

Living with Urinary Incontinence

By Deb Hintz

Joe tends to avoid company. His peers think of him a crotchety old man and tend to give him his space. His demeanor discourages close contact. But all that is a guise Joe maintains to keep people at a distance. Joe suffers from urinary incontinence and is embarrassed by his condition.

A cough, sneeze or just laughing out loud can trigger it. Urinary incontinence is a common problem for many

people, not just the elderly, although it becomes more of an issue with age. It is a topic which is difficult to talk about with family, friends or even a doctor. The wetness, odor and the constant need to change clothing can be very embarrassing.



The loss of bladder control can be embarrassing and is a common problem among the elderly.

What is Urinary Incontinence?

Defined as loss of bladder control, the term urinary incontinence covers anything from the occasional leaking of urine to the inability to make it to the toilet in time. These incontinence episodes can occur any time, even when asleep in bed.

There are three types of urinary incontinence.

- Stress Incontinence – Pressure on the bladder from coughing, sneezing, exercising, or lifting heavy objects.
- Urge Incontinence – an urge to urinate is followed by involuntary loss of urine. This is often caused by infections or more serious conditions such as neurologic disorders or diabetes.
- Overflow Incontinence – a constant or frequent dribbling of urine due to the bladder not being able to completely empty.
- Functional Incontinence – a physical impairment, such as limited mobility or severe arthritis, which prevents getting to the toilet in time. Mental impairments,

such as inability to recognize the need to get to the toilet are also considered in this category.

- Mixed Incontinence – a combination of two or more types of incontinence.

Factors which increase development of Urinary Incontinence

- Gender – Women are more likely to have Stress Incontinence due to the physical effects of pregnancy, childbirth and the female anatomy. Men with prostate gland problems have an increased risk for Urge and Overflow Incontinence
- Age – Unfortunately age causes the muscles around the bladder and urethra to lose strength. With age the bladder reduces the amount it can hold and increases the likelihood of incontinence.
- Being Overweight – Carrying extra pounds can increase the pressure on the bladder. The muscles surrounding the bladder can weaken and allow the urine to leak when coughing or sneezing.
- Diseases – Neurological disease or diabetes may increase risk of incontinence. In addition a Urinary Tract Infection (UTI) and constipation can also aggravate the problem.
- Diet – Temporary incontinence can be caused by certain drinks, foods or medications. The diuretic stimulants which can increase the volume of urine in the bladder are alcohol, caffeine, decaffeinated coffee or tea, carbonated drinks, artificial sweeteners, corn syrup, foods high in spice, sugar or acid (especially citrus fruits). Heart and blood pressure medication, sedatives and muscle relaxants also are diuretic stimulants as well as large doses of vitamin B or C.

Complications of Chronic Urinary Incontinence

Incontinence can greatly affect a person's personal life by its negative influence on social, work and personal relationships. Skin problems such as a rash, infections and sores can also develop from constantly being wet with urine. Incontinence also increases the change of repeat UTIs and can aggravate constipation.

Overcoming Urinary Incontinence

It is important to seek medical advice if urinary incontinence is a frequent concern or is having an effect on the quality of life. Before speaking to a physician:

- Start a journal to track symptoms and frequency of incontinence. Keep notes about what was happening at the time of the incident, i.e. laughing, lifting groceries, or sleeping.

- Make a list of all medications being taken. Multiple physicians may prescribe medications and there is always a possibility of negative interactions from various pharmaceuticals. Be sure to including over the counter pills. The doctor will be able to look at all the medications being taken to see if there if incontinence is a side effect from one or a combination of medications.
- Track the kind of foods being eaten and how much fluid is consumed daily.
- Provide a brief health history and compile a list of questions to ask the physician. It is sometimes helpful to bring along a friend or family member to take notes and help remember what the physician said.

Giving as much information as possible to the physician helps with getting the correct diagnosis and making a plan of action to correct the problem.

What to expect from the physician

The physician will review the information provided and ask questions to get a complete picture of the problem. Possible questions that could be asked are:

- How long has urinary incontinence been a problem?
- Are there any issues when trying to empty the bladder?
- When is the problem most noticeable?

The physician will do an examination, order blood work and/or radiology testing and could recommend a specialist called an Urologist. Those who suffer from urinary incontinence often experience different symptoms and may receive a variety of treatment plans.

For most people simple lifestyle changes combined with some medical treatment can ease the discomfort and stop the problem of incontinence. It is a difficult topic to speak about but gathering information and taking steps to control the problem can lead to a happier and healthier life.



HomeAid Health Care
Helping Hands at Home

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