



THE SIMON FOUNDATION
FOR CONTINENCE

fact sheet

PROMOTING CONTINENCE – CHANGING LIVES

MALE URINARY INCONTINENCE

Introduction

Loss of bladder control, or urinary incontinence (UI) is a challenge at any age. The distress that men feel about this health condition is not related to the amount or frequency of urine loss. UI is not a natural part of aging; however changes that occur in the body with aging may lead to bladder problems and the prevalence of UI does increase with age.

Men have unique risk factors and causes for UI. For men, the prevalence of urge incontinence is the most common with 40%-80% of men reporting this type. Mixed incontinence (both stress and urge combined) is second with 10%-30% and less than 10% of men have stress urinary incontinence (SUI).

Key Risk Factors

There are many risk factors behind urinary incontinence, and quite often there is more than one cause. The most common risk factors for men are:

- Incomplete emptying of bladder
- Infections
- Physical and mental impairments
- Limited physical activity
- Neurological disorders and injuries
- Diabetes
- Alcohol intake
- Prostatectomy
- Benign prostate hyperplasia (BPH)

Young men (25-29 years) can be at risk due to injuries from accidents that lead to spinal cord injuries. Additional impacts of a poor diet, lack of exercise, smoking, and excessive alcohol drinking, can take their toll on a man's bladder health. As men age, there is also an increase in

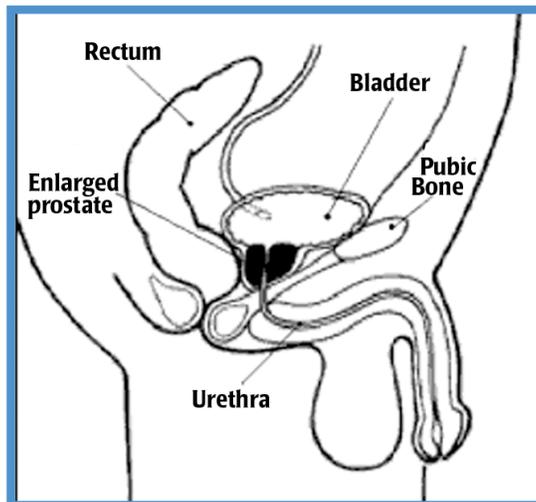
stroke, Parkinson's disease, dementia, Multiple Sclerosis, prostate cancer and other diseases that impact the functioning of the bladder and urinary tract.

An Important Caution

Many men are unaware of how changes in their voiding pattern can be an early warning sign of the potential for deteriorating bladder health in the years to come. They make the mistake of not reporting these symptoms to their doctor. The process of change usually begins with all or some of the following: difficulty in starting the urine stream; a weak stream; and dribbling after voiding.

These changes are most likely caused by the gradual enlarging of the prostate gland that surrounds the urethra (a common occurrence as men age).

The prostate begins to negatively affect the urethra (the opening from the bladder through the penis to the outside of the body) by narrowing the passageway for urine. This narrowing leads to the above changes.



Another change that you cannot see is going on in the bladder. The bladder is a muscle and when the above symptoms are present, it also means that the bladder muscle must work harder to squeeze the urine out through the urethra.

Eventually the bladder muscle weakens and/or gives up entirely, resulting in the inability to urinate at all, often resulting in a trip to the emergency room. This and other ramifications can be avoided with early intervention. Treatments selected are dependent on each individual case. They include medications, catheterization, and procedures to reduce the size of the enlarged prostate.

Types of Incontinence

Urge incontinence is the most common incontinence men experience. Urge incontinence is a sudden and strong urge to urinate, followed by leakage. The leakage can be almost immediate - you have the urge and find yourself immediately wet. Or you may have some time to get to a bathroom before the leakage occurs.

Urge incontinence can be treated in several ways including noninvasive therapies, implanted bladder pacemaker, and with medication. **Overactive bladder** is when people have frequent, strong urges (usually defined as eight or more a day and two or more at night), without leakage. (Note: You may leak, but that is not what defines OAB.) With OAB, the nerves surrounding the bladder send signals to urinate even if the bladder is not full. It is estimated that 33 million Americans have OAB, and as many as 30% are men. Check to see you are not drinking too much liquid,

MALE URINARY INCONTINENCE

particularly caffeinated beverages. Treatments include medication, nerve stimulators, bladder pacemakers, and Botox injections into the bladder.

Stress urinary incontinence (SUI) refers to urinary leakage that occurs when physical stress is placed on the bladder by coughing, sneezing, lifting, or laughing.

As the pelvic floor muscles that hold your bladder and bowel in place weaken or become damaged, the sphincter (the muscle surrounding the urethra) can lose its ability to completely keep the urethra closed. When this happens, any amount of urine from a few drops to the entire contents of your bladder can leak out.

Men generally experience SUI following the treatment for an enlarged prostate or prostate cancer. SUI can be treated with noninvasive therapies and surgery.

Mixed incontinence is the combination of both stress and urge incontinence. With mixed incontinence both types will need to be treated to find complete relief from symptoms.

Functional incontinence is urinary leakage that occurs when the urinary system is physiologically working fine. Incontinence may be the result of mobility challenges with getting to the bathroom, dexterity challenges with removing clothing, confusion or disorientation (medications may be the cause, especially sedatives or hypnotics) and visual impairments (inability to see the toilet).

Prevention is the key. Things like following a timed-voiding schedule so that the bladder is emptied at predictable times, before it becomes "too late," can be helpful. These suggestions may also help prevent functional incontinence:

- Leave the bathroom door open and light on so it's easy to access
- Keep the pathway to the bathroom clear by removing area rugs and other trip hazards
- Use pants with an elastic waistband

- Have toileting aids such as grab bars and a raised toilet seat installed

Nocturia is defined as the interruption of sleep one or more times at night to void. Men are more frequently affected by nocturia than women and those who have difficulty walking are at increased risk of injury as they rush to the bathroom. Nocturia is highly prevalent in individuals over 60 years of age.

Nocturnal polyuria is the most common cause of nocturia. It is a syndrome where the usual day to night ratio of urine production is altered and 1/3 of the total 24-hour urine output occurs at night instead of during the day. In this case, the bladder may be functioning normally, but the urine production overwhelms bladder capacity during the night.

Other conditions that may overwhelm the bladder's ability to hold urine through the night are post-radiation thickening of tissue; bladder surgery; interstitial cystitis; and bladder stones. These can cause the same symptoms as nocturia.

There are treatment options available depending upon what is causing you to wake in the night to relieve yourself. Please talk to your doctor to find an appropriate treatment plan.

Treatment and Management

Depending on the reasons for, and type of incontinence, there is a wide variety of management devices and treatments available for men. Treatment options include biofeedback, electric stimulation, dietary changes (with the advice of a registered dietician), acupuncture, nerve stimulation (both external and through an implanted device), Botox injections into the bladder, physical therapy for pelvic floor rehabilitation, medications, and surgery.

Treatment plans should always begin with the least invasive option. It is very important that if a treatment is not working, patients let their healthcare provider know. Otherwise, the provider might assume you are having success

when it is just the opposite.

Management options include absorbent products (briefs, underwear, pads, and pouches) and collection/drainage devices (intermittent catheters, male external catheters, body-worn urinals, urinals, leg bags). Further information about products and devices can be found at the Simon Foundation for Continence's website continencecentral.org.

New management and treatments options continue to become available (based on new research). Staying in contact with your provider allows for the possibility that a new technique might be an option for you to try.

Taking Charge of Your Health

While you may find it difficult to start a conversation about urinary incontinence with your healthcare provider, remember that he or she is accustomed to talking about this health condition.

It is wise to make an appointment to only discuss your incontinence instead of mentioning it at the end of a discussion on other topics and just as your doctor is leaving the room. By taking this approach, you will have enough time not only to talk about your symptoms and concerns, but also to thoroughly understand what the next steps are.

Your provider may be able to do some preliminary tests and offer a first treatment to try. However, he or she may also prefer to refer you to a urologist. Some urologists specialize in the treatment of urinary incontinence, and you may elect to find this kind of specialist right off.

The Simon Foundation for Continence

simonfoundation.org
Post Office Box 815
Wilmette, Illinois 60091 USA
Toll free Information Number:
1-800-23Simon (237-4666)

This Fact Sheet has been made possible by an educational grant from

McAirlaid's, Inc.

Makers of X-top® for Men ■ <https://x-top-for-men.com>