



## ELDERCARE PROGRAMME

# NEWSLETTER

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## URINARY INCONTINENCE

(INVOLUNTARY URINATION)

Urinary incontinence is best defined as 'the complaint of any involuntary loss of urine'.

It is the inability to hold the urine in the bladder due to the progressive weakening of the urinary sphincter or pelvic floor muscles.

Although urinary incontinence may happen at any given age, elderly people have been found to be most affected. Aging brings about a weakening of the pelvic floor muscles, which then increases the risk of urinary incontinence. Aging also reduces bladder capacity, resulting in a tendency towards loss of bladder control.

Urinary incontinence is more common in women than in men. Childbirth, lower urinary tract infections, pelvic surgery, conditions that cause increased intra-abdominal pressure like pregnancy are all common among women and predispose women to urinary incontinence more often than men.

### Different types of urinary incontinence

**Stress incontinence:** occurs when the bladder muscles or muscles involved in urinary control are placed

under sudden extra pressure. A sudden cough, sneezing, laughing, heavy lifting or exercising may trigger stress incontinence.

**Urge incontinence:** This happens when one has a sudden need to urinate and is unable to hold the urine long enough to get to the toilet. It is common among people with diabetes mellitus, Alzheimer's disease, Parkinson's disease, stroke, etc.

**Overflow incontinence:** This is more common in men as it happens when small amounts of urine leak from a bladder that is always full. For example, in the case of an enlarged prostate, kidney stones, or a tumour pressing against the bladder, the urethra gets blocked, making it almost impossible to empty the bladder.

**Functional incontinence:** This happens in many elderly people with



## NEGATIVE PSYCHOSOCIAL FACTORS ASSOCIATED WITH URINARY INCONTINENCE

- » Fear of incontinence episodes
- » Shame and embarrassment
- » Depression and stress
- » Restriction of physical activities
- » Secrecy due to fear of stigma
- » Restriction of social activities
- » Sexual avoidance
- » Reduced self-esteem and poor self-image
- » Denial
- » Relationship difficulties and isolation
- » Loss of control

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normal bladder control but who just have problems getting to the toilet. For example; people who suffer from confusion, dementia, poor eye sight, poor mobility, poor dexterity (inability to unbutton pants in time), depression, anxiety or anger which

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may make them unwilling to go to the toilet.

**Gross incontinence:** This happens when the bladder is unable to store the urine. This could be due to an injury to the urinary system.

## Risk factors of urinary incontinence

**Obesity:** Overweight people have increased pressure on the pelvic floor muscles compared to people with normal weight. Increased pressure on the pelvic floor muscles weakens the muscles thus increasing the chances of urine leakage.

**Smoking:** Regular smokers are likely to have an overactive bladder. They are also more susceptible to a chronic

cough which may result in episodes of urinary incontinence.

**Gender:** Women have a significantly higher chance of experiencing stress incontinence. Certain aspects of their lives such as child bearing and menopause predispose them to incontinence. Men become at risk if they have prostate gland problems.

**Old Age:** The muscles in the bladder and the urethra become weak with age and that increases the risk of urinary incontinence.

**Caffeine:** Men who drink two or more cups of coffee per day are more likely to suffer from urinary incontinence than those who drink one cup or do not drink coffee at all.

## Management and treatment of urinary incontinence

Urinary incontinence is treatable when early detection and early intervention is executed. One may consult a nurse, General Practitioner (GP) or urologist.

Treatment depends on the cause of urinary incontinence. For example; losing weight if overweight, cutting down on caffeine consumption, drinking more fluids and scheduling toilet trips may be recommended.

**Pelvic floor muscle exercises (Kegel exercises)** may help strengthen the urinary sphincter and pelvic floor muscles (a nurse, physiotherapist or a doctor may teach one how to perform the exercises).

**Bladder training:** Scheduling of toilet trips and double voiding may be advised. Bladder training helps the patient to gain bladder control.

**Medications, medical devices and surgical intervention** may be the solution (a treating doctor will decide on the appropriate treatment).

**Incontinence pads and urinary catheters** may be used in cases of severe and/or untreatable urinary incontinence.

Support, encouragement, positive attitude and consideration from family members, close friends and the public are extremely important.

## CONCLUSION

If left untreated, urinary incontinence can severely impair one's quality of life. There are available solutions like medical and/or surgical interventions to the problem. However, lack of awareness and fear of stigma often results in poor access to treatment.

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