Understanding Urge Incontinence

For people with normal voiding patterns, when urine begins to accumulate in their bladder they receive the sensation of filling. Gradually this sensation becomes stronger, until the urge becomes uncomfortable. Even then, most people can voluntarily suppress this strong urge to prevent the bladder from contracting. People with urge incontinence, however, have an involuntary loss of urine associated with a strong desire to empty the bladder without being able to delay. For many, the sensation of needing to pass urine is so sudden that the person is unable to reach the toilet in time.

Urge incontinence is usually associated with involuntary detrusor contractions which may be called by several different names depending on the cause. The detrusor muscle is the name of the smooth muscle of the bladder wall. Urge incontinence can be associated with nervous system disorders caused by stroke, dementia, multiple sclerosis, and Parkinson's disease. Birth defects such as spina bifida, and spinal cord injuries, also are associated with urge incontinence. When a nervous system disorder exists, the involuntary detrusor contraction is called detrusor hyperreflexia.

Incontinence surgery, radiation, and some medications may also cause urge incontinence. Urge incontinence can also occur in people who have not had surgery or radiation and whose nervous systems are normal. This condition is then called an unstable bladder (detrusor instability). The cause of an unstable bladder may include bladder infection, inflammation of the urethra or vagina, bladder stones, an enlarged prostate gland, stool impaction, or a catheter placed in the bladder. Often a cause for unstable bladder cannot be found.

Burgio, Pearce, and Lucco in their book Staying Dry state: "Urge or urgency is a feeling—nothing more. It is an uncomfortable feeling that makes you want to empty your bladder. It may indicate that your bladder is full and ready to empty. On the other hand, your bladder may not be full but may be contracting and trying to empty anyway. The urge is a message from your bladder telling you to void. Do you have to obey?"

The answer to this question is: "No, you do not have to obey your bladder." Many new approaches to treating urge incontinence are based upon this conclusion. Techniques such as bladder training, habit training, pelvic muscle exercises, urge suppression, and biofeedback are being taught to motivated patients.

Bladder training alters the habits an individual has formed for emptying the bladder (voiding). Bladder training requires the patient to resist or inhibit the sensation of urgency, to postpone voiding, and to urinate according to a timetabled rather than to the urge to void.

Urge suppression is another technique used to improve urge incontinence. Urge suppression teaches the individual to relearn the ability to cause the sense of urgency to subside. Rushing to the bathroom can place extra pressure on the bladder causing it to contract and empty. Rushing also interferes with the concentration needed to control the bladder. Strategies used to reduce urge sensations include: relaxation, distraction techniques, and pelvic floor muscle exercises.

Habit training is a behavioral technique that calls for scheduled toileting at regular intervals on a planned basis. Unlike bladder training, there is no attempt made to motivate the patient to learn the techniques to delay voiding and resist the feelings of urgency.

Biofeedback allows a person to monitor their pelvic floor muscles while doing...
Simon Says...

PEN PALS... Many people on our pen pal list wish to write to someone who has a similar incontinence problem in order to exchange pertinent helpful hints. If you would like a pen pal and wish to include the type of incontinence you suffer from, feel free to include this information with your request to have your name in this column. New members of the pen pal club are: Tony D. Johnson, 625 NE Lincoln, Roseburg, Oregon 97470; Laura Rumsey, 7 South 3rd Street, McSherrystown, PA 17344; and Dwayne Peel, 1074 Welden Lane, Pittsburg, CA 94556.

MARK YOUR CALENDARS... Nurses, like most healthcare professionals, are especially busy people whose calendars are scheduled far in advance. Coming in 1994 is a meeting you won't want to miss... the Second National Multi-Specialty Nursing Conference on Urinary Continence. It will be held January 21-23, 1994 in Phoenix. So mark your calendars and watch this column for future details.

DEDICATION BEYOND THE CALL OF DUTY... Many Informer readers, who have attended recent I WILL MANAGE programs in their home communities, have written to the Foundation's headquarters in Chicago to praise their program directors. These professionals have given time from their busy lives to provide knowledge and insight about incontinence to the public. A word of thanks to all of our I WILL MANAGE program directors with a special salute to Susan Lassa, R.N. and Marti Rheeaul, R.N. This dynamite team of nurses from Grand Rapids, Michigan has conducted over twenty I WILL MANAGE program series in their community.

FREE BROCHURE AVAILABLE... from the Bladder Health Council of the American Foundation for Urologic Disease. Call 1-800-242-2383 for your free copy of "Answers to Your Questions About Urinary Tract Infections."

IS THE SIMON FOUNDATION ON YOUR YEAR-END LIST? Around the end of each year, many Americans sit down to share their financial good fortune by contributing to their favorite charities. So come this winter holiday season, won't you please remember to give for continence and add the Simon Foundation for Continence to your contribution list?

THOUGHT FOR THE DAY... Don't look back, unless you want to go that way.

US TOO... Continued from front

options. An informative letter from US TOO states: "After the standard digital examination, a blood P.S.A. (prostate specific antigen count) test, ultrasound, needle biopsy and possibly a bone scan, your doctor or team of doctors will recommend one of the three basic procedures or a combination approach to your personal prostate cancer problem, or no treatment at all! Whatever procedure is projected, you alone are the final decision maker. Your final decision should come on the basis of 'informed consent', that is, on the basis of having explored and investigated all medical avenues and options. The second most important factor in making your decision is having the support of family, friends, and the medical professionals."

In 1991 US TOO joined the American Foundation for Urologic Disease (AFUD). AFUD has made it possible for national representatives from US TOO to visit communities throughout the country to assist in the establishment of chapters nationwide. By the close of this year, US TOO will be in all fifty states. In April of 1992 Senator Robert Dole and his colleague, Senator Ted Stevens were appointed Honorary Co-Chair of the National US TOO organization. Senator Dole has given several interviews concerning his own experience with prostate cancer. These articles have appeared in widely read publications such as PEOPLE Magazine. Recently, Senator Dole invited the Simon Foundation for Continence's President, Cheryl B. Gartley, to Capitol Hill for discussions about the needs of people with incontinence and the work of the Foundation.

"Our nation's policy makers are currently struggling with complex healthcare issues. It is imperative that incontinence and other long neglected healthcare issues be included in policy and reimbursement decisions," stated Ms. Gartley. "Informed leaders have the opportunity to formulate informed policy."

Senator Dole related to Ms. Gartley that, like the Simon Foundation for Continence, he has received many letters from men who are dealing with the challenges of incontinence following prostate surgery, leading him to surmise that this is a far greater problem than currently recognized by medical science.

Ed Kaps, from US TOO, also discusses incontinence and impotency in his introductory letter to new members. He writes: "Some cancer specialists forget to review all of the accompanying after-effects and problems of rehabilitation that are endured by many prostate cancer survivors. Be aware and be prepared for the medical truths faced by the men who will be diagnosed with prostate cancer this year, namely that incontinence and impotency may become a fact of life."

US TOO, like the Simon Foundation for Continence's I WILL MANAGE educational/support program, allows patients the opportunity to share their coping mechanisms and to learn everything they wish to know about their health problems and needs. To find the group nearest you or to become involved in starting a local chapter, call or write, US TOO, Post Office Box 7173, Oakbrook Terrace, Illinois 60181; 1-800-82 US TOO or 708-627-6384 in Illinois.

REQUEST FOR MEMBERSHIP

Yes, I would like to be a member of the Simon Foundation for Continence. Please mail to me the Foundation's quarterly newsletter, The Informer. Enclosed is a check.

☐ $1,000.00 Life Membership
☐ $15.00 Annual Membership
☐ $5,000.00 Corporate Sustaining Membership
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The Simon Foundation for Continence
P.O. Box 835
Wilmette, IL 60091

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NOTE: Your annual membership will begin with the next edition of The Informer. Contributions and membership in The Simon Foundation are tax deductible.
pelvic floor muscle exercises (Kegel exercises). The patient is taught to contract and release these muscles while a vaginal or rectal probe records the muscle's activity and converts this activity to either visual information (on a computer screen) or an audio tone which changes as the strength of the muscle contraction changes. Medication may be used in conjunction with any of the above behavioral therapies. In some patients, medications can improve bladder control by relaxing the bladder, preventing the bladder from contracting and thus reducing the sense of urgency. Some patients complain of the side effects of these drugs, the most prominent of which is dry mouth. Other side effects which may occur include: constipation, blurred vision, dizziness, confusion, heartburn, and rapid heart beat.

Other medications treat the symptoms by tightening the closure of the bladder neck (urethral sphincter) as well as relaxing the bladder. These medications are often used for the symptoms of mixed incontinence. Mixed incontinence is the presence of the symptoms of both urge and stress incontinence (loss of urine upon coughing, sneezing, and other physical activity).

If you are a woman with urge incontinence, your physician may also recommend estrogen therapy. When women pass through menopause, they gradually produce less estrogen, a natural hormone which helps to maintain the tissues of the vaginal area and urethra. This loss of estrogen can cause the walls of the vagina and urethra to become thin and irritated, leading to the feeling of urgency in some women. It is important to note, as mentioned above, that the symptoms of urge incontinence and stress incontinence can be present at the same time. People with mixed incontinence should be very thorough in reporting their symptoms to their physician or nurse, so that both types of incontinence will be addressed. Sometimes women making the decision to have a surgical procedure for stress incontinence are unaware that there is a possibility that the urge incontinence will remain or become worse after a successful surgery for stress incontinence. Be sure to discuss your individual case with your doctor.

If you suffer from uncontrolled urine leakage, you're not alone!

A common cause of urinary incontinence is the weakening of the "pelvic floor muscles" which surround and support the bladder and other structures which help control the flow of urine. These muscles may be weakened by childbirth, obesity, repetitive exercise (jogging, aerobic) or changes in the body which occur with aging.

Some experts prefer to treat patients with non-surgical methods. An easy and effective method is to retrain the patient's pelvic floor muscles through exercise. These exercises must be properly performed in order to be effective. As the muscles are strengthened, they are better able to control urine flow and, therefore, prevent incontinence.

Incare Medical Products offers a line of products designed specifically for use in the rehabilitation of pelvic floor muscles. In clinical studies using Incare Medical Products, most patients treated experienced an improvement in their incontinence or regained total control. Improvement can be experienced within six weeks with this safe and comfortable therapy.

Call TOLL FREE 1.800.548.3482 to receive a free patient brochure and to find the name of the health care professional nearest to you who is using this therapy.

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Letters To The Editor

Dear Simon Foundation for Continence:
I just finished reading your last issue. Wow! a decade come and gone. I really don't know what we would have done without you. Some good news to share, I am going to be married. My father-in-law, bless his heart, is sending us on a cruise of the Bahamas as a wedding gift, isn't that great! When the excitement of that news died down, my first thought was how do you handle the disposal of disposable diapers on board? Amazing isn't it how the "problem" invades all areas of our lives.

Craig

Dear Craig:
I remember all the issues you have faced and have worked through to adjust to incontinence ... like beginning to date Patti for instance. Let's hope that everyone who exhibits your courage is so richly rewarded, congratulations on your upcoming marriage.

I'm sure all of our readers understand your comment that no matter what the life event, incontinence and its associated challenges come along for the ride. Hopefully each of us will learn to be thankful that there is a ride to come along on, because living actively certainly beats hiding in one's home. Let us know please, what creative solutions you come up with for your cruise.

Dear Simon:
Nocturnal enuresis is a condition I've struggled with all my life. Realistically at my age (46) I no longer even hope to find a solution, still I'm curious to see if there's anything new on the subject. I've gained priceless insight and self acceptance of my "problem" by writing to people on your pen pal list. I'm not quite ready to go public and be listed as a pen pal, but I'd like to make a couple of suggestions for making the feature even more helpful: (1) occasionally print a complete listing of those desiring correspondence; (2) allow (encourage) a new pen pal to briefly describe his/her general type of incontinence. (Like the mother who wrote in for her daughter, most of us desire correspondence with an individual who shares our particular problem.) Keep up the good work. If someone like you had been around during my adolescence, I'd be a much better adjusted and happier person today.

An Avid Reader

Dear Avid Reader:
We have found that most of our pen pals are responsible concerned individuals. They try to respond to all correspondence they receive, which for some, has been over two hundred letters. Rather than completely traumatize these members, or accidentally run someone's name who already has several pen pals, we must decline your first suggestion. However, we are happy to run an individual's name upon request. Regarding listing the type and etiology (medical cause) of an individual's incontinence, we are more than willing to do so when it is included. We are delighted that you, along with hundreds of others, are enjoying the pen pal club. Don't give up looking for cure, medical science is advancing every day.

Dear Mrs. Cartley:
I am in my mid-thirties and have been coping with incontinence to varying degrees since childhood. The problem is, I have yet to be able to discuss the matter with my children or even acknowledge my affliction. My children are neither stupid nor lacking in inquisitiveness. I am afraid that the longer I procrastinate, the more likely they are to draw their own, perhaps erroneous conclusions, from whatever clues they may have stumbled across.

I have sought medical assistance for my incontinence. Years later and two operations down, I am still plagued by unpredictable accidents. I suppose that deep down, I had hoped my incontinence would be resolved and the need to face the kids would be moot.

I am looking for some practical advice on how and when to broach the subject with the children. I think that they are old enough (ages eight through twelve) to realize that it is a subject which may cause no small embarrassment, not only to me but to them as well, as this is what our society has taught us. Most parents set high expectations for their children knowing that they are the most brilliant, handsome and otherwise gifted little nippers to grace this earth. I am no different. Society also teaches a child to set high expectations of a parent. As a father, I feel it is incumbent upon me to live up to this image.

Your book was the first I ever read that made me realize that others must agonize over issues such as these. I know that it is easy for a seemingly minor issue to assume monumental proportions when it comes to incontinence so I am seeking sound advice from either you, your staff, or all of your readers. I have not yet summoned myself to have my name printed. Nevertheless, if you feel that an edited version of this tale of woe should be included, then let me know so that I may steal myself against the unexpected.

A Concerned Father

Dear Concerned Father:
No need to steal yourself, anyone who writes the Informer is guaranteed anonymity. We will pass on any great suggestions from our readers.

Your humorous style is a delight which I'm sure must be one of the things your children love best about their old dad. I can empathize with your high expectations for being a great dad, but remember, sometimes greatness takes years to be appreciated, especially in our parents. Therefore, I disagree with your statement that you've only got one shot at doing this right. Every moment of your life you have a shot at being a role model for someone ... that's one of the gifts of life.

You might begin talking to the kids by telling them: (1) you have a physical problem called incontinence; (2) the reason for your incontinence and the fact that it is not something they will inherit; (3) that you are telling them so they won't form their own erroneous conclusions or have any unnecessary fears for their father's health; (4) that over 12 million Americans have this problem in some degree due to various causes; and (5) that you are happy to answer any questions.

Regarding society's attitudes, you might wish to remind them of previous discussions I suspect you've already had about freedom from religious or racial prejudice. Tell them that some people in our society still need an "attitude adjustment" regarding issues like incontinence and physical disabilities.

If you still feel talking with your children about incontinence is just too much of a mouthful consider beginning by talking with a health psychologist at one of your local hospitals. He or she can help you become more comfortable with the subject, provide helpful suggestions for talking with the children, and be a resource in the future if you need one.

Dear Informer:
I have a simple suggestion that has really helped me. I wear cotton diapers under plastic pants. After just a few washings the elastic waist band in the plastic pants "wears out" and literally has allowed my diaper to slide down. My wife resolved this problem by going to a fabric store, buying a one-inch wide roll of elastic to sew on the inside of the pants. This makes for a secure and confident fit. I hope this idea helps your members.

A Reader from Washington