

Learning Resource Guide

Understanding Incontinence

ElderCare Online's Learning Resource Guide Understanding Incontinence

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Reader Notice

This publication discusses tips and techniques for caregivers to understand and cope with the dilemmas of caring for an elder with urinary incontinence. It is not a medical guide, even though it discusses a prevalent medical condition. For additional information, including diagnosis of incontinence, contact your physician or other qualified medical professional. This document is for educational purposes only.

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Introduction

Many people lose urine when they don't want to. When this happens enough to be a problem, it is called urinary incontinence. Urinary incontinence is very common. But some people are too embarrassed to get help. The good news is that millions of men and women are being successfully treated and cured.

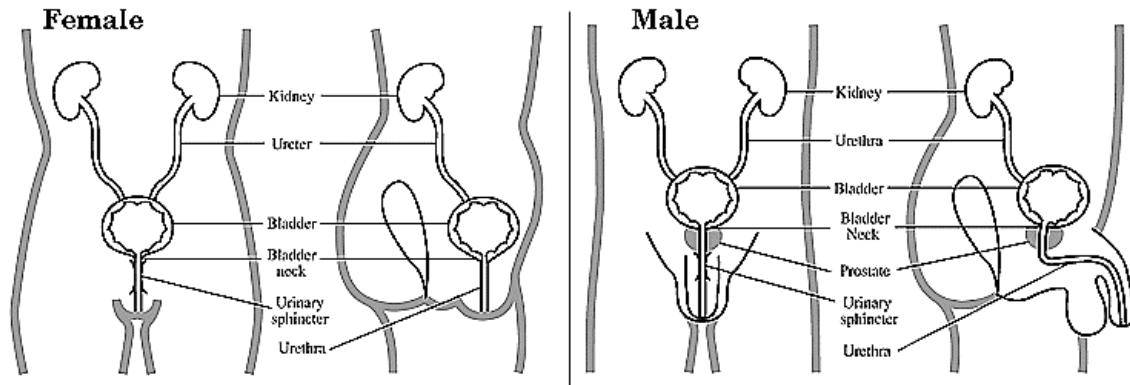
Reading this guide will help you. But it is important to tell your health care provider (such as a doctor or nurse) about the problem. You may even want to bring this guide with you to help you talk about your incontinence.

The information in this guide is based on the Clinical Practice Guideline Update on Urinary Incontinence in Adults: Acute and Chronic Management and AHCPH Publication Number 0685: March 1996. The guideline was developed by an expert panel of doctors, nurses, other health care providers and consumers, and was sponsored by the Agency for Health Care Policy and Research. For more information, contact: Agency for Health Care Policy and Research, Publications Clearinghouse, Post Office Box 8547, Silver Spring, MD 20907. (800) 358-9295

Incontinence may affect your elderly loved one with Alzheimer's Disease. Consult ElderCare Online's Learning Resource Guide "Coping With Alzheimer's Disease" and the Skill Builder: Toileting and Incontinence for more information. These informational guides are available on ElderCare Online at <http://www.ec-online.net> .

Section 1: How Your Body Makes, Stores, and Releases Urine

When you eat and drink, your body absorbs the liquid. The kidneys filter out waste products from the body fluids and make urine. Urine travels down tubes called ureters into a muscular sac called the urinary bladder, which stores the urine. When you are ready to go to the bathroom, your brain tells your system to relax. Urine travels out of your bladder through a tube called the urethra. You release urine by relaxing the urethral sphincter and contracting the bladder muscles. The urethral sphincter is a group of muscles that tightens to hold urine in and loosens to let it out.



Section 2: Causes of Urinary Incontinence

Urinary incontinence is not a natural part of aging. It can happen at any age, and can be caused by many physical conditions. Many causes of incontinence are temporary and can be managed with simple treatment. Some causes of temporary incontinence are:

- Urinary tract infection
- Vaginal infection or irritation
- Constipation
- Effects of medicine

Incontinence can be caused by other conditions that are not temporary. Other causes of incontinence are:

- Weakness of muscles that hold the bladder in place
- Weakness of the bladder itself
- Weakness of the urethral sphincter muscles
- Overactive bladder muscles
- Blocked urethra (can be from prostate enlargement)
- Hormone imbalance in women
- Neurologic disorders
- Immobility (not being able to move around)

In almost every case, these conditions can be treated. Your health care provider will help to find the exact cause of your incontinence.

Types of Incontinence

There are also many different types of incontinence. Some people have more than one type of incontinence. You should be able to identify the type of incontinence you have by comparing it to the list below.

Urge incontinence:

People with urge incontinence lose urine as soon as they feel a strong need to go to the bathroom. If you have urge incontinence you may leak urine:

- When you can't get to the bathroom quickly enough
- When you drink even a small amount of liquid, or when you hear or touch running water

You may also...

- Go to the bathroom very often; for example, every two hours during the day and night.
You may even wet the bed

Stress incontinence:

People with stress incontinence lose urine when they exercise or move in a certain way. If you have stress incontinence, you may leak urine:

- When you sneeze, cough, or laugh
- When you get up from a chair or get out of bed
- When you walk or do other exercise

You may also...

- Go to the bathroom often during the day to avoid accidents

Overflow incontinence:

People with overflow incontinence may feel that they never completely empty their bladder. If you have overflow incontinence, you may:

- Often lose small amounts of urine during the day and night
- Get up often during the night to go to the bathroom
- Often feel as if you have to empty your bladder but can't
- Pass only a small amount of urine but feel as if your bladder is still partly full
- Spend a long time at the toilet, but produce only a weak, dribbling stream of urine

Some people with overflow incontinence do not have the feeling of fullness, but they lose urine day and night.

Section 3: Finding the Cause of Urinary Incontinence

Once you tell your health care provider about the problem, finding the cause of your urinary incontinence is the next step. Your health care provider will talk with you about your medical history and urinary habits. You may be asked to keep a record of your usual habits in a bladder record (see the Sample Bladder Record at end of this guide). You probably will have a physical examination and urine tests. You may have other tests, as well. These tests will help find the exact cause of your incontinence and the best treatment for you.

Common Tests Used to Diagnose Urinary Incontinence

Name of Test	Purpose
Blood tests	Examines blood for levels of various chemicals
Cystoscopy	Looks for abnormalities in bladder and lower urinary tract. It works by inserting a small tube into the bladder[a] that has a telescope for the doctor to look through.
Postvoid residual (PVR) measurement	Measures how much urine is left in the bladder after urinating by placing a small soft tube into the bladder or by using ultrasound (sound waves).
Stress test	Looks for urine loss when stress is put on bladder muscles usually by coughing, lifting, or exercise.
Urinalysis	Examines urine for signs of infection, blood, or other abnormality.
Urodynamic testing	Examines bladder and urethral sphincter function (may involve inserting a small tube into the bladder; x-rays also can be used to see the bladder).

[a] Because you may be uncomfortable during this part of the test, you may be given some medication to help relax you.

Treating Urinary Incontinence

Once the type and cause of your urinary incontinence are known, treatment can begin. Urinary incontinence is treated in one or more of three ways: behavioral techniques, medication, and surgery.

Behavioral techniques:

Behavioral techniques teach you ways to control your own bladder and sphincter muscles (see drawing at beginning of guide). They are very simple and work well for certain types of urinary incontinence. Two types of behavioral techniques are commonly used -- bladder training and pelvic muscle exercises. You may also be asked to change the amount of liquid that you drink. You may be asked to drink more or less water depending on your bladder problem.

Bladder training is used for urge incontinence, and may also be used for stress incontinence. Both men and women can benefit from bladder training. People learn different ways to control the urge to urinate. Distraction (thinking about other things) is just one example. A technique called prompted voiding -- urinating on a schedule -- is also used. This technique has been quite successful in controlling incontinence in nursing home patients.

Pelvic muscle exercises called Kegel exercises are used for stress incontinence. The Kegel exercises help to strengthen weak muscles around the bladder.

Medication:

Some people need to take medicine to treat conditions that cause urinary incontinence. The most common types of medicine treat infection, replace hormones, stop abnormal bladder muscle contractions, or tighten sphincter muscles. Your health care provider may recommend medication for your condition. You will be taught how and when to take it.

Surgery:

Surgery is sometimes needed to help treat the cause of incontinence. Surgery can be used to:

- Return the bladder neck to its proper position in women with stress incontinence
- Remove tissue that is causing a blockage
- Correct severely weakened pelvic muscles
- Enlarge a small bladder to hold more urine

There are many different surgical procedures that may be used to treat incontinence. The type of operation you may need depends on the type and cause of your incontinence. Your doctor will discuss the specific procedure you might need.

Be sure to ask questions so that you fully understand the procedure.

Other Measures and Supportive Devices

Some other products can be used to help manage incontinence. These include pads and catheters. Catheters are used when a person cannot urinate. A catheter is a tube that is placed in the bladder to drain urine into a bag outside the body. The catheter usually is left inside the bladder, but some catheters are not left in. They are put in and taken out of the bladder as needed to empty it every few hours. Condom catheters (used in men) attach to the outside of the body and are not placed directly in the bladder. Specially designed pads are available to help men and women with incontinence.

Catheters and pads are not the first and only treatment for incontinence. They should only be used to make other treatments more effective or when other treatments have failed.

Section 4: What To Do Next

Your health care provider will tell you about the type of incontinence you have and will recommend a treatment. While you are being treated, be sure to:

- Ask questions
- Follow instructions
- Take all of your medicine
- Report side effects of your medicine, if any
- Report any changes, good and bad, to your health care provider

...and remember, incontinence is not a natural part of aging. In most cases, it can be successfully treated and reversed.

Risks and Benefits of Treatment

Three types of treatment are recommended for urinary incontinence:

- Behavioral techniques
- Medicine
- Surgery

How well each of these treatments works depends on the cause of the incontinence and, in some cases, patient effort. The risks and benefits described below are based on current medical knowledge and expert opinion. How well a treatment works may also depend on the individual patient. A treatment that works for one patient may not be as effective for another patient. Therefore, it is important to talk with a health care provider about treatment choices.

Behavioral techniques. There are no risks for this type of treatment.

Medicine. As with most drugs, there is a risk of having a side effect. If you are taking medicine for other conditions, the drugs could react with each other. Therefore, it is important to work with the health care provider and report all of your medicines and any side effects as soon as they happen.

Surgery. With any surgery there is a possibility of a risk or complication. It is important to discuss these risks with your surgeon.

Section 5: Coping with Incontinence

Several national organizations help people with urinary incontinence. They may be able to put you in touch with local groups that can give you more information, ideas, and emotional support in coping with urinary incontinence.

Alliance for Aging Research (information on bladder training program)

2021 K Street, N.W.

Suite 305

Washington, DC 20006

(202) 293-2856

Bladder Health Council

c/o American Foundation for Urologic Disease

300 West Pratt Street, Suite 401

Baltimore, MD 21201

(800) 242-2383

(410) 727-2908

National Association for Continence

(formerly Help for Incontinent People)

P.O. Box 8310

Spartanburg, SC 29305

(864) 579-7900

(800) BLADDER or (800) 252-3337

International Continence Society

The Continence Foundation

2 Doughty Street

London WC1N 2PH

44-714046875

Simon Foundation for Continence

Box 835

Wilmette, IL 60091

(800) 23-SIMON

(708) 864-3913

Section 6: Sample bladder record

NAME:					
DATE:					
INSTRUCTIONS: Place a check in the appropriate column next to the time you urinated in the toilet or when an incontinence episode occurred. Note the reason for the incontinence and describe your liquid intake (for example, coffee, water) and estimate the amount (for example, one cup).					
Time interval	Urinated in toilet	Had a small incontinence episode	Had a large incontinence episode	Reason for incontinence episode	Type/amount of liquid intake
6-8 a.m.	-----	-----	-----	-----	-----
8-10 a.m.	-----	-----	-----	-----	-----
10-noon	-----	-----	-----	-----	-----
Noon-2 p.m.	-----	-----	-----	-----	-----
2-4 p.m.	-----	-----	-----	-----	-----
4-6 p.m.	-----	-----	-----	-----	-----
6-8 p.m.	-----	-----	-----	-----	-----
8-10 p.m.	-----	-----	-----	-----	-----
10-midnight	-----	-----	-----	-----	-----
Overnight	-----	-----	-----	-----	-----
No. of pads used today:			No. of episodes:		

Comments:
