e.g. arthritis, foot/hip problems, visual difficulty <input type="checkbox"/> introduce aids <input type="checkbox"/> urinal <input type="checkbox"/> commode <input type="checkbox"/> adjust clothing <input type="checkbox"/> avoid restraints <input type="checkbox"/> raised toilet seat and/or bars <input type="checkbox"/> nightlight <input type="checkbox"/> toileting	<input type="checkbox"/> disimpaction if necessary <input type="checkbox"/> bowel management
REASSESSMENT DATE (IN 2 -4 WEEKS):							