A Different Kind of Bank

While there are an increasing number of treatment options available for incontinence today, there are still a great many individuals for whom a complete cure is not yet possible. As America’s population ages, many who are already struggling financially in retirement will also be burdened with the expense of absorbent products for incontinence, contributing to hard financial choices - will it be food, medicine, absorbent products, or the rent that is paid?

The staff at the Simon Foundation for Continence can attest to the desperation of people making these choices. This same tragedy is also happening in the younger generation where young parents cannot afford to purchase diapers for their babies. The impact of not being able to afford absorbent products is substantial at every age.

The Impact on Children
Babies in poor families often spend a day or longer in the same diaper. Daycare centers may not be an option, even subsidized childcare, because of the almost universal requirement that the parent leave enough disposable diapers to meet the child’s needs. The knockdown effect of not having child care available is a parent who may not be able to hold a job or go to school, leading to the family’s continued economic instability.

Complicating the challenge of affording diapers is that most people living below the poverty line, do not own cars. Without transportation they may be forced to purchase diapers at convenience stores, driving the costs of the diapers even higher. Attempting to use cloth diapers also creates a host of problems, such as riding a bus to a laundromat only to find they do not allow cloth diapers to be washed because of health hazards. Lack of the ability to provide sufficient diaper changes also leads to an increased possibility of abuse, since babies in an uncomfortable diaper usually cry more. Resources for free or discounted diapers are few and food stamps cannot be used to purchase them.

The Impact on People with Disabilities
Depending on the nature of the disability, many individuals will need absorbent products due to incontinence, or because they cannot use a bathroom unaided. For people with disabilities absorbent

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The Definition Of Nocturia

Is Your Bladder Waking You Up at Night?

Nocturia, as defined by the International Continence Society, is “the complaint that the individual has to wake at night one or more times for voiding.” Nocturia becomes more common with age and studies show that 10-15% of individuals over age 70 urinate at least twice a night. Although not much is known by the general public about nocturia, the negative impacts on the quality of life from this condition are numerous, including insomnia and sleep deprivation that can cause exhaustion, sleepiness, impaired productivity, increased risk of accidents, and cognitive dysfunction. In addition, because 25% of falls older individuals experience happen during the night, and many occur while waking up to hurry to the bathroom, nocturia increases fall risks in the elderly.

Causes and Contributing Factors
Nocturnal polyuria is the most common cause of nocturia, and is the result of a medical condition. Nocturnal

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Stigma Defined

Whether one is born with a health condition, or living with one acquired at any age, stigma very often accompanies health challenges especially when it has a publically recognizable aspect. And for many, the stigma can be more difficult to cope with than the disability or health condition itself.

Stigma, as attached to differences of the human body, is described in the 1963 classic book by sociologist Erving Goffman - *Stigma: Notes on the Management of Spoiled Identity*. In it Goffman states: “The term stigma, then will be used to refer to an attribute that is deeply discredit[ing].…” “Spoiled Identity” encompasses in two words an expanded definition in *The Social Psychology of Stigma* where stigma is defined as (1) the recognition of difference based on some distinguishing characteristic, or “mark”; and (2) a consequent devaluation of the person.”

No matter which of the many definitions we select, all of us recognize immediately when stigma is directed at us. There are many ways to stigmatize. All too common among them are the verbal messages such as: a perfect stranger inquiring “what is wrong with your eye” (or hand, or leg, or foot); descriptions by the media such as “confined to a wheelchair” (verse “uses a wheelchair”); adjectives like blind man (versus a man who is blind); and hurtful words such as “crippled” and “retarded.”

Verbal messages of stigma are so common that many of them have become entrenched in the public’s vocabulary and are no longer even noticed except by the recipient. They can also be so very subtle. Take Diane Sawyer’s reporting on President Obama’s first inauguration. Having hurt his back while packing the outgoing Vice President was using a wheelchair. To millions of TV viewers, Sawyer expressed the opinion that being such a proud man, she was sure the Vice President wasn’t happy to be seen in this manner. The stigmatizing nature of her observation was probably unintended, yet a clear and negative message was delivered.

Nonverbal messages also stigmatize. Most potent of all may be staring and double takes. Without a word being said these actions can impact the quality of life of the recipient. So harsh is this impact for some they become unwilling to enter into society, because they have found there is no such thing as an uneventful trip to the grocery store or running other errands - trips that most take for granted can be accomplished in peace and anonymity. Those who have a visible health condition are never safe from “stranger danger” (staring, questions, pointing) as they go about the normal activities of daily living. And those who “pass” because their condition is not immediately recognizable upon meeting, live with the constant awareness that their condition could be exposed at any point in time by an event that may be beyond their control. People with incontinence express this fear often.

**CHALLENGING STIGMA**

For over 30 years, addressing stigma has been a part of the Foundation’s mission to: “Bring the topic of incontinence into the open, remove the stigma associated with incontinence, and provide help and hope for individuals with incontinence, their families, and the health professionals who provide their care.”

For many, if not most, no matter how light or severe their leakage, the fear of their incontinence being discovered and then being stigmatized because of it, controls their daily lives, from the color of the clothing they chose, to the time they spend “toilet mapping” (figuring out where all the restrooms are wherever they are going), to the constant fear of an ‘accident’ in public.

As part of our work on removing the stigma surrounding incontinence, the Foundation conducted an informal online survey. The purpose was to better understand the public’s perception of those health conditions that carry the most stigma. Over 1,200 people responded. In one key question, respondents were asked to select conditions that evoke stigma from a list of 30 some health conditions, and to assign a ranking to each condition they selected.

Incontinence, both fecal and urinary, placed among the top 10. Fecal incontinence was ranked #4 (behind AIDS, facial disfigurement, and mental illness) and urinary incontinence ranked #8. Incontinence ranking high on this survey will probably not be a surprise to Informer readers. Sadly, it shows that there is still much work to be done to reduce the stigma associated with incontinence.

Society’s attitudes regarding the differences in the human body, whether apparent upon first meeting, or those that can be kept hidden, must be addressed. We need to improve the “cultural competence” of people unaffected by a stigmatizing health condition. We need to teach society about differences so that the general public can interact with more skill when faced with a disability or health condition. Also, there is a great need to increase the capabilities and resilience of those who are stigmatized because of a health condition.

Due in part to the ongoing efforts of nonprofits in the health arena, celebrity spokespersons, and executives in industry (companies whose products are purchased by consumers with stigmatizing health conditions), our society is slowly being exposed to the concept of accepting differences. Michael J. Fox made the full symptoms of his disease obvious when he appeared before the US Congress without taking his Parkinson’s medication, Dove’s beautiful campaign featured insightful commentary on the perception of beauty, and in the incontinence world, Depend’s Underawareness Challenge is among the efforts tackling taboos with inclusion and humor.

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Innovating for Continence: The Engineering Challenge

In April, 2015 on Chicago’s Magnificent Mile, The Simon Foundation for Continence hosted its fifth biennial Innovating for Continence: The Engineering Challenge conference, thus celebrating a decade of this conference series. It is a unique, international meeting for engineers, healthcare providers, people with incontinence, academics, industry executives, and entrepreneurs.

From the beginning the conference has attracted delegates from around the world including: England, Germany, Canada, Japan, Australia, Brazil, Israel, New Zealand, the Philippines, Switzerland, Ireland, Sweden, the Netherlands, Israel, Denmark, and Ireland. Each meeting attracts delegates from new countries.

The concept that creates this unique conference series is that the meetings feature an unusual mix of speakers who provide fresh thinking on the topic of incontinence management. They include experts in areas of technology that have yet to be applied to incontinence. Speakers also include patients and caregivers whose presentations challenge experts to brainstorm ways in which unique technologies could be applied to incontinence issues.

Professor Alan Cottenden (University College London, England), the ongoing chair of the conference series states: “I love helping to put these conferences together, to inform, challenge, stimulate, inspire and provoke a rich multidisciplinary mix of folk who come to them - to think out of the box and interact with others of incredibly diverse expertise and experience, all with the aim of coming up with technology that will better meet the needs of those living with incontinence.”

The Honorary President of Innovating 2015 was Professor Christine Norton, PhD, RN, from the United Kingdom. Dr. Norton is the Florence Nightingale Professor of Clinical Nursing Research at King’s College London and Imperial College Healthcare London. Professor Norton is the author of seven books and over 100 articles on incontinence. She is a leading expert in bowel incontinence.

Honorary Presidents bring a wealth of experience in the incontinence world and add to the unique flavor of the conference. Past Honorary Presidents include: Mr. Ray Laborie founder of LABORIE Technologies (2007); Mr. Al Herbert, Chairman and CEO, Hollister Incorporated (2009); Christopher Payne, MD, urologist, Stanford University (2011); and Professor Robert Linsemeier, PhD, biomedical engineer, Northwestern University (2013).

Among the many unique aspects of the Innovating for Continence conference series is the role that the incontinence industry plays in this meeting. Unlike many meetings, industry’s engineers and scientists are welcome to participate in both the Plenary Sessions and the Poster Session. The posters play an important part in the conference and are displayed prominently during the entire meeting in the plenary room. In addition, a 90-minute Poster Session is devoted to viewing and speaking with the authors.

“We are delighted by the variety of topics covered by the posters that were accepted in 2015,” stated Cheryl B. Gartley, President and Founder of The Simon Foundation for Continence. “The three posters receiving awards reflected the eclectic nature of the conference.”

The 2015 first place award was presented to the poster entitled “The Stigma Associated with Urinary Continence: The Impacts on Self-Perception for Older Women” by lead author Kenneth Southall (McGill University, Montreal, Quebec, Canada). This poster’s conclusion found that, “Historically, research has focused on maladaptive responses to stigmatization. Increasingly, however, there is evidence of constructive responses to potentially stigmatizing situations. Narratives of the respondents in this study provide evidence of effective coping responses to protect one’s self-identity.”

The second place award went to “On-Demand, Rapid-Onset, Short-Duration, Drug-Induced, Voiding Therapy for Neurogenic Voiding Dysfunction,” by lead author Karl B. Thor of Dignify Therapeutics (Durham, NC, USA).

The third place award went to the poster by lead author Iryna Makovey of the Glickman Urological and Kidney Institute at the Cleveland Clinic entitled “Cystoscopic Implantation of a Wireless Implantable Rechargeable Bladder Pressure Sensor.” Awards were determined by a team of independent judges continued on page 4
Tamara Bavendam, MD, Program Director, Women’s Urologic Health, National Institutes of Health

lead by Robert A. Linsenmeier, PhD, Northwestern University Center for Engineering Education Research.

Guest speaker at the 2015 conference dinner was Tamara Bavendam, MD, MS. Dr. Bavendam is the Senior Scientific Officer at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and Program Director for Women’s Urologic Health at the US National Institutes of Health (NIH). In her current role at the NIDDK she is leading the effort to establish research for the prevention of lower urinary tract symptoms, including urinary incontinence. In addition, Dr. Bavendam, a urologist by training, is working to raise awareness within the federal government regarding the importance of evaluating and treating lower urinary tract conditions.

The Innovating for Continence conference series is an example of the many endeavors that the Foundation has originated that are changing the world for people with incontinence. “People with incontinence would like to be cured, but when complete cure is not achievable - as is often the case - delivering the best quality of life possible through effective management is a goal just as worthy of our strenuous efforts,” stated Professor Cottenden, in describing the motivation behind this endeavor.

Ms. Gartley added: “Due to the unrelenting stigma surrounding this medical condition, incontinence is still under-reported, underserved, and product options for individuals who cannot be cured are still limited...with this meeting, we are bringing the world together to create the products and devices of tomorrow.”

For further information about Innovating for Continence, including its past programs and speaker biographies, visit the conference website at: www.innovatingforcontinence.org.

2015 Humpal Award winner Kaoru Nishimura, RN, enjoys meeting Neil Resnick, M.D., first recipient of this award.

The 2015 John J. Humpal Award

Presented during the conference, this award honors the Foundation’s first chairman of its Governing Board. Professor Humpal was a professor at the University of Chicago’s Business School and gave tremendous effort to the cause of promoting continence.

The 2015 recipient is Kaoru Nishimura, RN, from Japan. Ms. Nishimura’s work over many dedicated years in this field as the founder of the Japanese Continence Action Society, lives up to Dr. Humpal’s dedication to incontinence. Early in her career as a nurse, Ms. Nishimura recognized both the stigma and life impact of incontinence on her patients, and the future challenges that the aging society of her home country, Japan, would increasingly face. In 1988, she relocated to England to study under leading British nurses in the newly created field of Nurse Continence Advisors. Upon returning to Japan she founded the Japanese Continence Action Society which she continues to lead today. She organizes efforts such as a 2015 conference on incontinence in Tokyo that over 2,000 nurses from Japan attended.
What? Climate change and incontinence? How can they be connected? I'll even up my bold assertion and state the title of this editorial might have read “Climate Change, a Cause of Incontinence.” Making this claim will probably tempt some readers to stop reading this editorial right here. But wait, hang on, because I assure you there is a strong case to be made to back up this claim.

We must take a detour, however, for you to have an understanding about obstetric fistulas, one of the chief causes of incontinence in the developing world. An obstetric fistula is a hole that develops between the vagina and the rectum or bladder, due to injury or disease. One of the major causes of an obstetric fistula is prolonged obstructed labor, leaving women and particular young girls, incontinent after delivery.

In developing countries people often live great distances from medical care. Forced by their families to marry at a young age, girls’ bodies are not yet fully developed, making delivering a baby without medical help difficult. If trouble arises and the baby does not move through the birth canal, labor may continue for as long as six or seven days.

Throughout this time, the baby’s head pushes against the mother’s pelvic bone compressing the soft tissues between the baby’s head and the pelvic bone. This pressure cuts off adequate blood flow to the mother’s tissues. The tissues die and leave behind the hole referred to above. Sadly, the baby dies too, decomposes, and is finally passed through the birth canal.

After the young girl “recovers” and stands up for the first time, she discovers the horror of urine and/or feces running down her legs. An obstetric fistula is one of the most devastating and serious of all childbirth injuries.

So why are children giving birth to children? In countries where income may be less than $2 a day, having one less family member to feed, and a small bonus of a dowry upon the marriage, is an opportunity that cannot be turned away.

Worldwide, over 39,000 very young girls are wed every day. All of them are candidates for obstetric fistulas. In fact, one million women worldwide have obstetric fistulas. Only 1 in 50 has been treated.

What happens to those who do not regain continence? Often their husbands divorce them, a simple process in many cultures. The young women find themselves unwelcome to return to their own families. They become outcasts living on the fringes of society, literally often at the edges of their villages. Having left school at an early age they are not equipped to earn even a meager livelihood. Due to the odor from incontinence they are often unable to interact with others. The stigma and isolation they face leads to lives of desperation and some to suicide.

Climate change causing swings in temperatures and amounts of rainfall has an enormous impact in the developing world. Unlike in the developed world’s economies, climate change in the developing world is destroying the livelihoods of these girls’ families.

In Bangladesh 65% of girls marry before the age of 18 and 29% before the age of 15. According to the World Giving Index (2014 survey), which bases its report on donations, volunteer work, and helping strangers, America is the most generous country in the developed world.

True, most of the un repaired fistulas occur half a world away in villages most of us have never heard of and cannot pronounce. And yes, we have great needs in our own country, too. However, if just forty-five people of the thousands reading this editorial gave $10, one life could be restored. The question is, as the world grows smaller, can each of our hearts grow bigger? Step up America, and change a life forever!
products can be a life-long expense. Without an adequate supply of absorbent products the quality of life may diminish quickly as people elect to remain at home due to the fear of accidents, leading to isolation and depression. Individuals are also at risk for skin breakdown and infection.

To give an example of the extent of the number of individuals with disabilities, in one county in Arizona, government statistics indicated that 13 percent of the residents between 16 and 64 were disabled, and many live below the poverty level set by the federal government. Given the number of conditions that precipitate incontinence, it is very likely many will need incontinence protection.

**The Impact on the Elderly**

According to the government’s Social Security website, the average social security benefit today is $1,294 a month, and 47% of unmarried Americans rely on Social Security for 90% of their income. Since adult incontinence supplies often cost the user an average of $100 each month, it doesn’t take a math wizard to quickly understand the economic impact on those who depend primarily on social security.

But no matter how well someone has planned for retirement, a serious illness may quickly deplete a lifetime of savings and lead to many expenses (including incontinence supplies) that are not covered by Medicare or insurance. Most people heading into Medicare do not know that it will not cover the cost of absorbent incontinence products, and that this is an out of pocket expense, even with a doctor’s diagnosis of incontinence.

**There is No Safety Net**

There is no traditional safety net in American society for those in need of diapers at any age. The growing need and the complexity of the impact of doing without these products cannot be overstated. Fortunately, like many other problems, in some communities this problem is being solved by non-profits and volunteers. People are stepping up to mitigate this situation by starting diaper banks. Diaper banks are slowly increasing across America, and although they usually begin by serving the needs of families who cannot afford baby diapers, many are growing to offer absorbent products to adults too.

The diaper bank movement began in 1994 at a small consulting firm, Resolve, Inc., in Tucson, Arizona. As a holiday project Resolve held a diaper drive to help a crisis nursery. Executives at Resolve, encouraged by the response, made this an annual event and within 5 years were distributing over 300,000 diapers. In 2000 their project was spun off into a nonprofit organization (The Diaper Bank of Southern Arizona) and America’s first “free standing” diaper bank was born. It was followed by others such as The Diaper Bank in New Haven, Connecticut, that today distributes over 2.5 million baby diapers annually.

With growing public awareness of diaper needs, small but passionate groups of people are responding. Some hold annual diaper drives, while others funded independent diaper banks in their communities, often through churches or as an extension of existing relief agencies. Being a relatively new movement, most Americans are not yet familiar with the diaper bank concept or fortunate enough to have one in their community, but most are familiar with this type of community activism with a similar model - food banks.

A diaper bank, usually has a few more complexities from donation to distribution.

One excellent model creates a win-win situation, run almost entirely on volunteer power and a partnership with a sheltered workshop. The small staff at the diaper bank promotes the concept, seeks corporate partners, and creates different and compelling themes throughout the year around days like Father’s Day and Mother’s Day.

Donation of diapers are dropped off at local participating businesses and other collection centers where they are picked up by volunteers. The donations are taken to a sheltered workshop where they are organized and shelved. Each month nonprofits that offer direct service to those in need and thus know their clients personally, apply to the diaper bank on behalf of their clients, basically placing a collective order. These nonprofits have a designated day to pick up their “order” at the sheltered workshop. They are then responsible for distributing the diapers to their clients.

This cooperative system allows those running the diaper bank to keep staffing costs down, and focus on promoting the diaper bank, and organizing diaper drives. The sheltered workshop categorizes the donations and reports what is available each month, and the nonprofit organizations applying on behalf of their clients are tasked with vetting individuals truly in need and distributing the diaper donations.

Anyone can start a diaper bank! And there isn’t a community in our country that doesn’t need this service. Is that anyone you? Perhaps you are looking for a way to be of service in retirement or at your place of work. With effort in a short period of time your home town or city could be one that is responding to this overwhelming need. In so doing, your efforts will make an impact that is life changing for so many. And you don’t have to go it alone, there is help. The National Diaper Bank Network exists to raise awareness regarding this need and to help new and existing diaper banks grow to meet the needs in their local communities. For more information and linkages to diaper banks throughout the country go to www.nationaldiaperbanknetwork.org.
It is difficult to know just where is the cart and horse when talking about what is changing and what yet needs to change. Do people who have artificial limbs and are comfortable wearing shorts in the heat of summer do so because they are personally comfortable not covering up in long pants?

Or do they do so because society has “accepted” artificial limbs as a fairly common way to achieve mobility? Whatever the answer to these questions, an important key for everyone who feels shame, embarrassment, and stigma due to a health condition, including incontinence, is to focus on increasing their resilience.

**RESILIENCE TRUMPS STIGMA**

Since over the ages, society has persisted in greeting their fellow humans with stigma, we may not be able to change social attitudes quickly enough to protect ourselves or the next generation from the effects of being stigmatized. With that likely being the case, one way to stop the damage done by stigma is to build in ourselves resilience to spare.

Tania Luna and Lee Ann Renniger are two of a smattering of researchers in the world who study the psychology of surprise. They have much to offer about how to increase resilience in their new book *Surprise: Embrace the Unpredictable and Engineer the Unexpected* (2015). The authors contend in their chapter on resilience that, “we have to be confident in our ability to handle the surprises that come our way.” For instance, although aware of a misbehaving bladder, most people with incontinence still call leakage that shows through clothing an “accident.” When this “surprises” us, anger, sadness, the desire to remain out of the public’s eye, among various other reactions, are certainly appropriate. The key question to ask ourselves is how much of life do we want to miss in order to avoid being stared at, questioned, and in other ways stigmatized? If the answer is as little as possible, then building resilience is one way forward.

Authors of the 2012 book, *Resilience: The Science of Mastering Life’s Greatest Challenges*, suggest behaviors to increase resilience. Among them: face the things that scare you (researchers have found this relaxed the fear circuitry in the brain); develop a core set of beliefs that nothing can shake (“Judging a person does not define who they are. It defines who you are.”); develop social support; try to find meaning in whatever stress happens; and get regular exercise.

Each of these suggestions can help to increase your resilience. In fact the book states, “scientists have learned that working the body’s muscles makes people’s minds more resilient as well.” That’s because exercise also spurs the development of new neurons, which are quite literally damaged by stress. Over time, regular exercise can tamp down a person’s stress response. Additional “resilience factors” include: maintain an optimistic, but realistic outlook; imitate sturdy role models; turn to religious or spiritual practice; find a way to accept what cannot be changed; and accept responsibility for one’s own emotional well-being.

**THE LAST WORD IN DIFFERENCE**

Join the Foundation in our effort to face and replace stigma. Make a difference by adding your story to the mosaic the Foundation is creating of America’s story of stigma. We’d love to hear from you about the answers and techniques you use for coping with strangers who ask inappropriate personal questions about your incontinence or another health challenge; how you have defeated fear; accomplishments no one would guess you’ve made and anything else you’d like to share at stigma@simonfoundation.org.

Rick Rader, MD, Advisory Board Member of the Foundation and Editor in Chief of EP Magazine states: “The last word in difference should be - what difference can I make?” Together, we can make a difference for people with incontinence and beyond.
The Definition Of Nocturia continued from page 1

polyuria refers to abnormal high urine production and output during the night. In this setting, the bladder and prostate may be functioning normally, but the urine production overwhelms bladder capacity during the night.

A disruption of hormone levels that regulate the body’s water level is also a possible cause. Arginine vasopressin, or AVP, is an anti-diuretic hormone that decreases urine production through its actions on the kidneys. Another hormone increases urine production. When not functioning properly, either can affect the number of times you need to visit the bathroom during the night.

In men, another common cause of nocturia is an enlarged prostate. This condition is often referred to as BPH (benign prostatic hyperplasia). An enlarged prostate can narrow the urethra and then the bladder has to contract harder to push out urine. Over time, this weakens the bladder muscle and leads to a variety of symptoms.

Other factors leading to nocturia are conditions that might reduce the bladder’s capacity to hold urine through the night such as an overactive bladder, post-radiation fibrosis, bladder surgery, interstitial cystitis, and bladder stones.

There are many other medical conditions that may also contribute to nocturnal polyuria. These include: some prescribed medications that may cause more urine to be produced at night; heart failure that causes fluids to accumulate in the feet and ankles during the day and are then excreted at night; diabetes; sleep apnea which is associated with increased urine production, and chronic kidney failure.

The timing of fluid intake, or too much fluid intake, can also be involved. Depending on the cause of your nocturia, it may be helpful to restrict fluid intake a couple of hours before going to bed; however, certain causes of nocturia will not be helped by this action.

Most individuals have heard the common advice about drinking 8 glasses of water a day. However, if you do this and also add coffee, tea, soup, soda pop, and a glass of wine or beer, it is likely you are ingesting far more fluid than your body needs. A better way to manage fluids is to drink when you are thirsty and to monitor the color of your urine. When you are adequately hydrated your urine will be clear or a light yellow.

Diagnosing Nocturia

Many people do not seek treatment for nocturia until they are bothered by the number of times they wake up and go to the bathroom at night. This is usually more than once a night.

An assessment by a physician (this should include discussion of the number of trips each night to the bathroom and other ramifications of your nocturia, including the possibility of diagnostic tests, will give a clearer picture of the factors contributing to your nocturia.

Your doctor may also wish to measure your nocturnal urine volume (NUV). NUV is defined by the ICS as “the total volume of urine passed between the time the individual goes to bed with the intention of sleeping and the time of waking with the intention of rising.” The amount of sleep you actually get, vs. the amount you intended, is also considered in the diagnosis.

Your medical evaluation may also require completing a diary to record the amount of fluid you drink and the times and volume of urine excreted. This will help your physician understand if the problem is caused by a medical condition or a urological condition, or a combination, thus allowing for fine tuning of the suggested therapies.

Treatments For Nocturia

Depending on all the factors contributing to your nocturia, and other health issues you may have, the steps to reducing the number of nighttime trips to the bathroom might include treating: high blood pressure; venous insufficiency of the lower extremities and congestive heart failure; obstructive sleep apnea; and BPH. Other changes such as weight loss, timing of taking currently prescribed medications, trying a medication for overactive bladder, and/or a medication for decreasing urine production at night may all be options.

Acupuncture may also be of help to some patients. Given that the causes of nocturia are often multifactorial, it is possible you will need to address several treatment options before finding the combination that is right for you.

Finding and patiently working with a healthcare professional who is determined to reduce frequency of nighttime trips to the bathroom and help you sleep through the night is essential to your success. In all cases, make sure that you continue to report how your nocturia is changing and how it affects your life to your healthcare professional.

It is also important that nocturia be monitored over time, as contributing factors may change leading to the need for a change in management strategies. So, keep the conversation going!