



URINARY INCONTINENCE (INVOLUNTARY URINATION)

This newsletter is for your general information and is not a substitute for medical advice. You should contact your doctor with any questions about your health, treatment or care.

Urinary incontinence is best defined as ‘the complaint of any involuntary loss of urine’. It is the inability to hold the urine in the bladder due to the progressive weakening of the urinary sphincter or pelvic floor muscles.

Although urinary incontinence may happen at any given age, elderly people have been found to be the most affected. Ageing brings about weakening of the pelvic floor muscles, which then increases the risk of urinary incontinence. Ageing also reduces bladder capacity and may lead to loss of bladder control.

Urinary incontinence is more common in women than in men. Childbirth, lower urinary tract infections, pelvic surgery and conditions that cause increased intra-abdominal pressure, e.g. pregnancy, all of which are common among women, predispose women to urinary incontinence more than men.

Different types of urinary incontinence

Stress incontinence occurs when the bladder muscles or muscles involved in urinary control are placed under sudden extra pressure, e.g. sudden cough, sneezing, laughing, heavy lifting and exercising – this may trigger stress incontinence.

Urge incontinence happens when one has a sudden need to urinate and is unable to hold the urine long enough to get to the toilet. It is common among people with diabetes mellitus, Alzheimer’s disease, Parkinson’s disease, stroke, etc.

Overflow incontinence is more common in men as it happens when small amounts of urine leak from a bladder that is always full. For example, in the case of the enlarged prostate, urinary stones or a tumour pressing against the bladder, the urethra gets blocked and making it almost impossible to completely empty the bladder.

Functional incontinence happens in many elderly people with normal bladder control but who just have problems physically getting to the toilet or making it in time. For example, people who

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suffer from confusion, dementia, poor eyesight, poor mobility, poor dexterity (inability to unbutton pants in time), depression, anxiety or anger, which may make them unable or unwilling to go to the toilet when the need arises.

Gross incontinence happens when the bladder is unable to store the urine. This could be due to an injury to the urinary system.

Risk factors of urinary incontinence

Obesity

Overweight people have increased pressure on the pelvic floor muscles compared to people with a 'normal', healthy weight. Increased pressure on the pelvic floor muscles weakens the muscles, thus increasing the chances of urine leakage.

Smoking

Regular smokers are likely to have an overactive bladder. They are also more susceptible to chronic cough, which may result in episodes of urinary incontinence.

Gender

Women have a significant chance of experiencing stress incontinence. Certain aspects of their lives such as childbearing, childbirth and menopause predispose them to incontinence. Men become at risk if they have prostate gland problems.

Old age

The muscles in the bladder and the urethra become weak with age and that increases the risk of urinary incontinence.

Caffeine

Men in particular, who drink two or more cups of coffee per day, are more likely to suffer from urinary incontinence than those who drink one cup or do not drink coffee at all.

Negative psychosocial factors associated with urinary incontinence

- Fear of incontinence episode
- Shame and embarrassment
- Depression and stress
- Restriction of physical activities
- Secrecy due to fear of stigma

- Restriction of social activities
- Sexual avoidance
- Reduced self-esteem and poor self-image
- Denial
- Relationship difficulties and isolation
- Loss of control

Management and treatment of urinary incontinence

Urinary incontinence is treatable with early detection and intervention. You may consult your treating healthcare provider, your general practitioner (GP) or a urologist.

Treatment depends on the cause of urinary incontinence. For example, losing weight if overweight, cutting down on caffeine consumption, drinking more fluids and scheduling of toilet trips may be recommended.

Pelvic floor muscles exercise (Kegel exercises) may help strengthen the urinary sphincter and pelvic floor muscles (a nurse, physiotherapist or a doctor may teach you how to perform the exercises).

Bladder training like scheduling of toilet trips and double voiding may be advised. Bladder training helps the patient to gain bladder control.

Medications, medical devices and surgical intervention may be the solution (your treating doctor will decide on the appropriate treatment).

Incontinence pads and urinary catheters may be used in cases of severe and/or untreatable urinary incontinence.

Support, encouragement, positive attitude and consideration from family members, close friends and your healthcare providers are extremely important.

If left untreated, urinary incontinence can severely impair your quality of life. There are available solutions like medical and surgical interventions to treat the problem. However, lack of awareness and fear of stigma often results in poor access to treatment.

Sources

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