Understanding and Defeating Stigma in Healthcare

Stigma in healthcare is, of course, a subset of stigmatization in society. It is personally, interpersonally, and socially costly. It is intrinsically apparent that the scope of the problem of stigma in healthcare is enormous. In the U.S. alone there are over 43 million individuals with a disability - 14.3% of the entire population - America's largest minority. Many if not most people living with a chronic disease or disability experience stigmatization. One wonders, how many individuals who feel embarrassed and stigmatized by their incontinence, avoid seeking healthcare for fear of being stigmatized further. The cost to quality of life and the increased cost of medical care due to not seeking timely intervention is incalculable.

Understanding the roots of stigma in a culture and identifying how stigma is likely to be defeated is a complex endeavor. Ever since Erving Goffman's classic work: "Stigma: Notes on the Management of Spilled Identity" (1963), the academic literature has exploded with attempts to define the causes and outcomes of stigma. Students of stigma have been attempting for over forty years to understand the human behavior of marking another person in a manner which marginalizes that individual.

In this article we will highlight just a few of the many components of stigma: language, impact on the family, the dilemma of passing, the loss of freedom in public, and staring - in order to illuminate the constant trauma a stigmatized health condition places on an individual.

Language is an important component of stigma. Think of the tremendous social and political changes that are implied by the terms "girls," "ladies," and "women"; to give another example, "colored," "Negro," "black," and "African American." In these examples, terminology both presages and mirrors important socio-political movements; it might even be argued that the changes in terminology reflect paradigm shifts. To use an example regarding stigma in healthcare, listen very closely to "wheelchair bound" versus "rides a chair." Doesn't one description say "helpless, poor thing?" While the other description, "rides a chair," actually sounds like fun!

Language also affects stigmatization in other ways. Individuals with stigmatized health conditions are constantly asked by complete strangers, "What is wrong with your leg, arm, nose, etc." Like multiple...

Cheryle B. Gartley, Simon Foundation President and founder (Chicago), and Martha A. Teichner, CBS News Sunday Morning television journalist (New York City), at the opening of America's first Town Meeting on Stigma in Healthcare - held in Chicago, 2003.

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impressions in advertising, I wonder how many times it takes for an individual with a stigma to hear the word wrong before the person internalizes it or takes it to heart?

Passing is another element of stigma. Passing is the attempt to hide whatever condition or disability might be likely to be stigmatized, to pretend to be “normal.” Passing is a very costly endeavor, it drains emotional energy and you miss the support of being open and honest with other people who share your condition and could give you support. It also leads to all sorts of dilemmas regarding information control. The agony of deciding with new social contacts, or old ones for that matter, who to tell, when to tell, to lie or not to lie, and the constant awareness that at any time the choice may be taken out of your control.

![Photo of Simon Foundation board members, Nancy Norton, President and Founder, International Foundation for Functional Gastrointestinal Disorders (Milwaukee, Wisconsin), and Professor Christine Norton, R.N., Ph.D. (London, England) renowned author and lecturer on incontinence, before presenting their papers at the International Conference on Stigma in Healthcare.](image)

While attempting to gain control over your life, you are in many ways giving over control to the American public, living always on edge, never knowing when a complete stranger will "out" you with a nosy question or by making an observation that draws attention to exactly what you are trying to hide. For example, a comment from a coworker about the propensity to always wear black slacks (a color often worn to help disguise incontinence "accidents") might be difficult to deflect when a group at the lunch table, waiting for the answer to a question they too had wondered about!

The concept of passing is very relevant to "social continence." Social continence, the ability of an individual to remain dry in public, often by the use of drainage systems or absorbent products, allows the individual to pass in society. However, the fear of an "accident" in public is a twenty-four/seven life companion. And the dilemma as to when to disclose the potentially discreditable information in intimate relationships is, for many, a prospect so agony filled that the person chooses instead to completely ignore the opportunity for closeness in their life. Sadly, many people with incontinence expend a great deal of their energy in hiding their bladder or bowel control problems from society, friends and even their family and healthcare professionals.

Being stared at (another element of stigma) holds the potential for incredible and lasting damage. Recently, at Abilities Expo, a trade show of mobility and other aids for people with disabilities, a woman was overheard telling a complete stranger at their shared lunch table in the show's crowded food court that she and her child, who had cerebral palsy, drive for a day each direction to attend this trade show every year. The stranger asked if there was really enough new at the show each year to make it worth the annual journey. "No," replied the young mother, "but it's the only place we can go where we aren't stared at."

Being stared at, or being accosted by curious strangers asking questions of a private nature, results in a loss of freedom, the freedom to enter into the world with the anonymity those who aren't stigmatized enjoy. The actress Jennifer Aniston once noted that she knew her life had changed when a complete stranger followed her into a drugstore to watch her buy some toilet paper. In an odd way, people with stigmatized health conditions share one of the problems of celebrities... you are never safe, because you can't predict how people are going to react. Case in point, a well-dressed woman passing by on foot, pointedly told a young man parked in a handicapped space to move his car. He quietly and politely pointed to the handicapped sticker hanging inside his car. "Well," the woman huffed, "you don't look handicapped to me."

The family of the person being stigmatized often experiences the stigmatization too. James Partridge, after being disfigured in an automobile accident, writes in his book *Changing Faces: The Challenge of Facial Disfigurement* about something his brother recalled: "I remember going with you into pubs and being aware of conversation stopping and eyes drilling into our backs. In one, you completely disarmed a group of starees with the throwaway comment: "Not looking at my best today, I'm afraid.""}

![Photo of Gala Tossing, three times Emmy Award winning vocal artist and "I Am More" performing artist (the anti-stigma song commissioned by the Simon Foundation) helps Town Meeting participants with her fluency in sign language.](image)

**Gala Tossing, three times Emmy Award winning vocal artist and "I Am More" performing artist (the anti-stigma song commissioned by the Simon Foundation) helps Town Meeting participants with her fluency in sign language.**

**Alan Cottenden, Ph.D. (London, England) an internationally recognized biomedical engineer and Ronald H. Rozensky, Ph.D. (Gainsville, Florida), Professor and Chair of the Department of Clinical and Health Psychology, University of Florida, listen intently to audience comments on their personal experiences with stigma at the Town Meeting.**

Mr. Partridge's ability to deal with his stigmatizing health problem brings an interesting question to mind - "Whose responsibility is it to defeat stigma in healthcare?" A reasonable approach to the examination of stigma is to look at stigmas from both the outside (the cultural aspects) and the inside (from the point of view of the person who is stigmatized). Perhaps living with stigma is just one classification which describes life's challenges. In their introduction to stigma in *The Social Psychology of Stigma*, the authors seem...
The New Freedom Foundation and Incontinence

What do Mike Ditka, former Bears coach; Dean Kamen, the Inventor of the IBOT; gala host, Emmy Award winning vocalist; and Academy Award winner, Marlee Matlin all have in common? Along with Cheryl Gartley, Simon Foundation's founder, and many others committed to New Freedom for people with disabilities, they were all assembled on the stage of Navy Pier in Chicago last summer to help present America's very first awards to honor accomplishments in providing America's largest minority, people with disabilities, with new freedom.

This national award ceremony was sponsored by the Jim Mullen Foundation, a Chicago-based not-for-profit founded by a Chicago policeman who was gunned down in the line of duty, and now living with quadriplegia. In 2004 the awards will have a new home at The New Freedom Foundation, a newly formed foundation whose mission is to inspire the creation of new freedoms and improve the quality of life for those people who have a disability, through educational programs, public awareness campaigns, research grants, and scholarships.

States Bill Smith, co-director: "The New Freedom Foundation supports America's commitment to people who have a disability. Since the signing of the Americans with Disabilities Act (ADA) in July 1990 (and the New Freedom Initiative in February 2001) thousands of individuals and organizations have stepped forward to create new freedoms for people with disabilities. The efforts of those individuals and organizations have had life-changing results for the more than 57 million Americans with disabilities, yet those efforts remain under-funded and under-acknowledged. The New Freedom Foundation was formed to unify those efforts into an exciting new industry...The New Freedom Industry."

Incontinence, although not classified as a disability, is certainly disabling to millions of Americans. Over the last two decades industry, medicine, nursing and allied health have all recognized the life impact of incontinence and have joined The New Freedom Industry by creating new devices, implants, medicines, injectable, improved surgical procedures, collection devices, and absorbent products...to name just a few ways that people with incontinence have been helped by the creativity of their fellow Americans.

All across America, hidden from the view of those of us who are affected by incontinence, are dedicated individuals in research laboratories whose inventions and ideas are improving the quality of life for people with incontinence. Physicians and nurses whose research studies are resulting in further understanding of how the bladder and voiding mechanism works, also quality for a New Freedom Award.

The dedicated readers of this newsletter - people with incontinence, healthcare providers, and business people working on incontinence - can all help to make sure that the 2004 winners of America's New Freedom Awards include individuals who have dedicated their lives to solving the challenges of incontinence.

Whether you'd like to nominate a healthcare professional, a co-worker who discovered a medication or an inventor whose device has changed the life of people with incontinence...log onto the web at www.newfreedomawards.com (or write to: The New Freedom Foundation, 350 West Ontario Street, Suite 4E, Chicago, IL 60610) to obtain a nomination form and submit a nomination. There are 10 award categories from which to choose, including: hospital or rehabilitation facility, product or technology, research, education, and organization.

The 2004 New Freedom Awards will be presented in Chicago on Friday, July 30th. People who have dedicated their lives to improving the quality of life for people with incontinence should be among those honored - over the last two decades the improvements in lives of people with incontinence are due to their efforts. Getting behind the efforts to recognize The New Freedom Industry can only result in even more hope in the future for millions suffering the impact of incontinence.

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Your annual membership will begin with the next edition of The Informer.

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A New Wellness Program for Women

Becoming incontinent almost always causes a change in lifestyle. People give up hobbies, such as skiing and hiking, because washrooms are not close at hand. A long automobile trip to visit family or friends is something to fear. And the thought of going to an exercise class which would definitely cause leakage? Out of the question! At least until now.

What if you could attend a full-body fitness program and a health information class about female incontinence with other women who truly understand how you are feeling, because they too experience incontinence? In Denver, you can do just that right now at a program called "Total Control," which is being offered at local YMCAs.

This seven week course is a comprehensive exercise regimen for women who are either partially incontinent, or at risk of being, and/or those who have had pelvic surgery. This course combines a total fitness program with valuable education involving basic bladder/pelvic anatomy and health, nutrition, and lifestyle keys to avoid, manage, or alleviate symptoms of leakage, frequency or urgency. All major muscle groups are addressed to ensure overall fitness, but a special emphasis is placed on those exercises necessary to strengthen and stabilize the pelvic core.

The curriculum for "Total Control" has been developed by a spectrum of exercise physiologists, general and pelvic physical therapists and physicians, including gynecologists, urologists and urogynecologists - among them Dr. Linda Brubaker, past President of the American Urogynecologic Society; Dr. Kristene Whitmore, a urologist and author of a best selling book on the bladder; Dr. Ingrid Nygaard, an internationally recognized expert on non-surgical treatments for urinary incontinence; Dr. Kari Bo, a Norwegian physical therapist who specializes in pelvic floor dysfunction and Dr. Jean Wyman, a nursing professor and Gerontological Clinical Nurse Specialist.

This expert team are aware on a daily basis in their private practice of the needs of the millions of women who have not yet sought treatment for their incontinence.

According to a study published in the British Journal of General Practice, 47 percent of women between 20-49 suffer from incontinence, in one form or another. Roger Goldberg, M.D., the author of the recently published book, "Ever Since I Had My Baby," states that 30 percent of the 3 million U.S. women who have vaginal deliveries each year will develop urinary incontinence. Yet women in general remain largely uneducated about their pelvis and the causes of incontinence. Sadly, basic bladder and pelvic health are not adequately addressed by primary care physicians, even when women are statistically most at risk (such as during pregnancy or menopause).

The Simon Foundation is pleased to announce that the Foundation will be working in conjunction with the originators of "Total Control" - Women's Health Corporation (WHC), a partnership between Missy Lavender and Margot Langstaff, both of whom know first hand the challenges of having incontinence. They are two young mothers who between them have a nursing degree, tremendous business experience, and MBAs from Northwestern University and Harvard.

WHC's mission is: "to provide women suffering from incontinence or pelvic floor dysfunctions, a safe and comprehensive exercise regime to insure complete physical activity, while specifically providing awareness of, and strengthening for, the pelvic core."

The "Total Control" course will be available in the Chicagoland area by Fall of 2004. WHC intends to expand the program to most of the 2,400 YMCAs across the country and to interested hospitals. In addition, follow-up programs, including an advanced course, are also in development. To learn more about the program and locations, visit www.totalcontrolpogam.com or www.womenshealthcorporation.com on the Internet, or telephone Margot Langstaff at 303-378-6901 or Missy Lavender at 312-377-8203 in Chicago.

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information on anatomy and what to do when you are pregnant to minimize pelvic strain, this book also holds valuable information about high-tech therapy for urinary incontinence, both in the doctor's office and operating room, and information concerning bowel problems and anal incontinence. Published by Three Rivers Press 2003, the book is available at your local book store or directly through the Simon Foundation for Continence, for $16.00 plus $3.00 for shipping and handling.

Society of Urologic Nurses and Associates Annual Symposium...

"Disorders of the Bladder, Bowel and Pelvic Floor" will be held March 18-20, 2004 at the Hyatt Regency Chicago. SUNA is a professional organization committed to excellence in patient care, clinical practice, and research through education of its members, patients, families, and community. This symposium will include a wide variety of workshops on basics of bladder and bowel disorders; basic and advanced sessions on urodynamic studies; updates on pelvic floor rehabilitation; and information on how to set up a continence practice. Faculty from throughout the United States, Canada, and England will address many of the nation's leading urology nurses with up to date knowledge on continence issues. Cheryle B. Gartley, Simon Foundation's President, will open the meeting with a keynote speech on the impact of stigma.

"The impact of stigma in healthcare is of crucial significance to our society," states Ms. Gartley. "The increased cost of medical care due to not seeking timely intervention because of embarrassment and stigma is incalculable." Her presentation will explore the components of stigma: nonverbal messages; family reactions to stigmatized health conditions; and many other components of living with a stigmatized health condition. For further information regarding the annual symposium or other upcoming SUNA conferences, contact the SUNA national office at 888-827-7862 or www.suna.org.

2004 Survey: Medicines in Development for Women...

Pharmaceutical Research and Manufacturers of America has just released its 2004 report which states that "more than 300 medicines are in testing for diseases of major concern to American women." Included in this list are fifteen drugs in various stages of being tested for the treatment of incontinence. According to Freda Lewis-Hall, M.D., a pharmaceutical company researcher quoted in the preface to the survey, drug companies have helped to redefine women's health in recent years.

"It's not just maternal and child health anymore - it's broader and deeper," says Dr. Lewis-Hall. "It's not just life expectancy - it's how well you live, what kind of quality of life you have. And pharmaceutical companies are doing gender-based research, looking at both the sameness and the differences between men and women. The payoff is that we can deliver better, more targeted medicines to women, now and in the future."

Bowel Continence Nursing...

a brand new book (published 2004) from the U.K. co-edited by Professor Christine Norton, Ph.D., R.N. (Simon Foundation Board member) and Sonya Chevvanayagam, R.N., MSc in mental health. This book is written for nurses and allied health professionals who treat patients experiencing bowel dysfunction. Chapters from various U.K. experts include information on: the development of bowel control; the physiology of defaecation and continence; the epidemiology of faecal incontinence; the causes of faecal incontinence; psychosocial aspects of patients with faecal incontinence, and much more. This is an informative, thorough book for health professionals. Enquiries for purchasing the book in America should be addressed to Beaconsfield Publishers Ltd at books@beaconsfield-publishers.co.uk.

Canadian Nurse Continence Association...

is holding its fifth annual meeting in Vancouver, British Columbia Friday, April 30 - Saturday, May 1, 2004. The keynote speaker for this year's meeting is Cheryle B. Gartley, past President and co-founder of Simon Canada, now the Canadian Continence Foundation. For further information and registration materials, contact Jennifer Skelly, R.N., Ph.D. at 905 573 4823.

Incontinence: The Engineering Challenge...

Is a seminar with the aim of stimulating fresh thinking on this neglected problem. The seminars are hosted by the Institution of Mechanical Engineers' Medical Engineering Division, and are chaired by Simon Foundation board member Alan Cottenden, Ph.D. There have been four seminars on this theme, in 1996, 1998, 2001 and 2003. The program has focused on reports on ongoing work and research, along with the presentation of actual research. Presentations have come from both those working to overcome the limitations of the design of existing pads, catheters, sheaths and leg bags, and those seeking brand new solutions.

The lastest seminar, held October 29 and 30, 2003 in London, England also included talks on technology used in the diagnosis and treatment of incontinence, including surgery. Scientists, inventors and related industry research and development departments who are interested in the technical developments in incontinence, can order a softbound copy of the presentation slides and supporting notes for 35 British pounds. Contact Alison Payton, Events Department, IMechE, 1 Birdcage Walk, London SW1H 9JJ, United Kingdom. Telephone: 011 44 207 304 6829. E-mail: a_payton@imeche.org.uk.
Medications for Bladder Overactivity

Overactive bladder includes symptoms of urinary urgency, frequency, and urge incontinence. Medications are one of the primary treatments of overactive bladder (OAB).

These medications are aimed at controlling involuntary bladder contractions that cause the symptoms of OAB. You usually have to take these medications indefinitely for relief of these symptoms unless the underlying cause for the problem can be identified and treated. However, you may only need the medication for a limited period of time if you include other treatments such as biofeedback or voiding drills. Ongoing research continues to look for even better medications for this very troubling problem affecting millions of Americans.

Most medications used to suppress bladder overactivity work directly on the nerves or muscle of the bladder. They are known as anticholinergics or antispasmodics. There are several medications in this group and you may have to try more than one to find the one that works best for you.

Usually, all of these medications have to be continued indefinitely to maintain their benefit, unless other treatments are used to help control the basic problem of bladder overactivity. These medications can be also taken on an 'as-needed' basis, but are most effective when taken regularly.

Often medications for OAB are started at a low dose to try to relieve symptoms using as little medication as is possible. If the medication is tolerated, but the symptoms are not adequately controlled, your doctor may increase the dose to better relieve symptoms.

The time of day the medication is taken can be adjusted to optimize symptom control. Each individual's symptoms of OAB may follow a particular pattern, such as being more troublesome during a certain part of the day or night. If that is true in your case be sure to explain this to your doctor so that the timing of taking your medication can be adjusted to your symptom pattern.

Medications for OAB are generally very safe, though they do have side effects in some people. They are not recommended in individuals with obstructive problems of the bladder or bowel or a certain type of glaucoma, so be sure to tell your doctor if you have been diagnosed with these problems.

The most common side effect of this group of medications is dry mouth. You may want to keep a glass of water by your bedside and take small sips if you are bothered by dry mouth in the night. During the day, you may find hard, sugar-free candy helps relieve dry mouth. Another occasional side effect is constipation. Stool softeners or fiber, which are not habit-forming, may be added to your diet on a regular basis to alleviate constipation. Less commonly, blurred vision or dry eyes may occur. All these side effects resolve completely when the medication is discontinued.

If you experience new troublesome symptoms when you start a new medication, be sure to contact your doctor's office to find out if the symptom is worrisome, what you can do for it or if your medications need to be changed.

Often people with OAB limit their fluid intake to try to prevent incontinence episodes and minimize frequency of urination. Excessively limiting fluid can increase risk of urinary tract infection and constipation, and can contribute to serious health problems. On average an individual should consume six to eight glasses of non-caffeine containing fluids daily. Fluid requirements do vary based on a person's activity, health, and environment. Be sure to maintain adequate fluid intake to minimize health risks.
Dear Simon Foundation:

I want to find out if you take out of town patients. I am almost 83 and find this problem hard to cope with - I do my own grass and yard work and work inside my little home. I haven't had a decent night's sleep in over a year - almost every 2 hours is my limit. I'm searching for coupons on pads. I am easy to get along with inspite of my age...I am a vet and I had jaundice and malaria in WWII; they told me I would have problems later on in life.

Louise M
Florida

Dear Kathryn:

When the Ann Landers column promoted the Foundation's work, we received over 30,000 letters in the first week after the column ran, and they kept coming thousands at a time throughout that summer. Even today, it is amazing how many letters we receive from people who have carefully kept the Ann Landers column, either "just in case incontinence happened to them", or because they were looking at the time "but thought it might get better."

We are delighted you have found us and hope you are not one of the millions who have suffered all these years in silence, mistakenly believing one of the many incontinence myths, such as: "I'm getting older."; "What do you expect, you've had four children."; or "Nothing can be done about it."

We are happy to report that not only do we still exist, but just this past summer (2003) the Foundation launched its third decade of service with a conference on Stigma in Healthcare, a Town Meeting on Stigma led by Martha Telchner of CBS News Sunday Morning, and the first black tie gala for continence. Our third decade will see the beginnings of many new and exciting programs that will bring further incontinence education to the American public in their home communities.

Hello Simon:

My name is Joel and I suffer from incontinence. I am 35 years old and have had this problem for a long time, but never really noticed that it was getting worse until the last year. I don't know much about what types of treatment options there are about this thing, but I would like to learn if there are more options than just the medication I am on. I would also like to know what types of protective underwear or other items are available for this. I am single by the way, and I also wonder how a woman would deal with an incontinent man.

Joel
Michigan

Dear Joel:

Over the last two decades, help for people with incontinence has had many new additions to treatments, products and devices, and medications to choose from. This is one of the reasons why it is so very important that people not only see their doctors to discuss incontinence problems, but also continue to visit them on an ongoing basis to discuss their satisfactions and dissatisfactions with treatments and products. We, the patients, must provide this critical information for the education of our doctors and nurses. These conversations also allow you to hear about new treatment options.

Regarding your question about the opposite sex, in this case women (but the same applies to men), how people react to incontinence is as variable as the human race itself. Much depends on the culture the individual was raised in, the way their family of origin dealt with bladder and bowel training, and who they've become as an adult.

The question for you to answer, is how do you want to be treated? when anyone you are dating falls short of that measure, it is probably time to consider moving on. An always difficult decision to make, is when do you tell a new person in your life about your bladder control challenges.
Nocturia

Frequent urination during sleeping hours can interrupt sleep and result in fatigue and insomnia. Needing to urinate more than twice during normal sleep is called nocturia. It may be a sign of urinary tract infection or other medical problems. Several different treatment options can be very successful.

UNDERSTANDING NOCTURIA:
Nocturia is the medical name for excessive urination at night. Getting up once or twice during the night to empty your bladder is normal. However, getting up frequently during the night can be a symptom of a medical problem. Nocturia can indicate urinary tract infections, prostate problems, bladder cancer or other medical conditions.

In older people, fluid that builds up in the legs during the day because of cardiac or vascular problems, may be excreted during the night when the person is lying down. It is often a symptom of overactive bladder, especially in older people.

Or it may occur in the absence of disease in persons who drink excessive amounts of fluids, particularly alcohol or coffee, shortly before bedtime. Nocturia, like all bladder problems, should be investigated by your physician to determine its cause.

How often you urinate depends upon how much urine your bladder can hold and how much urine your body makes, which is of course affected by how much you drink. Thus frequency and nocturia can be caused by (1) problems that reduce your bladder capacity and (2) situations which affect the amount of urine produced. Overactive bladder, urinary tract infections, tumors in the bladder, inflammation, multiple sclerosis, stroke, and spinal cord injury can all reduce the capacity of the bladder to hold urine. There are multiple possible causes of the kidneys producing too much urine, called polyuria. Kidney infections, reactions to medications, neurologic changes in the brain and excessive thirst are causes of polyuria.

DIAGNOSIS:
Much can be learned about nocturia from a thorough medical history and physical. Be sure to be prepared to give your doctor a thorough overview of your medical history. Your doctor will also look for indications of circulatory problems such as swelling (edema) of your lower legs. In addition, tests such as an analysis of your urine to look for blood and/or infection will probably be included in your initial work-up.

Your doctor will be looking to determine if you are making too much urine, or if the problem is that your bladder capacity is reduced, or possibly a combination of both. Your bladder’s ability to completely empty may be assessed with ultrasound or catheterization.

More sophisticated evaluation of bladder function called urodynamics may be recommended. You may also be asked to keep a record of times of urination and amount voided, along with fluid intake, known as a voiding diary. Once the underlying reasons for nocturia have been identified, there are many ways to treat nocturia.

TREATMENT:
If your nocturia is caused by an infection or disease such as diabetes, then treating these problems will in most cases improve nocturia. Sometimes individuals ingest too much food and drink at dinner and in the evening. Many take multiple medications at bedtime and drink significant amounts of water just before going to bed.

Adjusting the timing when you ingest fluid will help reduce the amount of urine produced at night. Medications to calm overactive bladders may reduce nighttime frequency. A medication called DDAVP slows urine production for about eight hours and is sometimes prescribed for nocturia.

If the problem is caused by fluid retention in your legs during daytime hours, diuretics can help. Diuretics increase urine production and may be used during the daytime or early evening to rid the body of excess fluid before bedtime. You may have to keep a diary for a few days to observe the correct timing and dose of the medications for best results. Minimizing salt in your diet and exercising regularly can help limit fluid retention.

Diminished bladder capacity can also be treated with behavior modification. By gradually increasing the intervals between the time you void during the day, you will train your bladder to hold more fluid. The success of bladder training, as in all behavior modification techniques, lies in the commitment of the patient. Because of the many factors involved, management of nocturia may require trying several different approaches. In some cases alleviating nocturia can be very challenging.

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to agree when they state: “views of the consequences of being the target of stigma have also been transformed over the past half-century. Rather than assuming that the experience of being stigmatized inevitably results in deep-seated, negative, and even pathological consequences for the personality of a stigmatized individual, researchers in this area now assume that people who are stigmatized experience a set of psychological predicaments, which they cope with using the same coping strategies as those used by nonstigmatized people when they are confronted with psychological challenges such as threats to self-esteem...Thus the current views of stigma, from the perspectives of both the stigmatizer and the stigmatized person, consider the processes of stigma to be highly situationally specific, dynamic, complex, and nonpathological.”

Defeating stigma in healthcare may simply begin by acknowledging that the problem is a very important one that lessens quality of life for millions of Americans, and then making a concerted effort to help individuals and their families to increase their coping skills to deal with this challenge, a challenge which must be dealt with like any other that one might face. Shifting society norms also offers hope for people who are stigmatized because of a health condition. Just a few short years ago, being diagnosed with cancer was something to keep hidden for fear of consequences such as job discrimination and social ostracism. Today, we wear pink ribbons to highlight the fight against breast cancer, and walk through a life-like portrayal of the human bowel in an exhibit traveling the country to bring awareness of colon cancer.