

# INCONTINENCE

'Don't make me laugh or I'll pee my pants'



Incontinence can occur at any stage of life from childhood to older men and women, however it is estimated that more than 70% of people who experience incontinence are women. It can be an intermittent problem but can also be a long term concern as part of changing health and fitness patterns. Childbirth and pregnancy, uterine atrophy and prolapse, as well as menopause and post hysterectomy can be common causes in women. Whilst in men the effects of an enlarged prostate, prostate cancer and the presence of hernias can result in an increased pressure on the bladder resulting in incontinence issues.

Incontinence can be increased in both genders that have repeated urinary tract infections, have obstructions (bladder or kidney stones, urethral strictures, tumours).

Incontinence can also be a concern for people who have diabetic neuropathy, are overweight, or experience chronic constipation. In addition, people that have a history of heavy lifting or experience persistent coughing, such as in asthma, bronchitis, bronchiectasis or

those that smoke can also have an intermittent problem with continence. Importantly people living with autoimmune illness particularly those with muscle, nerve and connective tissue involvement (e.g. scleroderma, lupus, myositis, Sjögren's, rheumatoid arthritis and multiple sclerosis) may also have a higher prevalence of urinary and faecal incontinence. In short, incontinence can happen to anyone and may need some strategic management to find a long term solution.

It is important to remember that urinary incontinence isn't a disease, it's a symptom. It can be caused by everyday habits, underlying medical conditions or physical problems. Incontinence can have a large impact on your quality of life, your social interactions and your general wellbeing. Some people living with incontinence have reported to feel embarrassment, shame, increased anxiety and depression, low self-esteem and confidence, feelings of isolation and a loss of desire for intimacy. Trying to deal with incontinence can simply wear you down, but incontinence is not dangerous, contagious nor something that you need to experience for ever.

## COMMON TYPES OF INCONTINENCE

**Stress Incontinence** can be an unexpected leaking of urine which can be brought on by laughing coughing sneezing jogging or lifting heavy objects. Stress incontinence is mainly caused by weakening of the muscles and tissue around the bladder

### Urgency Incontinence/ Overactive Bladder.

Overactive bladder is primarily a problem of the nerves and muscles of the bladder that allow for early contraction during the normal relaxation phase of bladder filling. The bladder's contraction in response to filling with urine is one the steps in the normal process of urination. The contraction and relaxation of the detrusor muscle is regulated by the nervous system. Approximately 300 ml of urine in the bladder can signal the nerves to trigger muscles of the bladder to coordinate urination. Voluntary control of the sphincter muscles at the opening of the bladder can hold the urine in the bladder for longer. Up to 600 ml of urine can be contained in a normal adult bladder. For those with over active bladder, the bladder capacity is typically low (< 200ml). Urinary frequency (having to urinate often), nocturia (urinating frequently at night).

**Mixed incontinence** is a combination of stress and urgency incontinence, it is a common form of incontinence. The amount of leakage is usually larger.

**Overflow incontinence** is due to a blockage of the urine outlet, which upsets the normal control of passing urine. Urine pools in the bladder behind the blockage, but small amounts of urine bypass the blockage and trickle down the urethra. The most common example is incontinence caused by an enlarged prostate gland in men which partly blocks the bladder outlet.

## DIAGNOSING INCONTINENCE

Depending on the cause, incontinence can be managed and sometimes reversed. Firstly your doctor needs to diagnose what type you have so they can provide the correct advice and treatment. It would be helpful to your GP if you kept a diary showing your fluid intake and how you pee each time and frequently you have leakage. The GP may perform a number of physical examinations and may require a urine sample, also a medical history. A number of tests such as ultrasound, cystometry (which measures bladder pressure) may be required. The GP may perform a number of physical examinations and will probably require a urine sample. A number of tests may be requested such as an ultrasound CT, cystometry (which measures bladder pressure). Pelvic floor muscle assessment may also be needed, which can be done by a physiotherapist.

Medications and treatments that you need to maintain wellness can have an impact on incontinence with some medications such as some high blood pressure medicines making incontinence

worse due to relaxing of the bladder muscles. Some types of antidepressants can also make incontinence worse; however others may help and offer relief of symptoms. Diuretics or "water pills" are designed to help stabilise biochemical processes but create more urine, which can add to the problem. Medications given to men to reduce the size of an enlarged prostate can also be helpful in reducing incontinence episodes.

Helpful incontinence treatment can include medication to relax the bladder such as anticholinergic medications which can block the nerves in the bladder. These are available in both a pill or patch form. Botox injections and pessaries, electrical stimulation, pelvic floor exercise as well as surgical support of the bladder can be helpful in minimising leakage and more severe incontinence symptoms.

A technique/therapy called "Biofeedback" which gives you real time information about your bladder and pelvic muscle activity and responses can help to ease symptoms. By learning about bladder and pelvic muscle functions you may be able to retrain your responses and acquire voluntary control with strategic retraining. Biofeedback therapy is usually undertaken with expert instruction from a physiotherapist who has specialist training in this area.

## DID YOU KNOW?

A normal bladder:

empties 4-8 times each day  
(every 3-4 hours)

can hold up to 400-600ml of urine  
(the sensation of needing to empty occurs at 200-300 ml)

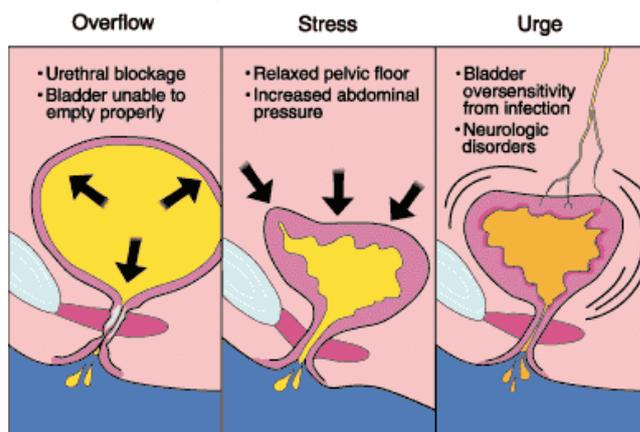
may wake you up once at night to pass urine and twice if you are older  
(i.e. over 65 years of age)

tells you when it is full but gives you enough time to find a toilet

empties completely each time you pass urine, and

does not leak urine.

### Types of Incontinence



## MANAGEMENT TIPS

- Urine should look like a glass of chardonnay not a glass of beer
- If your urine looks like water you are drinking too much
- Taking regular sips of water throughout the day is better than drinking large amounts in one go
- Refrain from drinking before going to be
- Cut down on any foods or drinks that make your symptoms worse. Some people find that spicy and acidic foods, excessive sweeteners including artificial sweeteners, raw onions, rich creamy dairy products and aged cheeses can all irritate the bladder in some people. It is not the same for everyone therefore keeping a diary can be helpful to identify your triggers. Universally reported irritants are listed as caffeine, carbonated drinks and alcoholic beverages of all types, so you may have to consider reducing your intake of these drinks. Low caffeine drinks and herbal tea, citrus fruits and juice are preferable, in particular, the regular consumption of cranberry juice has often been reported to help avoid infection and cystitis symptoms, however can worsen an overactive bladder.
- If you are overweight, try to lose weight as the extra weight places pressure on the bladder
- If you have diabetes, keep your blood sugar as close to normal as possible
- If you take medicines called diuretics, plan ahead as these medicines increase the need to urinate.
- Find out about incontinence aids, a lot of improvement in aids has happened, no more big bulky pads.
- Carry an emergency pair of underwear and clothes

- Sometimes there may be triggers which send you running to the toilet for e.g. arriving home and putting that key in the door, arising from a relaxed state on the couch, exercising, bending down, running water, and laughing. If you do notice triggers try to retrain your response or make strategic decisions to mitigate your urge.

**For example**, if placing a key in the door prompts an urgent situation, then simply go to the toilet prior to leaving. I am sure we can all remember being asked if we needed to go to the toilet before going on a care trip when we were children. Just adopt this strategy as an adult.

- Another helpful tip is to know where the closest toilet is in large halls, shopping centres or event venues. Simply by planning you can alleviate some of the stress associated with incontinence. A MacDonald's restaurant can be a handy toilet stop as well as local city halls, tourist centres or service stations. The National Continence Program has put together a useful tool to help plan trips and locate over 16,000 publicly available toilets across Australia, including accessibility, opening hours and facilities, such as showers & baby change. You can enter the start and end for your journey to get a list of toilets along the way.

National public toilet map  
<https://toiletmap.gov.au>

iTunes also has an app for smart phones available that can list public toilets as well

<https://itunes.apple.com/au/app/national-public-toilet-map/id323279108?mt=8>

Planning ahead can help breaking bad habits and also ease stress of little mishaps in social outings.

Useful information and tips can also be found at the

**Incontinence Foundation Australia**  
[www.continence.org.au](http://www.continence.org.au)

Prostate cancer foundation of Australia 1800 220099

## Techniques can also help improve bladder control

### Bladder retraining

During bladder retraining, you go to the bathroom at scheduled times. For instance, you might decide that you will go every hour. You would make yourself go every hour, even if you didn't feel like you needed to. You would try to wait until a whole hour had passed if you needed to go sooner. Then, once you got used to going every hour, you would increase the amount of time you waited in between bathroom visits. Over time, you might be able to "retrain" your bladder to wait 3 or 4 hours between bathroom visits.

### Pelvic exercises for men & woman

When sitting on the toilet to empty your bladder, try to stop the stream of urine, and then start it again. Do this to learn which muscles are the right ones to use – but only once a week. Your bladder may not empty the way it should if you stop and start your stream more often than that.

**Squeeze** the ring of muscle around the back passage as if you are trying to stop passing wind. Now relax this muscle. Squeeze and let go a couple of times until you are sure you have found the right muscles. Try not to squeeze your buttocks.

You can do this exercise anywhere e.g. while driving

Pelvic muscle exercises can really help by strengthening the muscles that control the flow of urine. Sit or lie down with the muscles of your thighs, buttocks and stomach relaxed. These exercises can help, but people often do them wrong. Ask your doctor or nurse or physiotherapist to help instruct you how to do them correctly.

## FAECAL/BOWEL INCONTINENCE

Approximately one in twenty people have poor bowel control and feel shame, embarrassment and depression. It is often difficult to talk about, and because of this people delay or fail to ever seek help. Faecal/Bowel incontinence is more common in older people but can affect young people and is often associated with urinary incontinence. Continence requires the normal function of the lower digestive tract, the nervous system, anal sphincters along with the pelvic muscles that surround the end of the digestive tract. All of these systems work together to efficiently move food and digestive contents through the body from the mouth to the anus. The anal sphincters and pelvic muscles have the vital role of creating a barrier to prevent incontinence. There are many possible causes of faecal incontinence;

- Damage to the anal sphincters damage or pelvic muscle weakness which can be caused by childbirth, surgery, radiation therapy or aging.
- Autoimmune illnesses particularly those with muscle, nerve and connective tissue involvement such as myositis, lupus and scleroderma.
- Neurological diseases such as MS, Parkinson's, spinal cord injury Inflammatory bowel disease, ulcerative colitis and Crohn's disease.
- Impaction - When hardened faeces accumulates in the rectum, this can cause the anal sphincters to relax and allow liquid stool to escape around the blockage. Faecal impaction is a common cause of incontinence in older adults. Factors that make impaction more likely include certain mental health conditions, immobility, and loss of rectal sensation.
- Diarrhoea of various causes, including irritable bowel syndrome, active inflammatory bowel disease, or acute

gastroenteritis, can lead to loss of liquid stool. In many cases, if the diarrhoea is treated, the person will be able to control their incontinence.

- Chronic constipation causing long term straining can damage anal sphincters and muscles increasing faecal incontinence symptoms.
- Medications such as antibiotics and pain killers can also have an influence on bowel habits and incontinence.
- Unknown causes — in some cases, the cause of faecal incontinence cannot be identified; this is called idiopathic incontinence. Idiopathic incontinence most commonly occurs in middle-aged and older women.

## GETTING HELP

The first thing to do is to see your GP and begin investigation into possible reasons for the underlying cause of the incontinence. The GP can give you a full assessment including diet and fluid intake, potential mobility change influences, and medications. Physical examination will likely include a rectal examination to assess sphincter tone. In females, a pelvic examination will also be performed. Diagnostic tests such as ultrasounds, MRIs, colonoscopies, nerve and muscle conduction studies may be considered.

Once the cause of the incontinence is diagnosed then the appropriate treatment can be instigated. This may involve being referred to other health professionals such as specialists, physiotherapists, or a specialised incontinence nurse. It may involve dietary, lifestyle and/or medication changes including an exercise regime to improve the pelvic muscles, techniques such as biofeedback therapy or surgery may be recommended. Seeking help can immensely improve your quality of life through modifying your daily habits and adopting better management strategies.

It is important to tell your health professional about incontinence issues as solutions and improvements can often be found. First seek medical advice with your GP or specialist to assess what might be causing either your urinary or faecal incontinence. Extra specialised help can also be obtained by contacting

**the Continence Nurse advisors on the National Continence Helpline 1800 33 00 66 .**

These nurses are able to listen to your concerns, give you information and help devise a personalised management plan to help you deal with your incontinence symptoms. The helpline staff can also advise on support program to help with financial assistance for incontinence aids.

Having a management plan and adopting some lifestyle changes can greatly reduce your symptoms, any anxiety and reduce the number of incidents. Better management can allow you to re-engage with a full and active life and improve your overall quality of life.

I strongly recommend a book called Women's Waterworks (Curing Incontinence) By Dr Pauline Chiarelli, to order the book go to [www.womenswaterworks.com](http://www.womenswaterworks.com) or contact ARRC if you cannot obtain a copy and will try an assist in obtaining one. We do have one copy available in the office

***Life can be a whole lot better when you ask for help***

Judy Knapp Clinical Trial Nurse  
Information obtained from  
Incontinence Foundation Australia  
[www.continence.org.au](http://www.continence.org.au)  
Up to Date [www.up.to.date.com](http://www.up.to.date.com)  
Mayo clinic [www.mayoclinic.org](http://www.mayoclinic.org)