



URINARY INCONTINENCE



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Patients can be taught to deal with and manage this common problem.

INTRODUCTION

URINARY incontinence is a topic many patients feel uncomfortable discussing. Of the one in 20 Australians who experience regular urinary incontinence, only 31% report having sought help from a health professional.

In fact, one in three women who have given birth experience incontinence. Women are more likely to be affected than men, with 50% of women aged 45–59 having experienced incontinence in the past three months.

Psychologically, incontinence can have a detrimental effect on a patient's wellbeing, confidence and ability to lead a happy life.

If you feel a patient may be at risk, a generalised statement may encourage dialogue, such as:

- Many women who have had a

baby experience incontinence. Have you?

- Many women experience leakage around the time of menopause. Has this happened to you?

COMMON TYPES

- Urge incontinence – associated with or directly preceded by urgency.
- Stress incontinence – leakage with exertion, coughing or sneezing.
- Mixed incontinence – both urge and stress symptoms.
- Overflow incontinence – associated with over-distension of the bladder or poor emptying.

CAUSES

- Urinary tract infections.
- Childbirth, menopause or prolapse.
- Local trauma or surgery.
- Neuropathy.
- Bladder tumours.
- Functional causes, e.g. impaired mobility or cognition.
- Neurological disease, e.g. cerebrovascular accident, Parkinson's disease, multiple sclerosis.
- Diabetes.
- Medication, e.g. diuretics.
- Excessive caffeine.
- Chronic straining, e.g. lifting

heavy weights, constipation.

- Chronic respiratory disease, chronic cough.
- Obesity.

MANAGING INCONTINENCE

- Exclude the presence of a UTI.
- Inquire about fluid intake. Encourage 6–8 glasses of fluid a day, but reduction of caffeinated, carbonated and alcoholic drinks to less than two or three. Patients often reduce fluid intake in the hope of avoiding leakage, mostly without success.
- Encourage healthy weight.
- Patients who strain regularly are at risk of weakening their pelvic floor. Effective management of constipation and advice about avoiding repetitive heavy lifting – including excessive weight-lifting at the gym – are important.
- Investigation of a chronic cough (and intervention where possible), as it may weaken the pelvic floor.
- Referral to a continence clinic, where a multidisciplinary team approach is extremely useful. A continence nurse will assess and manage the woman and refer her to a physician, physiotherapist, occupational therapist and others as appropriate.

Continence professionals take a detailed history, discuss the causes of incontinence, assess bladder function with a bladder diary, and may measure post-void residuals and flow rates.

- There is Level 1 evidence to support physiotherapy teaching of pelvic floor training in the management of stress incontinence. A pelvic floor physiotherapist will aim to assess pelvic floor muscle function, usually vaginally, and prescribe an appropriate home program with reviews and relevant lifestyle changes as necessary.
- Other management techniques may include the teaching of correct voiding or evacuation dynamics and bladder retraining to gradually increase bladder capacity and reduce urgency.

PRACTICE POINTS

- Be vigilant of at-risk patients, such as during pregnancy and the post-partum period, during perimenopause, after gynaecological surgery and patients with diabetes or neurological disease.
- Inquire about fluid intake, constipation and bladder habits.
- Tell patients to sit down and relax when they need to pass

urine, instead of straining to squeeze out every last drop.

- Be positive about outcomes. Research has shown that when a health professional believes their patient will benefit from an intervention, the patient will be much more engaged in the treatment.
- Muscle strengthening takes a minimum of three months. Patients should be encouraged and educated that results will take time.
- Advise patients not to attempt to stop the flow of urine mid-flow more than once a week, as incomplete emptying can result.
- Download free fact sheets and resources in multiple languages by visiting the Continence Foundation of Australia website (continence.org.au), or you call the National Continence Helpline on 1800 330 066. Staffed by continence professionals, this helpline offers advice, support and resources to both patients and health practitioners.

For more, go to medobs.com.au

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