



Managing incontinence

By Audrey R. Miller, MSW, RSN, GCM, CCRC, CCLCP

Incontinence shouldn't be a cause for embarrassment. It affects 1.5 million Canadians and can be both managed and treated. You can still enjoy a healthy, social life and get out to see friends.

Did George Smitherman, Ontario's Minister of Health, highlight the problem when he donned adult diapers to make a point about the budget or did he step into something he would rather not have?

There's nothing pretty about incontinence, yet it's a fact of life affecting more and more of us, especially women in their middle years.

It's time to take adult incontinence products (adult diapers or Adpers™ as I prefer to call them) out of the closet. Expect to find them in grocery stores everywhere as they take their rightful place in the personal hygiene section.

It is estimated that more than 1.5 million Canadians experience loss of bladder or bowel control. Women are affected more than men, with one in four adult women experiencing urinary incontinence and only one in ten men being affected during their lifetime. Although incontinence is not an automatic part of aging, the rate is higher among seniors, with one in every five seniors experiencing urinary incontinence.

An indication of something else

It's important to remember that incontinence is not a disease. It's a symptom of some other problem or decline in the function of the body,

such as weakened pelvic muscles, neurological disease, injury, impaired mobility, constipation and dehydration.

Incontinence can also occur as a side effect of medication or surgery. It may also result from some of the diseases and impairments that come with age. With the right information and treatment, incontinence can usually be cured or managed.

Urinary incontinence

Urinary incontinence includes stress, urge, overflow and functional incontinence. These may occur alone or in combination.

Stress incontinence is the involuntary leakage of small amounts of urine in response to increased pressure on the bladder (e.g., when you sneeze, laugh, cough or lift something heavy). This affects approximately 35 per cent of incontinent seniors.

Urge incontinence is the leakage of large amounts of urine when someone is unable to reach the toilet after experiencing the urge to urinate. It accounts for 60-70 per cent of incontinence problems in seniors.

Overflow incontinence accounts for 10-15 per cent of urinary incontinence. It occurs when there is an obstruction in the bladder, which causes the bladder to overflow. Often,

“The length of the film should be directly related to the endurance of the human bladder.”

Alfred Hitchcock

there is no sensation that the bladder is full, so when the bladder contracts, urine is released.

Functional incontinence accounts for 25 per cent of the incontinence seen in institutions but it can also happen in the home. It often happens because a person has difficulty moving from place to place, or can't communicate with caregivers that they need to use the toilet.

Social stigma

Incontinence can limit social contacts due to embarrassment, and can negatively affect feelings of well being.

Fortunately, there are a number of treatment options that can help restore quality of life for people with bladder control problems. It is important that these concerns are discussed with your doctor as understanding what is going on and why it is important in order to address the issue.

Many doctors suggest that the first step to take is to keep a bladder diary for a week, writing down how often one uses the bathroom, what and how much one drinks, when there is an incident of incontinence and, if possible, why it happened. This diary can help doctors to determine the cause of the incontinence and suggest options on how to treat or manage it.

A few steps

Once medical reasons have been taken care of (i.e. medication changes), there are some simple at home coping techniques and tips that one can use to limit or reduce the incidence of incontinence. Where possible, provide cues and prompts to encourage toileting. For example, have an alarm go off at intervals as a reminder to use the washroom—establishing a bathroom schedule can be helpful. Modify your surroundings by removing bathroom clutter, and the pathway to the bathroom. Using a raised toilet seat may be helpful. You can also select clothing that is easy to undo and remove.

As well, there are a large range of incontinence management products that will help to reduce the embarrassment and discomfort often associated with incontinence. It's time we accept incontinence for what it is and I look forward to being able to fashionably coordinate Adpers™ with my other undergarments. ●



Audrey R. Miller MSW, RSW, GCM, CCRC, CCLCP is the Managing Director of Elder Caring Inc. Visit www.eldercaring.ca or call 416-658-8887.



Bladder habits

- 1) **Drink adequately** six to eight cups of fluids per day, more when it is hot or when exercising
- 2) **Recognize that** most people empty the bladder about every three to four hours during the day (four to eight times in 24 hours)
- 3) **Relax!** Don't strain an empty bladder or bowel
- 4) **Try to keep bowel movements regular.** Don't ignore the feeling that the bowel needs emptying
- 5) **Quit smoking and lose weight.** Nicotine is a bladder irritant and smoking can cause chronic cough. Excess weight can put unnecessary pressure on your bladder
- 6) **Watch what you drink.** Avoid caffeinated or carbonated beverages. Also, fruit juices that have strawberries, peaches, plums, pineapple and guava can irritate the bladder.
- 7) **Seek professional help** when incontinence occurs, urination is painful or blood is seen in the urine.

Sources: The Simon Foundation for Continence and WHRC health centre