More About the Bowel

Editor's Note: No sooner did the last issue of the Informer go into the mail, but we started receiving newspaper clippings from our readers about new thinking and research being done related to the causes of constipation. The following is an excerpt from an article in "Health Matters" by Bill Stokes of the Chicago Tribune, entitled "Put Those Old Theories About Constipation On Hold; It Could Be Nerves." It is included in this edition of the Informer as a follow-up to our article on bowel incontinence.

"A researcher says that the three most popular theories on the causes of constipation in the elderly - that they don't eat enough fiber, drink enough fluids, or get enough exercise - do not hold up to scientific examination.

Dr. Timothy Koch, a gastroenterologist at the Medical College of Wisconsin in Milwaukee says a communications breakdown between nerves and muscles in the bowel may be the chief cause of constipation as people age.

'Intestinal nerves control muscle tissue which performs the work of the colon,' Koch said. 'Aging may affect these nerves' ability to signal intestinal muscle to perform the actions necessary for frequent, successful bowel movements.'

Koch says epidemiological studies show that constipation was more common a century ago even though people ate more fiber. The exercise theory is dubious, he said, because many young people are sedentary, yet suffer less constipation as a group than do the elderly. And drinking additional fluids, according to Koch, rarely helps with constipation, because the colon absorbs excess fluids in the blood stream.

Increased constipation with age, Koch says, is more probable because of the cumulative effects of chemicals in food and chemicals produced by the body on intestinal nerves, and of the long-term effects of intestinal infections.

'I suspect there is a problem with the nerves' ability to release enough neurotransmitter, a form of chemical messenger; therefore the intestinal muscle is not getting the message to produce a bowel movement,' Koch said.

'An important goal of our constipation research is to dispel theories that treat constipation as a dietary problem or a poor health habit, rather than the true disease process it is,' Koch said.

There are obvious health benefits for people of all ages in eating adequate fiber, exercising and drinking fluids. But if chronic constipation persists, it may be due, as Koch suggests, to disease of the nerves. Chronic constipation is defined by Koch as two or fewer bowel movements a week for three or more months."

Readers, please add this information to your file on bowel incontinence. The Koch research reported in the Chicago Tribune reinforces our continuing message to both see your doctor and to be willing to discuss problems as an informed patient.

Doctors Are People Too

Much is written today about improving the health care delivery system in America. Very little seems to be said, however, about a major component of good health care: improving patient/physician relationships. In our society, the concept of a family doctor relationship where a patient and physician knew each other as individuals, has almost disappeared. In its place came a mobile society, HMO's (Health Maintenance Organizations), and increasing subspecialties to treat complex disease processes.

All of the changes in our culture have resulted in many Americans receiving health care at the hands of physicians who are unknown to them as people. The ramifications of the change have not been subjected to careful scientific scrutiny. However, each of us can speculate on some of the feelings we have about our own medical care due to these changes. Often times, Simon Foundation members express a sense of alienation and inability to communicate with their physicians.

This article was written to help patients along the road to getting to know their doctors again. A questionnaire was sent to several physicians in specialties which often treat incontinence: geriatrics, obstetrics/gynecology, and urology. The doctors were asked to comment on the following questions.

Although the reasons doctor's expressed for choosing medicine varied widely, the rewards they received from healing, and their feelings about their patients were amazingly similar. All of the answers we received were helpful and candid.

1. Why did you choose medicine as a career? "I honestly think it was subconscious prompting from my mother from a very early age. Medicine involves science and human interaction, the opportunity to provide a needed service and to make a good living."

2. How did you become interested in being a gynecologist, urologist, or geriatrician? "Urology provides many different types of surgery and it is the most compatible with a stable happy"
Doctors Are People
Continued from front page

homicide. I see all my (surgeon) friends in other specialties becoming rich, but
divorcing.

"Geriatrics involves interdisciplinary input. There is a huge unmet need, and I like old people in general, they appreciate medical care."

"I was a philosophy major in college and very interested in history. I enjoy old people, they are repositories of our oral history. The elderly are the sickest in our society, but they are the least likely to receive care. To help and to comfort is the role I saw as a doctor."

3. How can you become interested in treating incontinence? "Incontinence is a major health care issue for the elderly. As a geriatrician you can't miss it."

"There was a large gap in the field and no one else seemed interested in it. There are so many treatments and no one knew about them. I was seeing the suffering of very patients and listening to them tell me they had been from doctor to doctor on sort of a merry-go-round, trying to find help. They were running into brick walls everywhere."

"My interest in incontinence was a natural expansion of my interest in geriatrics. Incontinence is to geriatrics what geriatrics is to medicine, an area of great research needs, a vast swamp of lack of knowledge. Physicians had sort of given up on it. It seemed to me that you could try to look at it like chest pain, something you needed to delve into and figure out the cause. Also, it is very complex, and therefore, very challenging."

4. What are the rewards and frustrations of treating incontinence? "We can take people who think of themselves as social outcasts, people who are unable to perform their jobs or unable to lead happy home lives, and return them to normal living. That's very rewarding."

"Making someone dry is like curing an illness. It makes them physically and emotionally better. They become willing to go out and take an active part in life."

"No one is as happy as a person who is wet who has seen six doctors who have given them no hope, who can be told that there is something that can be done. It's very rewarding."

"Occasionally you run into failures with patients even with your best treatments. When I run out of ideas, I always refer these patients to what I call my list of experts. But they often can't afford to travel to seek further medical consultation."

"A patient who does not want to follow my instructions. I run into this all the time with self-catherization. Not following instructions is the patient's right, but it's frustrating. Or they will say, 'Fix me, but I'm not a pill taker'. Why did they bother coming to see me then? Perhaps they just wanted to see what I had to offer."

"The most frustrating is a patient who will not comply with the prescribed treatment and then gets angry at me because things won't work. Others want the treatment they've decided they want, or they develop an unfounded belief about a medication which is not true. Some patients become resistant to change even when we discover new and better treatments."

"One of the greatest frustrations is that I don't have enough about incontinence. Cure is still the exception rather than the rule, and management can take a great deal of effort."

5. How do you feel when a procedure fails, and the patient still feels? "I don't do the procedures (a geriatrician), I'm the one who refers them to the surgeon. By the time you hit 90, you've pretty much tried it all. For an older person to go through an operation takes a lot of trust between the patient and the doctor, and when it fails you feel just awful. With an older person there can be a strong element of hopelessness and depression, therefore, if an operation fails it is more of a setback. They may think, I'll only live a few months anyway, and I just don't want to do this."

"I'm very careful who I refer my patients to, I'll go outside my own hospital, university, or even city to find the best surgeon."

6. Describe an ideal patient. "An ideal patient wants help, is motivated to get better, and is realistic about their problems. Someone who has had a major stroke must not expect to be playing golf in six weeks in all likelihood. Also a good patient must communicate problems effectively, be specific and answer direct questions, rather than go off on tangents."

"In general I think doctors describe an ideal patient as a compliant patient. I don't really know, but perhaps the ones who make you feel the best are those you can help. I don't really think there is an ideal patient. Even the most beligerent ones can simply be reacting to their embarrassment. When you help them they become whole new people."

7. What criteria do you use when choosing a doctor for yourself? "They must be Board Certified, a good communicator, spend enough time to answer my questions, be available and accessible, and have kept up."

A good question to ask a physician is how many continuing education classes in your specialty have you taken in the last two or three years. At least one per year would be a satisfactory answer."

"I ask other doctors who they would recommend."

"I choose my doctor more for knowledge than compassion. I want to know he keeps up with what is going on. I want a doctor who won't sleep at night if I am doing poorly."

8. What percentage of the people you see do you feel you can restore to continence? "I think I can restore everyone to continence, but common sense tells me I must be wrong and am fooling myself."

"I think that only 1/3 can be restored and another 1/3 can be improved."

"The person can walk, their brain works, and he/she is motivated - 80%. If however, the patient is demented and immobile, and unmotivated - 20%."

9. What would you most like to change about interactions between patients and physicians? "I would like to establish more of a sense of trust. I try to do it by giving the patient more time and by being available to the patient. Our society is falling into the trap of doctors viewing patients as legal entities, while patients see themselves as consumers with the doctor as the provider where the only goal is low cost, not the highest quality. The drop in society's respect for medicine as a profession in the last ten years is very depressing. I love my patients, but so many aspects of practicing medicine interfere with providing good care that slows me down."

"I would like to see more doctors do what is expected to get the job done and be reasonably compensated for it. I can spend two hours with a patient, because what I do takes a lot of skill, and only be compensated $100."

"I would like patient's who have questions to ask, and against I hope they keep looking and don't accept a pat on the head as the best we can do!"

"The doctor and patient should have more time together. That's why I can't take too seriously those who say that there are too many doctors. For the person who is jogging every day and physically fit, perhaps one doctor can take care of hundreds of these patients. But how long does it take a doctor to be a good physician when someone is ill? More time with the patient is not going to happen, however, because everything is working against it. You have third party involvement which means filling out forms in triplicate for payment. Six months later the forms come back saying the patient's name is misspelled, so you send it back, and six months later payment is refused. You have to hire office managers and go to courses to learn about reimbursement issues. So the costs are rising, while the payment caps are tightening. Physicians are coping by seeing more patients."

Other statements came up along the way in these interviews which shed some light on physicians as human beings who are more friend than foe. One physician commented: "After World War II there was an angry cadre of physicians who had seen what science could do, such as develop the atom bomb, and they wanted the government to use funds to find cures. Physicians started becoming combination physicians and scientists. This led to humanism in medicine that physicians needed to cure people. This pervasive attitude leads to those who could not be cured being tossed aside. My conception is different, a.M.D. should be a caregiver."

As you can see from many of the above comments, doctors are caring people. Patients, please remember that. A physician's relationship is still possible in today's world. To really improve medical care, doctors and patients must learn to talk to each other. We at the Simon Foundation want to continue to urge mutual efforts to work together on communicating about the problems of incontinence.
One Voice: An Editorial

Muchas Gracias...Merci Beaucoup...Danki...no matter how you say it, it's heartfelt thanks in any language to all our members who cared enough about the work of the Simon Foundation for Continence, to support us financially. All your gifts are greatly appreciated, as are the words you shared with us.

We repeat some of them here for your enjoyment. Perhaps those of you who feel the same way and haven't yet voted with your dollars, will send a contribution to Continence, care of the Simon Foundation.

"It's not a lot, but it will help a little toward the memorable job you're doing for a lot of us old 'geezer'."

"I hope that you and the Simon Foundation stay in business forever. Thanks for all the help and encouragement you've given me. Love you."

"Thank you for the Informer. It's one of the best investments I have ever made. The information on products I didn't know existed, and a letter writing friend who understands my problem. Enclosed is a powerful dollar. I wish it could be more."

"Your Summer 1988 edition of the Informer made me cry so hard I wet my pants (again)...so here is something to help. Please make your next editorial a happier one."

"I had the great fortune to speak to someone at the Simon Foundation in the middle of June of this year. At the time, I explained that I had read the article about you in Northshore Magazine. You suggested I see a specialist about my problem. I will always be grateful to you for being a person of as much importance and value as you are." The above story and hundreds like it help us feel our work is worthwhile. Our readers' contributions keep our work alive and allow us to be there for you. Everyone who contributed has a part in this story and others just like it.

"I deeply regret the small size of this donation, but it is the best I can do as a senior citizen on a fixed income. Please do not acknowledge, nor seek a receipt, or a thank you note as the cancelled check will be sufficient evidence of your receiving my donation. In this way you can economize on stationary and postage. I'm sure other contributors will be glad to forego any acknowledgement so as to strengthen the Simon Foundation, whose great work for us is deeply appreciated. We are so grateful to you for all that you are doing. May God grant all of you the strength to continue your marvelously accomplishments."

"There is still an enormous amount of work to be done. Please add your dollar or more to help us change the future for people with incontinence. We can continue our work only with your help. Together, we are making a difference."

Simon Says:

NEW BOOK AVAILABLE IN U.S. EXCLUSIVELY THROUGH THE SIMON FOUNDATION...Urinary Incontinence: A practical guide for people with bladder control problems, their carers and health care professionals. By David Fonda and Cynthia Wellings. Although written in Australia, this book has plenty to offer people with incontinence the world over. Chapter titles include: How the urinary system works; The urinary symptoms associated with incontinence; What causes incontinence; Urological and other causes of incontinence; Reversible or modifiable causes of incontinence; Managing incontinence; Using bladder charts; Bladder retraining programs; Pelvic muscle exercises; Dealing with the psychological consequences of incontinence; Other practical hints; Achieving social continence; and Preventing incontinence. You can order this 51-page softcover book direct from the Simon Foundation, P.O. Box 835, Wilmette, Illinois 60091 for $6.95 plus $1.00 postage and handling.

MEETING THE TRAVEL CHALLENGE...A reader who uses disposable products recently wrote of his arrival in Europe minus his luggage. Unable to find products available at the local stores, he contacted a hospital and located help. We pass on this helpful hint to all our traveling members.

CHANGE OF ADDRESS...Just a reminder. Please add your computer member number, found above your name on the address label, to all your requests. It will save our volunteers enormous hours to work on other tasks.

BRINGING THE GENERATIONS TOGETHER...With the slogan, "Light the candle at both ends, for the growing old... and the growing up", the Beverley Foundation has just published WELCOME TO OUR NURSING HOME a coloring and activity book for children. This 28-page activity book would make a wonderful gift for children to stimulate intergenerational sharing. Developed in conjunction with the Beverley Foundation's Adopted Grandparent Intergenerational Sharing Program, the coloring book explains aging in a positive manner to children, and encourages them to enjoy older American's experiences and remembrances of events such as the first Ford automobile, the first transatlantic phone call, the 1929 stock market crash, and other historic moments. Single copies of WELCOME TO OUR NURSING HOME can be obtained for $1.00 each, plus $1.50 shipping and handling from: The Beverley Foundation, 99 South Oakland, Suite 227, Pasadena, California, 91101. If you are interested in mutually beneficial activities between schools, nursing homes and community groups, be sure to ask them for information on their Adopt-a-Grandparent program.

THANK YOU.Editor's Note: This issue of The Informer was underwritten by an educational grant from The KENDALL-PUTO Color Company, makers of CURITY Bladder Control Products. The Simon Foundation does not endorse specific incontinence products or medical treatments. Inclusion in this column in no way implies endorsement.

Get Back In Control with CURITY Bladder Control Products

CURITY is the only national brand that offers you a complete line of products for all of your bladder and bowel control protection needs:

- "Leak-Pruf Blue Strips" Contoured Briefs - For Heavy to Complete protection. This brief features an exclusive, highly absorbent design that traps fluid and draws it away from your body. Helps prevent leakage, while helping you stay dry, protected, and secure.
- Underpads - For effective bedding and upholstery protection.
- Brief Liners - For Light to Moderate protection. A free reusable stretch brief is enclosed in every package of these non-contoured liners.
- Form-Fitting Contoured Shields - Available for Light and Moderate protection.
- Skin Care Products - Cleanses, moisturizes, and protects sensitive skin.

We Invite You to Try One of Our Products for Free!

Select sample you want and mail in the form below.

I would like to receive more information plus the following free product sample: (please check no more than two)

- CURITY® "Leak-Pruf Blue Strips" Disposable Contoured Brief
- CURITY® Disposable Underpads
- CURITY® Disposable Brief Liner with Free Stretch Brief
- CURITY® Form-Fitting Shields
- CURITY® Skin Care Products
- CURITY® Moisturizing Skin Cream
- CURITY® Moisture Barrier Ointment

Send my FREE sample to:

Name __________________________ Address ____________ Apt. # ________
City ___________________________ State ________ Zip ________
Mail to: CURITY® Free Sample Offer 5801 Mariemont Ave Cincinnati, Ohio 45227 Attn: C.K. Raines

An Unofficial "Purrfect" Mascot Steps Forward

Will Rogers once said: “We are all here for a spell - Get all the good laughs you can.” Many of the Simon Foundations' members have discovered that somewhere, hidden in any of the circumstances life hands to us, is a little bit of fun.

When Managing Incontinence: A Guide to Living With the Loss of Bladder Control first went to press, we learned a great deal about humor associated with incontinence. Book titles such as the following were being constantly suggested: “Leaking Secrets, Out of the Water Closet, Raindrops Keep Falling From My Bed, and Everything You Ever Wanted to Know About Incontinence: Or What to Do with a Wet Cat.” Little did we know that we would have to someday figure out what indeed to do with a wet cat!

Recently, we received the following letter in our mailbox:

"Dear Sirs or Madam: In no way is this meant to trivialize your worthy efforts, but I must tell you about an interesting ironic event. We have a cat named Simon, of all things, who was run over by a car two years ago. In the accident, his back was broken but his spinal cord was not severed, so we decided to try to see him through this tragedy. Although he generally recovered from his many injuries, he did retain some permanent nerve damage and is occasionally, you guessed it, incontinent. Actually, his bladder and bowel control problems are a little more complicated than that, but not to the point where he is impossible to live with. He continues to bring us untold joy every day of our lives.

From a medical point of view, it is interesting that he has to take special drugs (brought here especially for him from the veterinarian school at the University of Saskatchewan) that firm up his bladder and help him control it better. These were prescribed by our caring veterinarian who took the trouble to consult with a geriatrician who has some specialized knowledge about incontinence.

I am enclosing a photo of Simon who, I am quite sure, would be happy to serve as your foundation’s unofficial mascot. Best wishes and continued success in your endeavors."

So as we dub SIMON THE CAT our unofficial mascot, he reminds us all: “no one is purrfect!” - but everyone CAN cope.

Letters to the Editor:

Dear People:

This is in regard to “MF in Connecticut” whose problems were compounded by overweight. I do think that many of your readers may suffer from weight problems and believe that you could perform a real service by suggesting they try the program set forth by Overeaters Anonymous. It has been a great help to many. It is possible that even someone who can not get to meetings at first could be helped: he or she could write to Overeaters Anonymous Headquarters, Box 92870, Torrance, California, 90503 for literature.

Please do not use my full name, because OA like AA, requests anonymity at the public level so that no one sets himself up as a spokesperson for the group as a whole.

Patricia

Dear Patrick:

Thank you for your information. Since over 50,000 people read this newsletter, I'm sure that many of them can benefit from your advice. Thanks for caring enough about incontinence to take the time to write.

Dear Informer:

I was so embarrassed by this problem that I refused to see a doctor about it for years. When I finally went (with a little prodding from my wife), the doctor was not at all surprised, and said that she had several male patients with the problem. The doctor referred me to a urologist who has found what appears to be a physical cause of the problem. I'm glad that these problems are finally coming out of the closet, and wish I had sought medical help sooner.

Please Don't Print My Name

Dear "Please Don't Print My Name":

Thanks so much for writing. Perhaps someone out there will hear our constant plea to "See you doctor" in a new light after reading your words.

Dear Informer:

I rarely have seen any mention about bedwetting in the regular press, or in newsletters such as yours. I think late bedwetting is still considered something that is a personality disorder both by the public and professionals. It seems to carry a stigma that is, in many ways, worse than for other types of incontinence, as other forms are more easily accepted as being physical in nature. One other thing on my mind is that all of the advertisements for incontinence products are geared either for middle-aged or elderly women. I've never seen anything that would indicate that young people and men also have bladder control problems. There is a subtle message in this that tells young people that they are abnormal because they lack control, and it says that men who lack control are demasculated. Let's see more fairness in both publications and advertisements.

A Reader

Dear Reader:

No one is abnormal because they have lost control of their bladder. What you are seeing in the marketplace are manufacturers trying to sell their products to that segment of the market which will be most likely to buy them. Most of them give name marketers read THE INFORMER and I hope they will note your comments.

Dear Informer:

I would like to meet and correspond with others, male and female, in my age group. I am 36 and still bed wet. You may use my name and address and give it to others who may be in a similar situation.

Tom Katon
P.O. Box 20434
Newark, N.J. 07102

Dear Ms. Gartly:

I am 39 years old and am hoping to make friends with people who have similar problems. I think that having relationships with people with similar problems will give each of us more confidence knowing that incontinence will present no embarrassments or hurdles.

Gary Weiner
P.O. Box 1940
Plant City, Fla. 33566

Dear Informer:

I would like to ask you why at the age of 25 I am now beginning to feel that I need to be around people that are also incontinent? I have lots of friends. I’m very active, and I have a good social life, but still I’m looking for people with the same problem. My handicap isn’t noticeable, so it makes it hard for me to fit into support groups for the severely handicapped. With all my friends and family, I still feel alone, and am puzzled as to why? May I ask, if you put this in your publication, that you put my name and address in as well.

Tyrone Rust
12301 Lomas NE, Apt. 27
Albuquerque, NM. 87112

Dear Friends:

We are starting to build a backlog of people who want their names and addresses published. This is a new and gratifying experience here at the foundation, where initially everyone threatened us with dire consequences if they ever received a piece of mail from us which gave even a hint to the contents. We hope all of you find a special soulmate to confide in.