

Taking Control Of Your Bladder Control Problems



BLADDER CONTROL PROBLEMS

“Bladder control problems” refers to the unwanted leakage of urine. One in three people over age 65 have bladder control problems, and bladder control problems affect more than 13 million Americans.

Sadly, many people do not tell their doctor or other health care providers that they have a bladder control problem because they are embarrassed or they think it is just a part of growing older.

Bladder control problems are not natural at any age. With new and effective treatments, everyone can be helped and many people can be cured—regardless of age. If you have bladder control problems, don't delay in talking to your doctor about what treatments may be right for you.

What Causes Bladder Control Problems?

Bladder control problems can be a sign of a medical problem. Among the causes are:

- Excessive urine production
- Urinary tract infections
- Constipation
- Impaired mobility
- Weakened pelvic muscles
- Certain chronic medical conditions

Some prescription and over-the-counter medications can cause bladder control problems, or make them worse. For example, diuretics (water pills) make a person urinate a lot. Sleeping pills can interfere with a person's ability to urinate. Other drugs may contribute to bladder control problems. Your doctor may ask you to list all the medications you are taking, to help diagnose the cause of your bladder control problem.

Is There More Than One Kind of Bladder Control Problem?

There are several types of bladder control problems (also called “urinary incontinence”), depending on the cause:

Urge incontinence happens when the urge to go to the bathroom comes on suddenly and strongly. It can be caused by stroke, Parkinson's disease, infection, and other medical conditions.

Stress incontinence happens when coughing, laughing, bending, lifting, or other activities applies pressure to the

abdomen. Common causes of this type of incontinence are weak muscles around the urethra and bladder opening as a result of childbirth or previous surgery. Stress incontinence is more common in women. It has nothing to do with emotional stress.

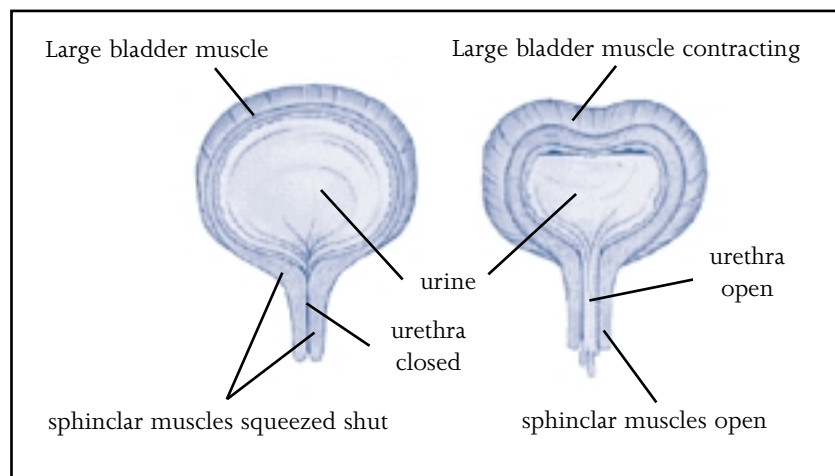
Mixed incontinence is a combination of stress and urge incontinence.

Overflow incontinence occurs when urine leaks from a full bladder that cannot empty properly. This condition is seen in people who have damage to the nerves that control the bladder—for example, some people with diabetes or spinal cord injuries. It may also result from conditions that block the urethra and prevent the bladder from emptying—for example, an enlarged prostate in men. This is not a common type of incontinence.

Functional incontinence occurs when the bladder is working normally, but the person has difficulty getting to the bathroom in time. This can be due to anything that makes walking to or finding a bathroom difficult, such as impaired mobility or memory loss.

How are Bladder Control Problems Treated?

A variety of treatments are available to help relieve or cure bladder control problems. These include behavioral techniques, medications, and surgery. Depending on the type of bladder control problem you have, your doctor may recommend a combination of treatments for you.



Behavioral Treatments are techniques that help a person regain control of the bladder. They include bladder training, pelvic muscle exercises, biofeedback, changes in diet and fluid intake, and management of constipation.

Bladder training is a technique that helps a person control the urgent need to urinate. Often used in combination with pelvic muscle exercises, it helps the person learn to regain control over the bladder and decrease the number of trips to the toilet.

Pelvic muscle exercises, called “Kegel exercises,” involve squeezing and relaxing a set of muscles in the pelvic or genital area. They are an effective treatment for many people who suffer from stress, urge, or mixed urinary incontinence. The success of these exercises depends upon good instruction and daily practice.

Biofeedback uses a computer to tell a person how well he or she is squeezing and relaxing the muscles that control the bladder. Biofeedback can be useful for people who

have trouble learning the pelvic muscle exercises, to help them gain better control over those muscles.

Controlling the diet. Limiting caffeine and alcohol can help relieve sudden urges and

decrease the number of times a person has to go to the bathroom. Persons who have trouble controlling the bladder at night should stop drinking any fluids 2 to 3 hours before bedtime. However, no one should try to drink less liquid as a way to reduce

bladder control problems. Older people should drink 4 to 6 glasses of water or fluids a day. Drinking too little fluid reduces the body's cue to go to the bathroom regularly. Too little fluid can also make the urine too concentrated, which can cause bladder irritation.

Controlling constipation. Chronic constipation, the difficult and sometimes painful passage of hard, dry stools, can cause or contribute to bladder control problems. A person with these problems can start by drinking plenty of fluids; eating a diet high in fruits, vegetables and dietary fiber, such as wheat bran; and exercising regularly. Your doctor can talk with you about possible medical causes of constipation and various treatments to relieve it.

Medications used to treat bladder control problems include those that treat infection, stop abnormal bladder muscle contractions, or increase the amount of urine the bladder can hold. If you are taking medication to treat bladder control problems, your doctor will need to see you on a regular basis until a correct dose is determined. Be sure to report any side effects from the medication that you experience so that your doctor can adjust dosages or change your medication.

Surgery. If bladder control problems are not helped by other treatments, surgery may be needed. Surgery can reposition the bladder or clear an obstruction, such as an enlarged prostate in men. Surgery is most commonly used to treat stress incontinence in women.

What Can I Do To Take Control of My Bladder Control Problem?

Visit your doctor. Don't delay—any bladder control problem should be reported promptly. If you are embarrassed to talk to

your doctor, perhaps you would prefer to talk to someone of the same sex. Would it be easier to talk to a nurse? Would it help if a family member brought up the topic for you? Remember, bladder control problems are a medical condition much like diabetes or high blood pressure that can and should be treated.

Keep a bladder record or diary. This is a daily record of the times when you urinate into the toilet or have leaking accidents. If there is leakage, write down what caused it (coughing, laughing, urge to urinate on the way to the toilet). A 2-day (48-hour) record is usually enough.

Prepare in advance for your visit to your doctor. Bring your bladder diary with you to your appointment. Also bring all the medications you take on a regular basis, including prescription medications and those you take on your own, such as herbal remedies or vitamins. Be familiar with your medical history, including any problems you have had in the past with your bladder or kidneys. Bring a list of questions to ask at your visit.

Set up a schedule. Some persons with urge, stress, or mixed incontinence have less leakage if they can keep the amount of urine in the bladder low. This can be done by making regular trips to the bathroom every 2 to 3 hours during the day.

Use pads or absorbent garments only after talking with your doctor. Do not use pads in place of getting help for your bladder control problems. Pads can make your problems worse if you rely on them instead of getting treatment and practicing bladder exercises. For some people, pads can be helpful for extra protection on long trips. If they are necessary, change them frequently to avoid skin rashes.

Stay in touch with your doctor. If your bladder problems do not get better with treatment, talk to your doctor. Tell what you have done and what the results have been. You may be referred to a nurse or therapist who is specially trained in helping people learn bladder training and pelvic muscle

exercises. These specialists will also know about biofeedback or other aids to help you strengthen pelvic muscles and use them correctly. Your doctor may also recommend that you see a geriatrician, urologist, or gynecologist.

If You Have Bladder Control Problems, You Are Not Alone

If you have bladder control problems, you are not alone. There are many people who can help you or your family member.

For further information and support, contact the following organizations:

Foundation for Health in Aging
Established by
the American Geriatrics Society

350 Fifth Avenue, Suite 801
New York, NY 10118
212-755-6810
www.healthinaging.org

For information for caregivers of incontinent adults see:
www.healthinaging.org/eldercare/chap10.html

**Bladder Health Council of the American Foundation
for Urologic Disease**

1128 N. Charles Street
Baltimore, MD 21201
1-877-OVERACT or 1-877-683-7228 (toll free)
www.afud.org/oab

National Association for Continence

PO Box 8310
Spartanburg, SC 29305
1-800-BLADDER or 1-800-252-3337 (toll free)
www.nafc.org

National Women's Health Resource Center

120 Albany Street, Suite 820
New Brunswick, NJ 08901
1-877-986-9472 (toll free)
www.healthywomen.org

Simon Foundation for Continence

Box 835
Wilmette, IL 60091
1-800-23-SIMON or 1-800-237-4666 (toll free)
www.simonfoundation.org

Incontinence is not a life-threatening problem, but don't delay in getting help. If any of the following symptoms happen suddenly, seek medical attention right away. These could be signs of a serious medical condition:

- Sudden loss of ability to pass urine
- Great difficulty urinating
- Uncontrolled dribbling
- Pain with urination
- Blood in the urine



Foundation for Health in Aging
Established by the
American Geriatrics Society

350 Fifth Avenue, Suite 801
New York, NY 10118
212-755-6810
www.healthinaging.org

The Foundation for Health in Aging builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.

The American Geriatrics Society is dedicated to improving the health and well-being of older adults. With a membership of over 6,000 health care professionals, the AGS has a long history of improving the health care of older adults.

Production of this brochure is supported, in part, by educational grants from Ortho-McNeil Pharmaceutical, Inc., and Pharmacia Corporation.