Urinary incontinence factsheet

Urinary incontinence is the unintentional passing of urine. It is a very common problem that affects about three million people in the UK.

Anyone can experience urinary incontinence, although it is more common in older people. The condition affects more women than men, and is thought to occur in one in five women who are over 40 years of age.

How the bladder works

The bladder is a stretchy muscular bag that collects and stores urine.

The bladder is constantly receiving urine from the kidneys, which fill the bladder through tubes called ureters. The urine is held in the bladder by the pelvic floor muscles. These pelvic floor muscles keep the tube that drains the bladder, the urethra, closed.

Once the bladder is full, a signal is sent to the brain that triggers the need to pass urine. At a suitable time, the brain tells the pelvic floor muscles to relax and the bladder contracts to push the urine out.

Types of urinary incontinence

The two main types are **stress incontinence** and **urge incontinence.**

1. Stress incontinence

Stress incontinence is the most common type of urinary incontinence, particularly amongst women who have had children or have been through the menopause, obese people and with increasing age. It occurs when the pressure in the bladder becomes too great for the bladder outlet to withstand. This is usually caused by weak pelvic floor muscles. Urine tends to leak most when you cough, laugh, sneeze or when you exercise (such as when you jump or run). In these situations, the bladder is put under an extra amount of sudden pressure (hence the word ‘stress’), and small amounts of urine often leak.

2. Urge incontinence

The bladder tends to contract in an unpredictable way. You may feel a sudden and very intense need to pass urine before quickly releasing large amounts of urine. Sometimes urine leaks before you have time to get to the toilet. There is often only a few seconds between the need to urinate and the release of urine.

Mixed incontinence

Some people have a combination of stress and urge incontinence.

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Treating urinary incontinence

The treatment depends on the type of incontinence and the severity of the symptoms. Any underlying causes will need to be treated first, and this may solve the problem.

Lifestyle changes

Some simple changes to lifestyle can help improve incontinence regardless of the type of incontinence that you have. These include:

Reducing caffeine intake	Drinks containing caffeine (for example, tea, coffee, hot chocolate and cola) make urge incontinence worse. This is because caffeine is a natural diuretic. Diuretics are chemicals that make you need to pass urine. If you drink a lot of caffeine-containing fluids then consider switching to decaffeinated alternatives.
Changing when you drink	You should try to maintain a normal life as much as possible with regard to drinking and visiting the toilet. However, drinking late at night may mean your sleep is disturbed by the need to get up and go to the toilet.
Changing the amount you drink	Drinking too much and drinking too little can both make incontinence worse. If you drink large volumes, will need to pass more urine. If you drink excessively, moderation may improve your symptoms. But you should not restrict your fluid intake too much, as you risk having a lack of body fluid (dehydration). If you drink too little this can irritate the bladder and make urge incontinence worse. In practical terms, it is best to drink when we need to, to quench our thirst.
Losing weight if you are overweight or obese	It has been shown that losing a modest amount of weight can improve urinary incontinence in overweight and obese women. Even just 5-10% weight loss can help symptoms. If you are overweight and incontinent then you should first try to lose weight in conjunction with any other treatments.
Pelvic floor exercises and bladder training	Patients needing pelvic floor exercises and bladder training should be referred to the appropriate incontinence teams however the following is an aide to

	the exercises.

Pelvic floor exercises

A physiotherapist can assess whether you are able to contract your pelvic floor muscles, and by how much. If you are unable to contract them, a device that measures and stimulates the electrical signals in the muscles may be recommended.

Learn to exercise the right muscles

- Sit in a chair with your knees slightly apart. Imagine you are trying to stop wind escaping from your anus (back passage). You will have to squeeze the muscle just above the entrance to the anus. You should feel some movement in the muscle. Don't move your buttocks or legs.
- Now imagine you are passing urine and are trying to stop the stream. You will find yourself using slightly different parts of the pelvic floor muscles to the first exercise (ones nearer the front). These are the ones to strengthen.

For women: If you are not sure that you are exercising the right muscles, put a couple of fingers into your vagina. You should feel a gentle squeeze when doing the exercise.

Doing the exercises

- You need to do the exercises every day.
- Sit, stand or lie with your knees slightly apart. Slowly tighten your pelvic floor muscles under the bladder as hard as you can. Hold to the count of five, then relax. Repeat at least five times. These are called slow pull-ups.
- Then do the same exercise quickly for a second or two. Repeat at least five times. These are called fast pull-ups.
- Keep repeating the five slow pull-ups and the five fast pull-ups for five minutes.
- Aim to do the above exercises for about five minutes at least three times a day, and preferably 6-10 times a day.
- Ideally, do each five-minute bout of exercise in different positions. That is, sometimes when sitting, sometimes when standing, and sometimes when lying down.
- As the muscles become stronger, increase the length of time you hold each slow pull-up. You are doing well if you can hold each slow pull-up for a count of 10 (about 10 seconds).

- Do not squeeze other muscles at the same time as you squeeze your pelvic floor muscles. For example, do not use any muscles in your back, thighs, or buttocks.
- In addition to the times you set aside to do the exercises, try to get into the habit of doing exercises whilst going about everyday life. For example, when answering the phone, when washing up, etc.
- After several months the muscles will start to feel stronger. You may find you can squeeze the pelvic floor muscles for much longer without the muscles feeling tired.

It takes time, effort and practice to become good at these exercises. It is advised that you do these exercises for at least three months to start with. However, it often takes 8-20 weeks for most improvement to occur. If you are not sure that you are doing the correct exercises, ask a doctor, physiotherapist or continence advisor for advice.

If possible, continue exercising as a part of everyday life for the rest of your life to stop the problem recurring. Once incontinence has gone, you may only need to do 1-2 five-minute bouts of exercise each day to keep the pelvic floor muscles strong and toned up, and incontinence away.

Medication is not normally used to treat stress incontinence.

Urge incontinence

Bladder training

A bladder training course would usually last for a minimum of four months.

The aim is to stretch the bladder slowly so that it can hold larger and larger volumes of urine. In time, the bladder muscle should become less overactive and you should become more in control of your bladder. This means that more time can elapse between feeling the desire to pass urine and having to get to a toilet. Leaks of urine are then less likely.

Bladder training usually involves the following:

- You will need to keep a diary. On the diary make a note of the times you pass urine and the amount (volume) that you pass each time. Also, make a note of the times you leak urine (are incontinent). Your doctor or nurse may have some pre-printed diary charts for this purpose to give you.
- Keep an old measuring jug by the toilet (you will need to pass urine directly into this) so that you can measure the amount of urine you pass each time you go to the toilet.

- When you first start the diary, go to the toilet as usual for 2-3 days at first. This is to get an initial idea of how often you go to the toilet and how much urine you normally pass each time. If you have an overactive bladder you may be going to the toilet every hour or so and only passing less than 100-200ml each time. This will be recorded on the diary.
- After the 2-3 days, the aim is then to hold on for as long as possible before you go to the toilet. This will seem difficult at first. If you normally go to the toilet every hour, it may seem quite a struggle to last just five minutes longer between toilet trips. When trying to hold on, try distracting yourself. For example:
    - Sitting straight on a hard seat may help.
    - Try counting backwards from 100.
    - Try doing some pelvic floor exercises (as above).

With time, it should become easier as the bladder becomes used (trained) to holding larger amounts of urine. The idea is gradually to extend the time between toilet trips and to train your bladder to stretch more easily. It may take several weeks but the aim is to pass urine only 5-6 times in 24 hours (about every 3-4 hours). Also, each time you pass urine you should pass much more than your diary readings over the first 2-3 days. (On average, people without an overactive bladder normally pass 250-350ml each time they go to the toilet.) After several months you may find that you just get the normal feelings of needing the toilet which you can easily put off for a reasonable time until it is convenient to go.

Whilst doing bladder training, perhaps fill in the diary for a 24-hour period every week or so. This will record your progress over the months of the training period. Bladder training can be difficult, but becomes easier with time and perseverance. It works best if combined with advice and support from a continence advisor, nurse, or doctor. Make sure you drink normal amounts of fluids when you do bladder training.

Medication

If bladder training is not an effective treatment for your urge incontinence, and you still need to pass urine frequently, your GP may prescribe a type of antimuscarinic drug treatment. The first antimuscarinic drugs that may be tried are called oxybutynin or tolterodine. If these medicines are not effective or are unsuitable, other antimuscarinic drug treatments may be prescribed eg solifenacin. Your GP will usually start you at a low dose to

minimise any possible side effects. The dose can then be increased slowly until the medicine is effective.

Medication works best when used in conjunction with the lifestyle changes and exercises discussed above.

It is helpful to assess how you are getting on with the medication after four weeks, and again after three to six months to see if you still need it.

Antimuscarinics should not be taken or should be used with caution by:

- People with an untreated eye condition called angle closure glaucoma.
- People with myasthenia gravis, a condition that causes some muscles around your body to become weak.
- People with severe ulcerative colitis, a long-term condition that affects the colon.

Your GP will discuss any other medical conditions you have to determine which antimuscarinics are suitable for you.

Side effects

Side effects are quite common with these medicines but are often minor and tolerable. The most common side-effect is a dry mouth and simply having frequent sips of water may counter this. Other common side-effects include:

- Dry eyes
- Constipation
- Blurred vision
- Indigestion and heartburn may also occur.

Also your GP will start on the lowest possible dose and then increase slowly to reduce the risk of these side effects. However, the medicines have differences and you may find that if one medicine causes troublesome side effects, a switch to a different one may suit you better.

The level of improvement varies from person to person. A common plan is to try a course of medication for a month or so. If it is helpful, you may be advised to continue for up to six months or so and then stop the medication to see how symptoms are without it. Symptoms may return after you finish a course. If you combine a course of medication with bladder training, the long-term outlook is better. Symptoms may be less likely to return when you stop the medication.