

“DIAPPERS”

D	Delirium
I	Infection (urinary tract)
A	Atrophic urethritis/vaginitis
P	Pharmaceuticals
P	Psychological
E	Excess urine production
R	Reduced mobility
S	Stool impaction

Use the “DIAPPERS” mnemonic to identify reversible causes of incontinence.

The “extra P” is intentional, and fits the problem:⁵

These reversible conditions are common; identifying them can help avoid more complicated evaluations and treatments, and often results in improvement or cure.⁶

1. Gibbs CF, Johnson TM, 2nd, Ouslander JG. Office management of geriatric urinary incontinence. *The American Journal of Medicine* 2007;120:211-20. 2. The American College of Obstetricians and Gynecologists (ACOG). Urinary incontinence: ACOG patient education 2005. Available at: http://www.acog.org/publications/patient_education/bp081.cfm. 3. Holroyd-Leduc JM, Tannenbaum C, Thorpe KE, Straus SE. What type of urinary incontinence does this woman have? *JAMA* 2008;299:1446-56. 4. McKertich K. Urinary incontinence-assessment in women: stress, urge or both? *Australian Family Physician* 2008;37:112-7. 5. Resnick NM. An 89-year-old woman with urinary incontinence. *JAMA* 1996;276:1832-40. 6. Fonda D, et al. Urinary incontinence and bladder dysfunction in older persons, in *Incontinence*. 2002 Health Publication Ltd., Plymouth p627 -695.

Screening for incontinence

Ask a few simple questions.

Many people with urinary incontinence go undiagnosed and untreated. Patients often don't volunteer that they have a problem, and clinicians often don't ask about it.¹ Incontinence is often the "last straw" that determines whether a person can continue to live at home or requires institutional care.

Simple screening questions about "a common and sometimes difficult to raise issue" can be helpful:¹

- Do you have trouble with your bladder?
- Do you ever lose urine when you don't want to?
- Do you wear pads or adult diapers for protection?

If the patient answers "yes" to any of these questions, a more detailed assessment is warranted.²⁻⁴



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These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.

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