Stress Urinary Incontinence Week

The Simon Foundation for Continence has joined forces with the American Foundation for Urological Disease and the National Association for Continence, to launch the first Stress Urinary Incontinence (SUI) Week. SUI Week was launched June 8th at a press conference held at the National Press Club in Washington, D.C.

In addition to spokespersons from the partnering organizations, Vivian Pinn, M.D., Director of Research on Women’s Health, National Institutes of Health, participated in the event which concluded with the unveiling of a Public Service Announcement featuring Ms. Blair. Blair is one of the most celebrated athletes in U.S. history. As a patient whose active lifestyle was significantly affected by this condition, she knows that communication and education is crucial.

Speakers at the launch of SUI Week included: Jasmine Schmidt, The Simon Foundation for Continence; Nancy Muller, National Association for Continence; Bonnie Blair, Olympic Gold Medallist; Victor Nutti, M.D., American Foundation for Urological Disease; and Vivian Pinn, M.D., Director of Research on Women’s Health, National Institutes of Health.

Improving Patient/Physician Communications... Whose Responsibility?

Physician/patient relationships, like all our human interactions, can be hampered by communications problems. Financial pressures on our healthcare system which lead to shortened office visits, and increased specialization, which often means a consultation with an unfamiliar doctor - do not help to build comfortable ongoing long term relationships which lead to good communications between doctor and patient.

Research has long studied the physician/patient interaction, and in recent years focused upon how doctors and patients interact in the clinical setting.

This research has shown that approximately 80% of the information the doctor needs to make a correct diagnosis comes from what the patient says. However, a study published in 1999 in the Journal of the American Medical Association (JAMA), found that the doctors interrupted patient’s opening statement after an average of 23 seconds. This research and the universal recognition of the time pressures doctors are under, clearly indicates an increasing need for patients to be well organized in reporting their symptoms and making

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China's World Toilet Summit

The subject of toilets is one that is often on the mind of individuals with incontinence. One of the primary fears people with incontinence express is that when they leave the safety of their own homes, the availability and accessibility of public toilets is frighteningly unknown. People with health challenges such as irritable bowel syndrome, interstitial cystitis, urinary tract infections, and overactive bladder also know the special significance of quick access to a toilet. The challenge of sanitation and toilets in general is quite frankly a fascinating subject - a taboo subject which in the past was not a topic for discussion in public. Thus, it may come as a surprise to many readers to learn that the first World Toilet Summit was held in Singapore in November of 2001. This Summit attracted 500 delegates representing more than 30 countries, resulting in the formation of the International World Toilet Organization (www.worldtoilet.org).

The Simon Foundation for Continence has been invited to present a paper at the 2004 World Toilet Summit to be held in November in Beijing, China - the capital of the world’s most populous country. Jasmine Schmidt, from the Simon Foundation, will be presenting “The Code and Practice of Toilets in the United States of America.” Her paper will, among other things, examine the health concerns associated with limited access to public toilets, resulting in both physical and psychological difficulties. Ms. Schmidt’s presentation will document the weakness of regulations and codes which are designed to protect the need of the general public to have access to public toilets. The international audience expected to travel to China to attend the Summit and celebrate World Toilet Day on November 19th will include government officials, municipal officials, university researchers and senior managers from organizations that influence the toilet industry.

This year's Summit Theme is “Human, Environment & Living” and will include papers on topics such as: A Global Perspective: Relationship between Toilets and Quality of Human Life; Improving the Lives of People with Rural Toilets; How Loo of the Year Awards Promote & Maintain Better Toilet Environments; Designing Out Crime in Toilets; and The Toilet Culture of the Japanese - to name just a few of the fascinating subjects to be addressed.

To learn more about the Summit visit www.worldtoilet.org and to increase your knowledge about the issues in the United States, you may wish to visit the website of the Public Restroom Initiative (www.pri.org) whose mission is “improving the availability of public toilet facilities.” The Simon Foundation for Continence was an early supporter of the Public Restroom Initiative and backed initiatives and contacted elected officials in support of PRI.
Overflow Incontinence

Overflow incontinence is one of the main types of urinary incontinence. It is more common in men, but can occur in both sexes. Overflow incontinence is usually experienced as constant or intermittent leakage of small amounts of urine.

This type of incontinence may be due to one of two main causes: a weakened bladder muscle, or a blockage somewhere in the bladder neck (the outlet of the bladder) or urethra (the tube that carries urine from the bladder to the outside of the body).

A weakened bladder muscle cannot contract properly to empty the bladder during the urination process. The bladder becomes so full that it cannot hold any more urine, and leakage occurs. An obstruction blocking the bladder outlet or urethra can have the same effect - forcing urine to build up in the bladder until pressure becomes too great and some urine is forced out.

The primary symptom of overflow incontinence - a constant or periodic dribbling of urine - is a good indication of the condition. But because there are many types of incontinence and several possible causes for overflow incontinence, your doctor will want to make a full medical evaluation to determine the specific reason for your problem. The diagnostic tests generally cause little or no discomfort, and need not be embarrassing. Health care professionals are experienced at treating incontinence and will quickly put you at ease.

Your tests will probably begin with a physical exam, a urinalysis, and other simple procedures. It is important to tell your doctor all the medications you are taking - prescription and non-prescription (like cold remedies), because some of these can cause incontinence as a side effect. You may also be asked to keep a bladder diary for several days - a record of when leakage occurred and what you were doing when it happened. This can be an important aid to understanding the nature and severity of your condition.

If overflow incontinence is due to a blockage in the urinary tract, it is usually treated with the surgical removal of the obstruction that is causing the problem. If the obstruction cannot be surgically removed or reduced, a catheter may be used several times a day to empty the bladder.

If the overflow incontinence is due to a weakened bladder muscle it is usually treated by clean intermittent catheterization. Indwelling catheter use is generally discouraged. Medications may be of limited utility in this situation.

Your doctor will discuss all treatment options with you, including expectation of a successful outcome and potential side effects if there are any.

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How do you do Kegel exercises?

The first step is to find the right muscles. Imagine that you are sitting on a marble and want to pick up the marble with your vagina. Imagine "sucking" the marble into your vagina.

Try not to squeeze other muscles at the same time. Be careful not to tighten your stomach, legs, or buttocks. Squeezing the wrong muscles can put more pressure on your bladder control muscles. Just squeeze the pelvic muscles.

Don't hold your breath. Do not practice while urinating.

Repeat, but don't overdo it. At first, find a quiet spot to practice - your bathroom or bedroom - so you can concentrate. Pull in the pelvic muscles and hold for a count of 3. Then relax for a count of 3. Work up to 3 sets of 10 repeats. Start doing your pelvic muscle exercises lying down. This is the easiest position to do them because the muscles do not need to work against gravity. When your muscles get stronger, do your exercises sitting or standing. Working against gravity is like adding more weight.

Be patient. Don't give up. It takes just 5 minutes a day. You may not feel your bladder control improve for 3 to 6 weeks. Still, most people do notice an improvement after a few weeks.

Some people with nerve damage cannot tell whether they are doing Kegel exercises correctly or not. If you are not sure, ask your doctor or nurse to examine you while you try to do them. If it turns out that you are not squeezing the right muscles, you may still be able to learn proper Kegel exercise by doing special training with biofeedback, electrical stimulation, or both.

Editor's Note: This information is from a fact sheet produced by the National Kidney and Urologic Diseases Information Clearinghouse. Publications produced by the clearinghouse are carefully reviewed by both NIDDK scientists and outside experts.

This fact sheet was reviewed by Ananias Diokno, M.D., William Beaumont Hospital, Royal Oak, MI; and Linda Brubaker, M.D., Loyola University Medical Center, Maywood, IL. For more information about clearinghouse publications visit www.niddk.nih.gov.
Dear Michael:

Thank you for taking the time to write such an uplifting letter. Let’s hope that you inspire thousands of our readers to once again visit their physicians to see what is new that might be of help in their individual situation. Your story articulates so well why it is important to never give up hope, no one can predict what tomorrow might bring.

Dear Informer:

I was let go from my job because of the medical condition I suffer from, urinary incontinence. My job included assembly line work. Over the past ten years or so my medical condition has worsened. As a result, I needed to use the restroom more frequently than my allotted morning break, lunch break and afternoon break. Therefore, as needed, the “relief” workers or employees working off the line relieved me from my position so that I could use the restroom, as per OSHA standards.

When I received the cooperation of the relief personnel, I never had to stop the line. Unfortunately, on two occasions over the last couple of years, I lost urine while working my assembly line job. On one of those occasions, the relief personnel refused to help me. I brought a note from my urologist that indicated restrictions in writing that I need to use the restroom as needed and that my pushing, pulling and lifting should be limited.

After giving my restrictions to my general foreman, he told me that he “cannot promise relief as often as needed.” Since that date, I was only allowed to work for about a week. Then they terminated me stating that they “cannot accommodate” me.

This is absolutely false. They hire employees to serve as “relief” personnel for exactly this reason, and there are numerous jobs at that plant that are not on the assembly line, and those individuals can also be used as “relief” personnel. In addition, the jobs off the line are ones I would certainly have seniority for since I have been there for approximately 23 years.

They failed to make any good faith attempt to accommodate me or to provide a good reason as to why they cannot accommodate me.

I have taken many steps to try to make my condition less burdensome on the employer and myself. I have had two surgeries on my bladder and use the available products in the market.

All I want is to return to my job. I am capable and qualified for my position. I am only 49 years old and have numerous years left to work before I plan to retire.

That is why I need your help, would you please write a letter educating them about urinary incontinence? I am hoping with enough pressure they will put me back to work immediately instead of waiting for the possibility of a judge to force them.

New York

Dear New York

Obtaining the right to use a washroom is a challenge that the staff at the Foundation hears about often and from people who describe an amazing assortment of situations, including, sadly, young school children who are not allowed to leave their classrooms to use the toilet; sometimes this restriction is used as punishment.

Recently, we heard from Robert Brubaker of the Public Restroom Initiative alerting us to a situation reported to him by a traveler who was about to board a flight from St. Louis to New York when the airline announced that those about to board should use the bathroom before boarding - there would be no bathrooms on their flight!

According to Mr. Brubaker there is no OSHA equivalent public health code to cover the airlines. And from your experience, it seems that regardless of existing OSHA laws, ignorance still reigns and education is desperately needed.

You may wish to read Void Where Prohibited: Rest Breaks and the Right to Urinate on Company Time authored by Marc Linder, Professor of Law at the University of Iowa and Ingrid Nygaard, a urogynecologist and Associate Professor at the University of Iowa College of Medicine.

Perhaps its content will help you in your attempt to have your job reinstated.

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ONE VOICE, An Editorial

I grew up in small-town America in the 50’s and 60’s, where we all left our homes unlocked and our car windows open in the heat of the summer.

With the gift of hindsight, I think my generation took living in such peace and freedom for granted. Recently a television program looked back at history as we honored the soldiers who 60 years ago this summer fought and died on the beaches of Normandy in order to leave behind the inheritance of freedom.

The commemoration also acknowledged our mothers (and for a new generation, grandmothers), women known as “Rosie the Riveters,” for their wartime efforts - women who worked 16 hour shifts in the shipyards and airplane factories, and female pilots a generation before their time, who flew countless domestic missions, repositioning aircraft and towing targets while being fired upon by combat pilots honing their skills before leaving for battle.

And like the continence promoter I am, I couldn’t help think that we could have prevented millions of disability from exercising much of the freedom that so many paid for with their lives.

People who could be building our country today, by volunteering for Habitat for Humanity or Walking for the Cure, are instead choosing to remain at home, tethered to their toilet, allowing their “misbehaving bladder” to be the center of the universe.

Are we really a country of people who sixty years ago could help to liberate a continent ruled by a madman, and today find ourselves unable to liberate millions ruled by “misbehaving bladders”? Industry and medicine are doing their part, constantly offering new hope, new treatments, new products and devices. Now it’s time for people with the challenge of incontinence to do their part - even though for millions, cure is still beyond the reach of science. Those of us whose “misbehaving bladders” cannot be cured are the most challenged by incontinence, because we have to decide how to build our lives on a daily basis.

The following poem, of unknown authorship, puts our challenge far better than I can. After reading it, I hope you’ll take a hard look at your dash and then: book a trip you always wanted to take; participate in a sport you enjoy; find a charity you can help and a veterans grave you can decorate every 4th of July...all are ways to pay tribute to the people who paid for the freedoms we have inherited, left to us just as we are, “misbehaving bladder” and all!

**The Dash:**

A reverend stood to speak at the funeral of his friend.
He referred to the dates on her tombstone from the beginning...to the end.
He noted that first came the date of her birth and spoke of the following date in tears.

But he said what mattered most of all was the dash between those years.
For that dash represents all the time that she spent alive on earth...
and now only those who loved her know what that little line is worth.
For it matters not how much we own; the cars...the house...the cash.
What matters is how we live and love and how we spend our dash.
So think about this long and hard...are there things you’d like to change? For you never know how much time is left (you could be at “dash mid-range)
If we could just slow down enough to consider what’s true and real, and always try to understand the way other people feel.
And be less quick to anger, and show appreciation more and love the people in our lives like we’ve never loved before.
If we treat each other with respect, and more often wear a smile...remembering that this special dash might last only a while.
So, when your eulogy’s being read with your life’s actions to rehash. Would you be proud of the things they say about how you spent your dash?

Editor’s Note: Many readers who lived through the era of World War II and personally knew a “Rosie the Riveter” might be interested in visiting www.ford.com/go/rozie and learning more about the contributions of women to the war effort.

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Letters to The Editor: continued from previous page

Dear Informer:
I’m 38 years old and have suffered from incontinence for the past 3 years. When I came to the conclusion that I was going to have to wear a disposable diaper day and night I thought my life was over. I did not want to leave the house. I didn’t know what people would say or think if they knew and I feared having to change the diaper away from home. My friends reassured me that people are going to like you for who you are not what you are wearing. I’m not involved in a relationship and I guess I really don’t know how to approach a woman not knowing what she might think of me having this problem.

Michigan

Dear Michigan:
Your friends offer solid advice.

The women you’d want to keep in your life will like you for who you are. Take your time getting to know someone, and when the time is right, tell her that you have a medical problem with your bladder and for that reason you wear absorbent products for protection. And of course, don’t forget to see your doctor periodically to see if there is anything new which can help your particular misbehaving bladder.
YOU CAN HELP DEFEAT STIGMA IN HEALTHCARE...

In June of 2003 the Simon Foundation for Continence launched its third decade of service with several new programs, including an Anti-Stigma in Healthcare Campaign. As part of the campaign, the Foundation commissioned the first anti-stigma song, **I Am More**. This theme song, written and performed, by three-time EMMY Award winning vocalist, Gala Tossing, premiered at the 2003 New Freedom's Awards Celebration and was recently highlighted during a keynote presentation on stigma at the Society of Urologic Nurses and Associates (SUNA) meeting in March in Chicago.

You can help to support the Anti-Stigma in Healthcare Campaign by purchasing your own copy of the first anti-stigma song, **I Am More**. The song is available on CD from the Simon Foundation for Continence, P.O. Box 815, Wilmette, Illinois 60091 for $5.00 which includes postage and handling. Order several today for your friends and family and help the Foundation to lead the efforts to defeat stigma in healthcare.

TASK FORCE ON AGING RESEARCH COALITION...

America is at a critical point in research into many of the diseases facing the elderly. The Simon Foundation has joined over 60 non-profit groups and advocacy networks who recently called upon the nation's policy leaders and staff to break the disruptive boom and bust funding cycles of medical and healthcare research that endanger the future well being and healthy aging of our nation. On June 22, at the Dirksen Senate Office Building, leading experts, including Dr. Monica Liebert from the American Urology Association, addressed this issue at a meeting entitled: "Boom & Bust Cycles in Research Funding: The 21st Century Challenge". Congresswoman Lois Capps (D-CA) spoke on the political atmosphere and Congressional challenges facing medical research.

The meeting was organized by the Alliance for Aging Research, a non-profit, independent organization dedicated to supporting and accelerating the pace of medical discoveries to vastly improve the universal human experience of aging. The Alliance combines the interests of top scientists, public officials, business executives and foundation and academic leaders to promote a greater national investment in research and new technologies that will prepare our nation for the coming senior boom, and improve the quality of life for older Americans.

For further information on how you, or your organization, can become involved in future projects, call Amber McCracken (202-293-2856) at the Alliance for Aging Research.

**DID YOU KNOW...**

that according to the World Health Organization (WHO), urinary incontinence is "a widespread global disease and one of the last medical taboos for many people". WHO estimates that approximately 200 million people worldwide are affected by incontinence of all types.

**INCONTINENCE TREATMENT STUDY...**

The University of Pittsburgh Department of Medicine is sponsoring a research study on biofeedback treatment for urinary incontinence involving a bladder evaluation and pelvic floor muscle training. The principal investigator for this study is Dr. Neil M. Resnick, a geriatrician who is world renowned for his work on incontinence. Dr. Resnick is a member of the Simon Foundation's Board of Directors and was the 2003 recipient of the Simon Foundation's John J. Humbal Award for Outstanding Dedication to Finding Incontinence Solutions.

If you are a woman 60 or over and have difficulty controlling your bladder you may be eligible. Participants receive a stipend. For details call Kelly Goode at 412-647-1271.

**SAYING THANK YOU...**

The Simon Foundation for Continence has a wide base of support, from individual members, private and public grants, physicians and nurses, and a wide range of companies from the incontinence industry. We are most appreciative of the companies who support the Foundation in many ways including sponsorship of surveys, books, publications such as The Informer, brochures, and our website and 800-line.

We are most thankful for this support of our educational endeavors and make every attempt to adequately recognize grantors with acknowledgment on the educational materials they help us to produce, on our website, in our newsletter. However, there are other "angels" who also deserve to be recognized and thanked. In addition to program specific educational grants, funders also recognize that there is a continued need for unrestricted grants in order to fund operating expenses. Over the Foundation's existence more than 50 companies have contributed in this manner.

In 2004, the following companies also deserve thanks for becoming 2004 Corporate Members and helping the Foundation to continue the work of promoting continence: Dynogen Pharmaceuticals, Eli Lilly and Company, Gynecare, Home Delivery Incontinent Supplies Co. Inc. (HDIS), Hollister Incorporated, Indevus Pharmaceuticals, Inc., Laborie Medical Technologies Corp., Pfizer Global Pharmaceuticals, and SCA Incontinence Care, Inc.

**INCONTACT...**

a patient advocacy organization in England recently launched a Healthy Bladder Campaign. As part of the campaign, Incontact commissioned a survey of the British public which showed:

- A significantly higher prevalence of bladder problems than previous research has shown - 71% of respondents had suffered from at least one bladder problem.
- An extremely low awareness of the prevalence of bladder problems - just 1% of respondents recognized that they are more common than asthma, stroke and diabetes.
- The strength of the taboo - bladder problems were second only to sexual problems in a list of problems that respondents would not discuss with a friend.

A belief that bladder problems are an inevitable part of aging - for example, 94% of respondents felt that men over 50 were likely to develop bladder problems.

Low awareness of potential treatments for bladder problems - one third of respondents could not suggest any possible treatments. For more information about Incontact and their programs, email info@incontact.org.
their requests during an office visit.

There are many other important basic communications challenges in the unique relationship between a doctor and a patient. The popular book ‘Men are from Mars, Women are from Venus’ points out how societal training and cultural expectations can play havoc in the male/female relationship. Just like men and women are shaped by society, all of us are shaped in our chosen careers and those who become doctors are shaped in the process of doing so. This training often leads to doctors and patients being on different ends of the same problem. For example:

**To the doctor**, illness is a disease process that can be measured and understood through laboratory tests and clinical observations.

**To the patient**, illness is at least a disruption of their life and a possible threat to it.

**The doctor’s focus** is more on the science of the medical problem than on trying to understand the patient’s concerns.

**Patient satisfaction** comes primarily from a sense of being heard and understood.

A doctor is trained to see his or her role like a detective whose job it is to (1) extract information in order to form a diagnosis, and (2) to send back a treatment. And the patient has had no training at all as to how best to interact with their physician.

**SETTING EXPECTATIONS**

Improved communication, by itself, can enhance our medical care. And better communications may all hinge upon a concept, a similar sentence that either party can initiate, to ascertain expectations about the office visit. Whether the doctor asks: “What do you expect from the treatment for your incontinence?” or the patient states: “I’ve come to see you today in order to achieve the following outcome…” both parties are now aware of the expectations surrounding the interaction.

A recent conversation with a highly regarded urogynecologist emphasized to this author how important it is to ascertain the expectations. This physician recalled a patient who reported leaking urine at her exercise class, while lifting her baby grandson, and when unloading the groceries... all classic symptoms of stress urinary incontinence [SUI].

The patient also mentioned at the end of her report, frequent visits to the toilet at night. However, by the time she got around to mentioning this symptom in her report, the doctor was already focusing on several possible treatment options to suggest for SUI, a few of which, had the patient chosen them, could possibly exacerbate frequency and urgency.

Fortunately, the doctor asked the patient which symptoms had she come expecting to cure. Her answer? “She wanted to sleep through the night, the symptoms of SUI were a secondary concern to her!”

**GOOD COMMUNICATIONS IMPROVE HEALTHCARE**

An examination of language we use can also be important to improving communications. For instance, the word failure can put blame where none belongs. Perhaps the patient has followed the instructions given to them to the letter; the doctor is cautious and a talented surgeon, but yet after the intervention the patient still leaks urine. Many would say the treatment failed. A change of language, to state instead that “the event was unsuccessful” assigns no fault or blame, leaving intact the patient/physician relationship to continue to explore another treatment option in the quest for continence.

An article from the American Medical Association (AMA) states that “good communication with your doctor is an important part of your health care. If you cannot communicate your needs and concerns, or your doctor cannot clearly communicate information to you, your health care will suffer.” The article suggests that patients “jot down any symptoms/health care concerns that you have. The more specific you can be, the more you will help your doctor make a diagnosis.”

**A MEETING BETWEEN EXPERTS**

By being well organized, patients can also avoid saying “one thing that doctors dread to hear from a patient at the end of a consultation ‘Oh, by the way...’” writes Gregory O’Dowd in **Doctor-Patient Communication: An Introduction for Medical Students**. He also suggests that future doctors can avoid this communications breakdown by asking early in the consultation, “Is there anything else?”

Communications can also be improved by clearly defining the roles each participant should play. O’Dowd suggests to medical students that they should “respect patients as experts in the experience of their illness” and that a “patient-centered relationship accepts the patient’s unique knowledge just as important to their outcome as the doctors scientific knowledge.” He adds: “The medical visit is truly a meeting between experts.”

The more one examines communications, the more obvious it becomes that improving doctor/patient communication will go a long way to improving the medical care you receive.
can help women realize SUI is a real medical condition and that it is not a natural part of aging.

SUI Week is part of an awareness campaign entitled “Millions of Women. One Secret. Let’s Talk!” The program is underwritten by an educational grant from Eli Lilly and Company and Boehringer Ingelheim Pharmaceuticals, Inc. The participating organizations are all members of the Lilly Centre for Women’s Health Partnership for Long-Term Health for Women.

Jasmine Schmidt, a Simon Foundation spokesperson, spoke to journalists on the topic of “Shattering Stigma.” Ms. Schmidt’s speech included the importance of improving the physician/patient dialogue in the face of a stigmatized health problem such as incontinence.

SUI is the most prevalent form of incontinence among women and is estimated to affect nearly 15 million adult women in the United States. SUI is the leakage of urine due to physical activities such as sneezing, laughing, coughing, lifting or exercising. These activities cause pressure on the bladder which overrides the bladder’s closure mechanism, causing urine to leak out. SUI is the most prevalent form of incontinence among women. It can be present alone, or in combination with urge incontinence, commonly called mixed incontinence.

In September of 2003 an international group of patient advocacy organizations met in Brussels and endorsed the Five-Point Plan to address important aspects of SUI. The aim of the Five Point Plan is to:

1. SHATTER THE STIGMA OF SUI
   Bring SUI into the open, through a wide-reaching public awareness campaign that uses real-life experiences to overcome taboos and misperceptions

2. EMPOWER WOMEN WITH SUI TO SEEK HELP
   Increase the understanding of the importance of seeking professional help, by providing clear, balanced information on SUI and its impact

3. DRIVE EARLY DIAGNOSIS AND TREATMENT OF SUI
   Increase timely treatment, by working with healthcare professionals to provide the latest information on SUI and its treatment to facilitate better patient/healthcare/professional communication.

4. MAXIMIZE ACCESS AND CHOICE FOR WOMEN WITH SUI
   Ensure that women with SUI have free and ready access to all available treatment options, by establishing SUI as a legitimate medical disorder among policy-makers and funders.

5. RESTORE FREEDOM TO WOMEN WITH SUI
   Enable women with SUI to manage their condition and regain their independence, by providing them with emotional and practical support for their daily lives.

Soon a 60 second public service announcement (PSA) will begin airing throughout the United States in which Bonnie Blair states: “I may be a Gold Medalist, but in many ways I’m just like every woman. I love to run, play with my children and enjoy an active life...but for years I had a secret that kept me from these and other activities that I love. It’s called stress urinary incontinence, or SUI. I kept this secret because I was too embarrassed to talk about it with anyone...even my doctor. Now, I’m talking to you.” Accompanied by footage of average women doing everyday activities, Blair continues: “SUI is not a natural part of aging. It affects women of all ages. If you have stress urinary incontinence, I encourage you to speak to your health care professional. I did and now my life is back on track.”

To learn more about SUI Week, the Press Conference and to hear the Press Conference speakers, visit www.SUI.com or log onto www.simonfoundation.org.

Bonnie Blair, Olympic Speed Skating Gold Medalist and the national spokesperson for SUI Week.