Managing incontinence

Commonly experienced problems and how to deal with them

Health & wellbeing
Age UK is the new force combining Age Concern and Help the Aged.

With almost 120 years of combined history to draw on, we are bringing together our talents, services and solutions to do more to enrich the lives of people in later life.

This information leaflet has been prepared by Age UK and contains general advice only, which we hope will be useful. Nothing in this leaflet should be construed as specific advice and it should not be relied on as a basis for any decision or action. Age UK does not accept any liability arising from its use. We aim to ensure that this information is as up to date and accurate as possible, but please be warned that certain areas are subject to change from time to time.

This leaflet was printed in July 2010. Every effort has been made to ensure that the information contained in this leaflet is correct. However, things do change, so it is always a good idea to seek expert advice on your personal situation.

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Introduction

Incontinence of any kind is a distressing condition. It’s estimated that between 3 and 3.5 million people have a bladder control problem in the UK, and more than half are over 65. Many don’t talk about these problems or seek any help, either out of embarrassment or the notion that nothing can be done. This is not generally true – there are actions you can take to help you deal with some of the common problems.

This guide looks at different types of incontinence and what you can do to help yourself. In many cases incontinence can be improved, and it can often be cured. Even when the problem does not clear up completely, there are many ways of managing incontinence so that it does not interfere with your everyday life.

You will also find suggestions for organisations that can give further information and advice. Their contact details can be found under ‘Useful organisations’ (see page 21–24). Contact details for organisations near you can usually be found in the local phone book. If you have difficulty finding them, your local Age UK/Age Concern* should be able to help (see page 21).

Please seek medical advice for guidance regarding appropriate exercise levels and precautions. It is particularly important to seek such advice if you suffer from an ongoing medical condition which may be affected by exercise. Always start any exercise program slowly, never force or strain. If you feel any soreness, strain, discomfort, distress or other symptoms, stop the exercise and seek medical advice immediately.

As far as possible, the information in this guide is applicable across the UK.

Key

This symbol indicates who to contact for the next steps you need to take.

* Many local Age Concerns are changing their name to Age UK
How the bladder works

The bladder is a balloon-shaped bag, surrounded by muscle in the lower part of your body. Urine is made in the kidneys and stored in the bladder until you are ready to pass water. When you go to the toilet the bladder contracts, the bladder outlet (the urethra) relaxes, and urine empties out. Your brain controls your bladder, automatically sending messages telling it when to hold on and when to empty.

A normal bladder:

- empties four to seven times each day (every three to four hours)
- can hold up to a pint of urine (between 400 and 600ml), but usually feels quite full at about half this amount
- may wake you up once or twice at night to pass water
- tells you when it is full but gives you enough time to find a toilet
- empties completely each time you pass urine
- does not leak urine.
What causes urinary incontinence?

There are many different types of incontinence – these are the most common:

**Stress incontinence**
This is leakage when you cough, sneeze, laugh or exercise – even gentle exercise like walking can cause leakage if you have stress incontinence. It is most usual in women and is caused by a weak bladder outlet and pelvic floor muscles.

In women, the bladder outlet is very close to the vagina. The pelvic floor muscles, which support the bladder outlet, can be stretched and weakened during childbirth. After the menopause, the body stops producing the hormones that help keep the vagina and bladder outlet healthy. Being overweight can put added strain on the muscles.

Men may develop stress incontinence after a prostate operation.

**Urge incontinence**
This is indicated by a sudden urgent need to pass urine, but not being able to reach the toilet in time. You may also need to pass urine more often than usual (this is known as ‘frequency’) and you may be woken several times at night.

Urge incontinence can often be caused by an overactive bladder. Many people find that, as they get older, the bladder becomes more unpredictable, gives less warning and needs emptying more often. This is normal, until it becomes a problem or starts to cause incontinence. Then is the time to seek help.
The cause of an overactive bladder is often unknown. Sometimes it happens following a stroke or other disease of the nervous system, when the brain is no longer able to tell the bladder to ‘hold on’ until you get to a toilet.

**Overflow incontinence**
This happens when the bladder does not empty completely. Urine builds up and in the end may overflow, often as a frequent dribbling leakage. The bladder may not empty completely for a number of reasons.

- There may be an obstruction, such as an enlarged prostate gland in men.
- Severe constipation may block the bladder outlet.
- Diabetes may affect the ability of the bladder to squeeze effectively.
- Conditions such as multiple sclerosis, stroke or Parkinson’s disease may make the bladder less efficient at emptying.

If you have overflow incontinence, you may have difficulty starting to pass urine and feel that your bladder does not empty completely. The stream may be slower than before.

**Practical difficulties** can also lead to incontinence. For example, if you have walking difficulties you may find it difficult to reach the toilet in time. If your fingers are stiff it can be tricky to get clothes out of the way. Some people find it difficult or uncomfortable to get on and off a low toilet. A shortage of public toilets can also lead to problems when you’re out. If there is also an urgent need to pass urine, incontinence may result from any of these problems.

Read our factsheet Help with Continence for more information. See also the Bladder and Bowel Foundation’s booklet *A Healthy Bladder: what to do if things go wrong* (see page 24).
What can make urinary incontinence worse?

• A urine infection may cause pain or a burning feeling, with urine that smells and a frequent need to pass water.
• Constipation irritates the bladder.
• Some medicines disturb the bladder. For example, water tablets (diuretics) make it fill more often.
• Not drinking enough makes urine very strong and concentrated. The bladder then becomes used to holding very little.
• Some drinks upset the bladder. Fizzy drinks and alcoholic drinks may cause problems, and so might drinks containing caffeine such as tea, coffee, chocolate drinks and cola.
• Drinking too much fluid in the evenings can lead to waking several times in the night to pass urine.
How the bowel works

The bowel takes the nourishment the body needs from food and gets rid of the waste it can’t use. This waste travels along the large bowel where it is formed into bowel motions (faeces). When a bowel motion arrives in the rectum it creates a feeling of fullness. When you go to the toilet, the rectum squeezes the bowel motion out through the back passage, or anus.

Normal bowel motions:
- are soft and easy to pass
- may come several times a day, or only once every two to three days (either can be normal)
- don’t need you to strain.
What causes bowel incontinence?

Constipation
This is the most usual cause of bowel leakage. Hard bowel motions become difficult to pass. Small pieces may be passed without warning, or liquid mucus may be lost. This looks like diarrhoea, but it isn’t. Constipation may be caused by:

- not eating enough fibre (that is roughage, found in wholemeal bread and cereal, fruit and vegetables)
- not drinking enough (you should drink at least six to eight cups of liquid a day)
- not moving around enough
- some medicines (such as some painkillers)
- not being able to get to a toilet or putting off going (in the end the feeling that you need to empty your bowel goes away)
- some nerve and bowel diseases.

Diarrhoea
Frequent, urgent bowel motions can cause you to have an accident if you can’t find the toilet in time. Diarrhoea has many possible causes, including the overuse of laxatives, an upset stomach, an irritable bowel or other bowel diseases.

Bowel incontinence can also be caused by muscle weakness (for example, after childbirth) and nerve diseases. Some women who suffer muscle damage in childbirth have no problems when their children are young but develop control problems later in life.

Bowel incontinence, any change in bowel habits and any bleeding should always be reported to your doctor. See the Bladder and Bowel Foundation’s booklet Bowel Problems: what to do if things go wrong (see page 24).
Talking about it and planning ahead

If you have a bladder or bowel control problem, you may feel too embarrassed to tell anybody. But, talking about it, especially with a health professional, is the best first step you can take to help yourself. They will be able to assess you and work out what treatment and exercises may help.

Talking things through with friends and family can help you feel less alone.

Try not to let having a bladder or bowel control problem stop you going out. Planning ahead can help you to feel more confident. You could try to think of practical solutions to problems that could arise. For example, if you think you will leak while you are out, you could take some spare pads and pants with you; a scented bag for soiled pants or pads could be useful if you are worried about smell.

If you are going on a long journey with friends, and you know that you will need to use the toilet frequently, let your friends know beforehand – together you can plan for extra stops. You won’t have to worry about accidental leaks and you will feel more in control by telling them yourself in advance.

It’s important to remember that a bladder and/or bowel control problem is a real condition and talking about it could be the first step to helping yourself. You don’t have to cope alone.

For more ideas to help you adapt to a bladder and/or bowel weakness, the Bladder and Bowel Foundation produces free publications called Only When I Laugh and Travelling with Confidence (see page 24).
What can I do to help myself?

There are some good general tips you can try that may improve your condition.

• Drink normally, as cutting down on liquids will make things worse, not better. Aim to drink at least six to eight cups of liquid each day.

• If you notice that tea or coffee make your symptoms worse, then cut down on caffeine.

• Avoid constipation by eating plenty of fibre. Aim for five portions of food containing fibre each day.

• Keep as active and mobile as you can. If you find walking painful, a visit to the chiropodist may help. For more information, see our free advice leaflets Staying Active and Independent, and Fitter Feet.

There are more specific things you can try for certain types of incontinence. You’ll find details of what to do on the following pages.

**Stress incontinence**

The best treatment is pelvic floor exercises. Losing weight may also help control stress incontinence and, if you smoke, try to stop – coughing may make you leak more often.

**Urge incontinence**

A good, simple treatment is bladder retraining. Also, make sure the toilet is easy to get to and that clothes are easy to remove.
Overflow incontinence
This is not an easy problem to deal with yourself. Try not to spend long periods straining at the toilet. See ‘Who can help?’ on page 14 for information about the professional help available.

Nocturia
The need to pass urine during the night is called Nocturia. Waking more than once or twice in the night can be both annoying and tiring. Restrict how much you drink in the few hours before bedtime.

Read our free guide Your guide to healthy living for more information about keeping healthy (see back cover).

How can pelvic floor exercises help?
Pelvic floor exercises should help you if you leak urine, or have bowel motion, when you cough, sneeze, laugh or exercise. They may also help you to hold on until you reach a toilet if you have urge incontinence.

First of all you need to find your pelvic floor muscles. Imagine you are trying to stop passing wind and urine at the same time. Tighten the muscles around your back passage, and then your front passage, and lift them up inside you. When you do this you are tightening your pelvic floor muscles.

It’s very easy to use other muscles as well, so to be sure you are using only the right ones:

• don’t pull in your stomach
• don’t squeeze your legs together
• don’t tighten your buttocks
• don’t hold your breath.
How to do pelvic floor exercises

There are two exercises to learn – the slow pelvic floor exercises and the quick pelvic floor exercises.

The slow exercises
Tighten the pelvic floor for as long and as hard as you can. Build up to a maximum of ten seconds. Rest for four seconds and then repeat the contraction as many times as you can up to a maximum of ten times.

The quick exercises
These exercises work the muscles quickly to help them react to sudden stresses like coughing, laughing or exercise. Draw in the pelvic floor and hold it for just one second before letting go. Repeat this quick contraction up to ten times.

Aim to do one set of slow exercises, followed by one set of quick exercises six times each day. You need to do both. You can do the exercises in any position: lying down, sitting or standing – no one will be able to tell you are doing them.

Also, try to tighten your pelvic floor before you do anything that might make you leak – things like getting up from a chair, coughing, sneezing or lifting. It takes practice to work the muscles quickly like this, so persevere.

The Bladder and Bowel Foundation produces two factsheets, Pelvic floor exercises for women and Pelvic floor exercises for men (see page 24).
Bladder retraining helps to control urge incontinence.

- Keep a record for two to three days of how often you pass urine or get wet.

- Look at the pattern and then attempt to hold on, gradually extending the time interval between visits to the toilet. For example, if you are passing urine every two hours, try to wait at least two and a half hours. If you go ten times a day, aim for nine times the next day.

- Once you feel the urge to go, wait one minute, then five, then ten minutes. Tightening the pelvic floor muscles will help you to ‘hang on’.

Bladder retraining helps you to regain confidence in your bladder. It may take weeks or months to overcome the urge to pass urine, but it will get easier.

Eventually, you will pass urine only every three to five hours (five to seven times each day) and be able to wait until it is convenient for you. Keep a record of your progress so that you can see that things are improving. This may be slow at first, but if you are determined, you have a good chance of success.

Bladder retraining should help you to control urgency (rushing to pass urine) and frequency (going very often). It is not always easy and you need to be determined to make it work – so don’t give up.
Who can help?

Don’t struggle with incontinence by yourself for too long – professional help is available.

• Talk to your doctor first. They may examine you and can carry out some treatments.

• You can refer yourself directly to an NHS continence clinic for assessment and advice about treatment from a specialist nurse called a continence adviser. Ask your doctor where your nearest clinic is, or call the Bladder and Bowel Foundation or look on its website to find out (see page 24).

• Your doctor may arrange for a district nurse to visit you at home.

• A hospital specialist, such as a urologist, gynaecologist or geriatrician, may carry out bladder tests (known as ‘urodynamics’) and specialist treatments.

• A specialist continence physiotherapist can teach you pelvic floor exercises and help to improve your mobility. An occupational therapist can advise on aids and equipment that will help you use the toilet.
What will a professional need to know?

A healthcare professional may ask you some of these questions below. You may also be asked for a urine sample, or your bladder may be tested.

- When did incontinence start?
- How often does leakage happen?
- How much is lost?
- How are you dealing with it?
- Can you feel when the bladder and bowel are full?
- How often do you use the toilet?

NICE – the National Institute for Health and Clinical Excellence – produces useful guidance for patients about what to expect from the NHS, including what various tests and procedures involve (see page 26 for more information).

In Scotland, NHS Quality Information Scotland (QIS) produces Continence – adults with urinary dysfunction (see page 26).
Treatments for incontinence

**Stress incontinence**
A specialist continence physiotherapist can help you with pelvic floor exercises. If you find it difficult to do these exercises, they can use equipment to help you learn which muscles to use – this is known as biofeedback. Sometimes mild electrical stimulation is used to help exercise and strengthen the muscles.

There is a medicine available for women with a moderate to severe stress incontinence problem, and works best when used with pelvic floor exercises. Ask your doctor for more details.

If leakage is severe, or there is a prolapse, an operation may be suggested. You will never have to choose this, but for many people it does provide a cure.

**Urge incontinence**
Bladder retraining is the best treatment to start with. Pelvic floor exercises may also help you to hold on. If these don’t work, your doctor may prescribe medicine that can help to calm an overactive bladder.

**Overflow incontinence**
Sometimes it is possible to remove an obstruction (prostate gland or constipation). You may also be taught to empty your bladder completely by using a small plastic tube two or three times a day.

**Constipation**
In addition to the self-help described on page 10, your doctor may prescribe medicines. Sometimes suppositories or an enema are needed to clear severe constipation. Don’t use medicines you have bought yourself for long periods. See your doctor if constipation persists.

Visit the NHS Choices website for more information about different treatments (see page 25).
Making life easier

As well as exercises and medical help, there are some practical changes and special equipment that can make things easier for you.

Improving the toilet
Special rails positioned around the toilet may make it easier to get on and off the toilet. These ‘grab rails’ can be free-standing or mounted on the wall. Adding a raised seat to the toilet may make it easier to sit down if you have stiff hips. If you have difficulty getting about, a walking aid or stair lift may help you to get to the toilet in time.

Alternatives to the toilet
If you can’t reach the toilet easily, a commode may be useful. These come in a variety of designs. Many have a lid and look like an ordinary chair when not in use. You can get hand-held urinals, for men and women, which can be used in bed or sitting in a chair.

Clothing
Clothes can get in the way when you use the toilet. Many women find that stockings are easier to manage than tights, and that full skirts are easier to get out of the way than tight ones. The more layers of clothes you wear, the longer it takes to remove them when you go to the toilet.

Men may find loose boxer shorts easier to manage than Y-fronts. An extra tab on a zip may make it easier to open trousers in a hurry, or, if you can’t manage a zip, velcro can be used for flies.

For more advice on special equipment, speak to your district nurse or continence adviser, or contact the Disabled Living Foundation – see page 24.
Incontinence in a care home or hospital

Many people who live in a care home or hospital become incontinent. This should never be accepted as inevitable. Exactly the same causes and treatments apply as for anyone else. It’s important to talk about incontinence problems with the manager or head of the home. The doctor or continence adviser can be asked to visit and advise. Any treatment or support should be incorporated into your care plan.

If you are in a care home you should not have to pay for incontinence products if you need them. If you are asked to pay for pads yourself, get advice from the Bladder and Bowel Foundation (see page 24).

As well as exercises and medical help, there are some practical changes and special equipment that can make things easier for you.
Helping a confused incontinent person

Someone who is confused may forget to visit the toilet, so regular gentle reminders might be needed. If the person forgets where the toilet is, a notice or picture on the door might help. A regular routine, which includes visits to the toilet, can help.

Try to find a pattern to incontinence, and take the person to the toilet when you think they are likely to need to go.

The Alzheimer’s Society can offer further advice on helping someone who is confused (see page 23).

Managing incontinence

Incontinence does not always respond completely to treatment, but good incontinence products or services will deal with the problem and let you carry on with a normal life.

There are a variety of pads, pants and other products available. You can buy many of them in pharmacies and supermarkets, but it is important to seek advice before using them.

- Re-usable pads often come as part of a pair of pants. They take a few washes before they reach their maximum absorbency.
- Disposable pads are held in place by close-fitting pants; these tend to be more expensive.
• All-in-one pads, with plastic backing and adhesive patches to seal the sides, are generally more suitable for heavy incontinence.

• You can also get bed protection in the form of disposable or washable pads.

• For men there is a range of appliances that fit over the penis and collect urine into a bag strapped to the leg. A ‘penile sheath’ is the most popular version of this and is available on prescription. Men can also wear pads and pants, or special dribble pouches.

If you are assessed as needing incontinence products, your district nurse or continence service can arrange the supply free of charge on the NHS. What is available varies from region to region.

If you are having problems with extra laundry, speak to your district nurse to see if there is any help available.

Ask your continence adviser, doctor, district nurse or social worker if you, or someone you know, could benefit from products or services like this.
Keeping clean and healthy

Skin care
Washing regularly helps to keep your skin healthy. When you change your pad, you may want to use a wipe to remove any residue. Change pads frequently and dry the area carefully with a soft towel. A balanced diet and plenty of fluids also help. A simple barrier cream like zinc and castor oil will protect your skin.

If your skin becomes red or sore, make sure that any pad or appliance fits properly and isn’t rubbing. You could also check that you haven’t developed an allergy to something like a washing powder or cream, or part of a pad or appliance.

Avoiding smell
Fresh urine should not smell offensive. If it does, there may be an infection. Urine starts to smell when it is exposed to air for long periods. Good quality pads help to absorb some smell, but any wet clothes should be changed as soon as possible. Keep wet clothes or sheets in a bucket with a lid until washed. Mop up any spills quickly, and allow fresh air to circulate.

Smell from bowel incontinence is more difficult to hide. Change soiled pads as soon as possible and put them into an airtight container or sealed bag.

If your skin becomes broken or you develop pressure sores, consult your district nurse or doctor immediately.
It’s important to remember that a bladder and/or bowel control problem is a real condition and talking about it could be the first step to helping yourself.
Useful organisations

**Age UK**
Age UK is the new force combining Age Concern and Help the Aged. We provide advice and information for people in later life through our Age UK Advice line, publications and online.

Age UK Advice: 0800 169 65 65
www.ageuk.org.uk

In Wales, contact
**Age Cymru:** 0800 169 65 65
www.agecymru.org.uk

In Scotland, contact
**Age Scotland:** 0845 125 9732
www.agescotland.org.uk

In Northern Ireland, contact
**Age NI:** 0808 808 7575
www.ageni.org.uk

**Alzheimer’s Society**
Produces a factsheet called *Coping with incontinence* for people with dementia.

Devon House
58 St Katharine’s Way
London E1W 1LB
Helpline: 0845 300 0336
(in Northern Ireland, call 028 9066 4100)
www.alzheimers.org.uk
**Alzheimer Scotland**
Produces a factsheet for Scotland called *Continence management – advice for carers of people with dementia*

22 Drumsheugh Gardens  
Edinburgh EH3 7RN  
Helpline: 0808 808 3000  
www.alzscot.org

**The Bladder and Bowel Foundation**
Provides a range of booklets and factsheets, a twice-yearly magazine, and online support forums. Runs a national helpline, offering confidential advice from a specialist nurse. Campaigns for better services, treatments and products.

SATRA Innovation Park  
Rockingham Road  
Kettering NN16 9JH  
Tel: 01536 533255  
Helpline: 0845 345 0165  
www.bladderandbowelfoundation.org

**Disabled Living Foundation**
Provides advice on equipment such as commodes and urinals.

380-384 Harrow Road  
London W9 2HU  
Helpline: 0845 130 9177  
www.dlf.org.uk
EXTEND
Arranges community-based exercise classes for older people and trains teachers to tutor exercise classes.

2 Place Farm
Wheathampstead
Herts
AL4 8SB

Email: admin@extend.org.uk
Tel: 01582 832760
www.extend.org.uk

NAPA (National Association for Providers of Activities for older people)
Produces a range of resources to help care homes and other organisations offer stimulating activities for older people.

Bondway Commercial Centre
Unit 5.12 5th Floor
71 Bondway
London SW8 1SQ

Email: info@napa-activities.co.uk
Tel: 020 7078 9375
www.napa-activities.co.uk

NHS Choices
Provides information about health conditions, treatments and services.

www.nhs.uk
In Wales, visit www.wales.nhs.uk
Managing incontinence

NHS Quality Improvement Scotland (QIS)
Tel: 0131 623 4300
www.nhshealthquality.org

NICE (National Institute for Health and Clinical Excellence)
Provides guidance on being healthy and treating illnesses and conditions.

Download:

*Urinary incontinence: the management of urinary incontinence in women*
http://guidance.nice.org.uk/CG40

*Faecal incontinence (bowel control problems)*
http://guidance.nice.org.uk/CG49

*The management of lower urinary tract symptoms in men*

Click on the versions called ‘Understanding NICE guidance’.

Alternatively, you can order printed copies by calling 0845 003 7783.

RADAR
Operates a National Key Scheme which offers independent access to disabled people to about 7,000 locked public toilets nationwide.

12 City Forum
250 City Road
London EC1V 8AF
Tel: 020 7250 3222
www.radar.org.uk
Can you help Age UK?

Please complete the donation form below with a gift of whatever you can afford and return to: Age UK, FREEPOST LON13041, PO Box 203, London N1 9BR. Alternatively, you can phone 0800 169 80 80 or visit www.ageuk.org.uk/donate. Thank you.

**Personal details**

Title:       Initials:       Surname:

Address:  

Postcode:

Tel:       Email:

By providing your email address and/or mobile number you are agreeing to us contacting you in these ways. You may contact us at any time to unsubscribe from our communications.

**Your gift**

I would like to make a gift of: £

☐ I enclose a cheque/postal order made payable to Age UK

**Card payment**

I wish to pay by (please tick)  ☐ MasterCard  ☐ Visa  ☐ CAF CharityCard  ☐ Maestro  ☐ American Express

(Maestro only)

Expiry date /  Issue no. (Maestro only)  

Signature  

**Gift Aid declaration**

☐ (please tick) Yes, I want Age UK and its partner organisations* to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as gift aid donations. I confirm I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity will reclaim on my donations in the tax year. Date: / / (please complete). *Age Cymru, Age Scotland and Age NI

We will use the information you have supplied to communicate with you in line with Data Protection guidelines. Age UK (registered charity no 1128267) comprises the Charity, its group of companies and national partners (Age Cymru, Age Scotland and Age NI). If you would prefer not to hear from them or carefully selected third parties, let us know by phoning 0800 107 8977.
Strength and Balance

Preventing Falls
Strength and balance exercises for healthy ageing

Exercise should be fun and comfortable and doesn’t have to be a chore. Preventing Falls is an A4 ring-bound table-top flip-chart that contains a mixture of standing and chair-based exercises. User-friendly with simple illustrations and step-by-step explanations throughout, it takes you through exercises that can help strengthen the muscles used in everyday activity.

Hardback £6.00
What should I do now?

For more information on the issues covered in this guide, or to order any of our publications, please call Age UK Advice free on 0800 169 65 65 or visit www.ageuk.org.uk/healthandwellbeing

Our publications are also available in large print and audio formats.

The following Age UK information guides may be useful:

- Healthy living
- Home safety checker
- Help in your home

Age UK offers a wide range of products and services specially designed for people in later life. For more information, please call 0800 169 18 19.

If contact details for your local Age UK/Age Concern* are not in the box below, call Age UK Advice free on 0800 169 65 65.

*Many local Age Concerns are changing their name to Age UK

Age UK is a registered charity (number 1128267) and company limited by guarantee (number 6825798). The registered address is 207–221 Pentonville Road, London N1 9UZ. VAT number: 564559800. Age Concern England (charity number 261794) and Help the Aged (charity number 272786) and their trading and other associated companies merged on 1 April 2009. Together they have formed Age UK, a single charity dedicated to improving the lives of people in later life. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru. ID8811 08/10