Understanding Functional Incontinence

If the root of the problem of incontinence does not lie within the bladder, but rather caused by obstacles in your environment or a physical problem, a bit of problem solving can go a long way to improving your quality of life. Most of the articles found in the Informer deal with problems specific to the bladder as a cause for incontinence. In past issues we have covered stress incontinence, urge incontinence, overflow incontinence and many of the treatments available to cure or improve these bladder problems. Sometimes however, loss of physical abilities such as mobility or dexterity may make the otherwise continent individual incontinent. Often the problem is caused by the environment, such as a toilet which is not accessible. Incontinence caused by these problems is termed functional or transient incontinence.

Some of the most common causes of functional incontinence include:
1. Difficulty in climbing the stairs to another floor on which the toilet is located.
2. Inability to access the toilet because doorways are not wide enough to accommodate a walker or wheelchair.
3. Difficulty getting out of a bed or chair quickly enough.
4. The inability to adjust clothing quickly enough.
5. Problems maintaining balance while at the toilet.
6. Inability to get down onto a low toilet or to get up again.
7. Poor lighting or throw rugs in hallways which increase the risk and fear of falling on the way to the toilet.

continued on back page

Nocturnal Enuresis: Looking at Medical Treatment

Editor's Note: In the last issue of The Informer, an overview of the prevalence and contributing factors to nocturnal enuresis or bedwetting was discussed. The following article is the second part of the series.

Enuresis can have a damaging effect upon both parent/child relationships and the child's relationships with peers. These damaged relationships will then further lessen the child's self-esteem. Dispelling myths or erroneous behaviors and seeking treatment are both important elements to mitigate these damaging effects. Contrary to some misguided thoughts, wetting is not deliberate or controllable. Restricting fluids because of enuresis does not help develop bladder control. Shaming and rejecting the child does not help the child stop wetting, but does increase the child's anxiety and low self-esteem.

One treatment option is medication. According to the Enuresis Resource and Information Centre (U.K.), there are two main types of drugs prescribed for bedwetting: antidiuretic hormone (ADH) and tricyclic antidepressants. ADH in the form of Desmopressin is a nasal spray available by prescription. This spray affects bedwetting by decreasing the amount of urine output at night. Studies have shown that some children who wet the bed produce less ADH than children who do not bed wet. Desmopressin has an almost immediate effect which lasts 5–9 hours with an average success rate of 70%.

Tricyclic antidepressants, such as imipramine (Tofranil) are thought to relax the detrusor (bladder) muscles, allowing for greater bladder filling before the bladder contracts. Antidepressant drugs can take up to a week to take effect and have several possible side effects: irritability, loss of appetite, headaches, and constipation. Like all medications, drugs given for enuresis should be stored safely out of the reach of children.

If you or someone in your family has enuresis, consult your physician for the latest treatment options available and how they might be used in your own situation. Drugs alleviate rather than cure the problem. Once the medication is stopped there is a high relapse rate.

Future editions of The Informer will explore further treatment options for enuresis.
WRITE TO A PEN PAL...
The Foundation’s pen pal club continues to connect people who like to exchange information and support by letter. If you wish to join, simply send us a letter giving permission to include your name and address in this column. All of our readers are welcome to correspond with anyone on the pen pal list. George Fox, 2538 Buckeye Circle, Youngstown, OH 44502; David L. Headley, 1029 Vincent Court, Lansing, MI 48901-6108; C.M. Beckwith, PO Box 780245, Sebastian, FL 32978-0245; Valory Renee Williams, 2330 Barton Chapel Road, Augusta, GA 30906-9504; Mark Klefsky, 59 Lama Drive, Shirley, NY 11967; Doug Harris, 7101 Shade #723, Wichita, KS 67212; Tim Christensen, 1709 Perkins Road, Orlando, FL; Robert B. Cook, 1330 Kanawha Blvd. East, Apt. 203, Charleston, WV 25301; Veronica J. Minor, R.N., 8285 W. Scotch Pine Lane, Crystal River, FL 34428.

THERE IS A NEW MAGAZINE YOU SHOULD KNOW ABOUT...
“Healthy Maturity” is a 12-page monthly newsletter especially for people age 50 and over which addresses the health concerns of this age group. The subject of incontinence and the activities of Simon Foundation will be included periodically in this publication. Other contributing organizations will be the American Cancer Society, the American Heart Association, the American Lung Association, The Arthritis Foundation, and the National Osteoporosis Foundation. For a free sample newsletter write or call: Healthy Maturity, Post Office Box 260015, Littleton, CO 80116-0615. The phone number is 1-800-AFTER 50.

NEW TEXTBOOK AVAILABLE FOR PROFESSIONALS...
Geriatric Urology was recently published by Little, Brown and Company. It is edited by Pat. D. O’Donnell, M.D., Director, University of Cincinnati Center for Incontinence, University Hospital, Cincinnati, OH. This text is a compilation of urological topics focusing on the elderly. Included in the book are chapters dealing with surgery, voiding dysfunctions, and specific urological problems unique to the elderly population. The text was written by over 70 contributing authors, all experts in their fields.

INTERNATIONAL CONTINENCE SOCIETY FALL MEETING...
The 1994 International Continence Society’s meeting will be held August 30 through September 2 in Prague. For registration information contact ICS 1994, Agnetina Caroling, Albertov 7, 12800 Prague 2, Czech Republic. The Simon Foundation for Continence, in conjunction with the Continence Foundation of England, will again host a preconference workshop for continence organizations worldwide. In addition to the exchange of educational resources, the purpose of this year’s workshop will be to focus upon successful public awareness campaigns.

THE “I WILL MANAGE” EDUCATIONAL PROGRAM...
continues to grow throughout the United States and around the world. In addition to Canada, there are now IWM programs beginning in Argentina, Australia, England, Finland, France, Ireland, Netherlands, New Zealand, and Norway. IWM is a series of lectures to educate people with incontinence concerning new developments in treating and curing incontinence. New program locations are being established every month. If you would like to know about a program near you, write to the Simon Foundation or watch this column for further information. Following are just a sample of our program locations. Please write or call the program site nearest you for specific times and dates:

U.S. Health Systems
130 East 18th Street
New York, NY 10003
Director: Wendy Brown, R.N.
212-882-0777

Dade City Hospital
13100 Fort King Road
Dade City, FL 33525
Director: Mary Prizeman, P.T.
904-521-1193

Urology Associates
3411 North 5th Avenue, Suite 401
Phoenix, AZ 85013
Director: Eric Zeidman, M.D.
602-324-5808

Urogynecology Consultants
5301 F Street, Suite 219
Sacramento, CA 95819
Director: Michele Chow, R.N.
916-733-1977

Colorado Gynecology and Continence Clinic
1721 East 19th Street
Denver, Colorado 80218
Director: Francie Bernier, R.N.
303-831-0500

Kapilani Medical Center for Women
1319 Punahou Street
Honolulu, HI 96826
Director: Anne Jinbo, R.N., F.T.
808-973-8511

Evanston Continence Clinic
2650 Ridge Avenue
Evanston, IL 60201
Director: Peter Sand, M.D.
708-570-2520

Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160
Director: Catherine Swan
708-450-5066

Metropolitan Hospital
1919 Boston, S.E.
Grand Rapids, MI 49501
Director: Sue Lassa, R.N.
616-247-7200

Fairview Southdale Hospital
6401 France Avenue South
Edina, MN 55435
Director: Vivian Aarestad, R.N.
612-942-5000

Santa Rosa NW Hospital
Urodynamics and Incontinence Center
2833 Babcock Road
San Antonio, TX 78229
Director: Betsy Nielsen, R.N.
210-616-6300

ENURESIS: A GUIDE TO THE TREATMENT OF ENURESIS FOR PROFESSIONALS...
is now available in the U.S. exclusively through the Simon Foundation for Continence. This guide is edited by Penny Dobson, R.N., Executive Director of the Enuresis Resource and Information Centre in England. Included in the guide are chapters on assessment, treatment methods, choosing a treatment program, dealing with relapse, and advising the older child and adult. Although written for the professional, the readable style makes this book interesting to the layperson as well. The book costs $24.95 and can be ordered direct from the Simon Foundation, P.O. Box 835, Wilmette, Illinois 60091.

VOLUNTEERS WANTED FOR RESEARCH...
A company is looking for 20 to 30 people to test their new fabric backed leg bag and bedside drainage bag. Members of the Simon Foundation who currently use drainage systems and would like to help in this research should dial 1-800-UROBAGS and ask for Mr. Alan Serebro.

THOUGHTS FOR THE DAY...
“I am defeated, and know it. If I meet any human being from whom I find myself unable to learn anything.”
George Herbert Palmer

“A little learning is not a dangerous thing to one who does not mistake it for a great deal.” William Allen White.
Letters to the Editor:

To The Simon Foundation:
I have a problem! My husband had a stroke two years ago and is weak in his left side. He now has prostate cancer. He needs me to help him in the restrooms. When we go anywhere there are ramps everywhere, but where do you go to the restrooms?
He can't take care of himself by himself, so what should I do? He loves to go out, but because of his problem it's hard to get him out of the house anymore.
Should I take him in the women's or should I go with him in the men's or just not go anywhere? Then what are all the ramps for?
I need an answer, please help me.

Illinois

Dear Veronica:
Thank you for your compliment about our newsletter. We are pleased to receive it, but saddened that so little is still written about incontinence in your professional journals. Prepare yourself for a tremendous amount of mail, as I'm sure there will be many readers who would like to be pen pals with a nurse they can ask for advice!

Veronica J. Minor
8285 W. Scotch Pine Lane
Crystal River, FL 34428

Dear Illinois:
Thanks for raising an issue which must be of great concern to many people with a similar problem. Your dilemma highlights once again how woefully inadequate is the attention that planners and architects give to toilet and washroom facilities for the disabled. Much greater public pressure needs to be applied in order to get action in this matter.
We are printing your letter in hopes that we receive some terrific solutions from our readers. In the meantime perhaps we can be of some practical help to you. Certain restaurants and fast food chains do have separate toilet facilities set aside for the disabled. However, they are often kept locked and a key must be provided by the staff when necessary. (Readers, please let us know where you've observed these facilities.)

Where a man's or a woman's public toilet has an attendant I would suggest that you ask them to check for you to see if either of the washrooms is empty, in order to save any potential embarrassment. Once inside, you should find at least one extra large cubicle for wheelchair access which should give you relative privacy.

Finally, in the absence of a separate toilet for the disabled or if there is no attendant on hand, do not hesitate to enlist the help of someone nearby to pave the way for you. I am sure that you will find that the vast majority of ordinary citizens will be willing to help in this way. Do please let us know how you make out.

Dear Informer:
I am an R.N., semi-retired with an incontinence problem. I really appreciate all the medical news in your newsletter; it is definitely not found in my nursing journals. I am interested in corresponding with someone living in South Dakota or Wyoming as I am anticipating a move to that region.

A Retired Minister

Dear Sirs:
I am writing in dire need. I am "incontinent" very sincerely. I have been for many years and am becoming more so.
In the past several years, I have been to du urologists and have received no help. I am desperate. I live in an apartment in a retirement center. If I can't get help to alleviate my incontinence, they want to transfer me to the assisted living area. The only other option is for me to move to a private facility and lose an investment here of over $40,000. Is there any medical help?

A Retired Minister

Dear Sirs:

We share your frustrations and those of the hundreds of others who write us each month. YES, there is medical help. By the time this Informer is printed, we hope the physician the Foundation directed you to has been of help. Finding a helpful professional is not easy. Some individuals from the fields of urology, gynecology, nursing, geriatrics, physical therapy, and family medicine can treat incontinence. But not every practitioner within these specialties is interested and knowledgeable about treating incontinence. Therefore, it is important to inquire before making an appointment, if the health care professional has had special training to treat incontinence. Some other questions to ask are, does the health care professional offer several treatment modalities and is aware of the Agency for Health Care Policy and Research Guidelines. Finally ask if the professional believes in trying the least invasive therapies first. Writing to the Simon Foundation for a recommend-

continued on back page
Letters
continued from inside

tion or asking a nurse in your community who they would seek treatment from, may also help you to identify adequate medical help.

Dear Simon Foundation:
I know you do not endorse or recommend specific treatments, but I would like to say to those out there who have not talked to a specialist to please go as soon as financially possible. I suffered for over twenty years with incontinence and did not know it could be corrected. Then found out that I needed a hysterectomy. My gynecologist suggested that while he had me on the operating table that my urologist could correct the incontinence. I am now cured of my problem. I only wish I had known 20 years ago that such a simple operation could correct my problem. P.S. I recycle your newsletter by putting it in our break room at work. It is usually taken home by someone within a day or two!

Florida

Dear Florida:
We are delighted to hear that you found two doctors from different disciplines who used their talents together to cure your incontinence. Please show them this newsletter and tell them we wish everyone practiced medicine like they do.

Dear Informer:
I would like to assist others as a resource. I have traveled over the world carrying my catheter supplies to Mexico, Brazil, Canada, and England. I have discovered many tricks. My only problem really has been my lack of knowing anyone who has a similar problem, just to chat with. Mainly, I have felt different and alone, almost freakish. Because of my bladder problem I had to find a way to support myself. Originally I was a high school drop-out, but after applying to vocational rehabilitation and receiving an academic scholarship I have completed a master's degree in taxation. I then took and passed the CPA exam which was a true challenge with my bladder problem at that time. Today, self-catheterization has truly improved the quality of my life. Please enroll me in your pen pal club; I will respond to all who write me.

Regina B. von Ulrich
66 Helmsman Court
Baltimore, Maryland 21221

Dear Cheryle:
If you'd like to publish this letter feel free. I'd prefer to be just "John from Massachusetts." I'm a pen pal with some of the other readers, but I'd rather not have my incontinence too widely known. Incidentally, I saw a copy of The Informer on the desk of a client I was visiting recently. You really have quite a circulation. Naturally, 9 out of 10 people would not have known what The Informer was. Do you know if there are any of the pen pals who have experience with catheters? I'd like to be able to correspond with anyone who has experience, present or past. Paradoxically, I've learned more from other catheter users than from medical professionals. Keep up the good work.

"John from Massachusetts"

Dear John and Regina:
How nice that you've both written to us at the same time. The use of catheters, whether condom catheters, indwelling, or intermittent, often presents patients with challenges they are ill prepared to meet. Enterostomal therapists, or E.T. nurses are a good resource. E.T.'s specialize in incontinence care and often have special tips to make life easier. Rehabilitation nurses and urological nurses are another source of expertise. The most important thing is not to give up in frustration. There are resources if you search for them.

Understanding...
continued from front page

Curing functional incontinence, like any other type of incontinence, takes an analytical and close look at the problem. Once the reason for the incontinence has been identified, there are many options available to help. Mobility may be restored by physical therapy. Changing the environment or purchasing equipment may solve the problem. For instance, chairs may be too soft, too low, or without arm rests to push up on. Replacing the chair with one of a proper height that provides adequate support may be all that is needed. Reducing the risk of a fall by better lighting in a hallway or removal of loose rugs may help alleviate the fear of accessing the toilet at night. In some cases, use of a urinal or commode at the bedside might be necessary.

Once in the bathroom, further modifications may be needed to make toileting easier. For instance, clothing can easily be modified to make removal quicker and easier. Zippers, buttons, and belts can be replaced with Velcro. There are a large variety of different toilet surrounds and toilet raisers which make it easier to get on and off a low toilet. A visit to your local home health store will help educate you as to what is available.

Individuals with functional incontinence may benefit from a consultation with a physical therapist or an occupational therapist. These health care professionals can provide tips which will improve ability to get in and out of chairs, increase walking ability and the movement in one's hands. Occupational therapists help people analyze the challenges in their daily activities and find solutions for maintaining independence. You can contact an occupational therapist through your local independent living center or hospital.

Editor's Note: Information for this article was found in Voice, a publication of the Continence Foundation of Australia.

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 $15.00 for my membership. I understand that all mailings will come to me in an unidentified envelope.

The Simon Foundation
P.O. Box 815
Wilmette, IL 60091

Name ________________________________
Address ________________________________
City __________________ State ______ Zip Code ______

NOTE: Your annual membership will begin with the next edition of the Informer.
Contributions and membership in the Simon Foundation are tax deductible.

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