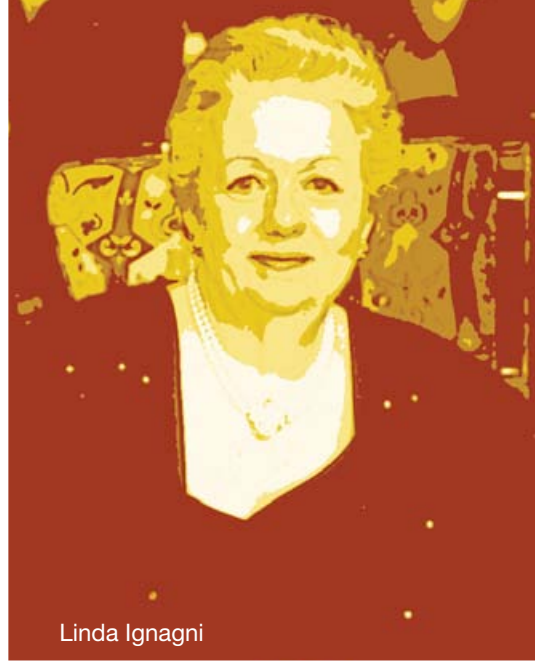


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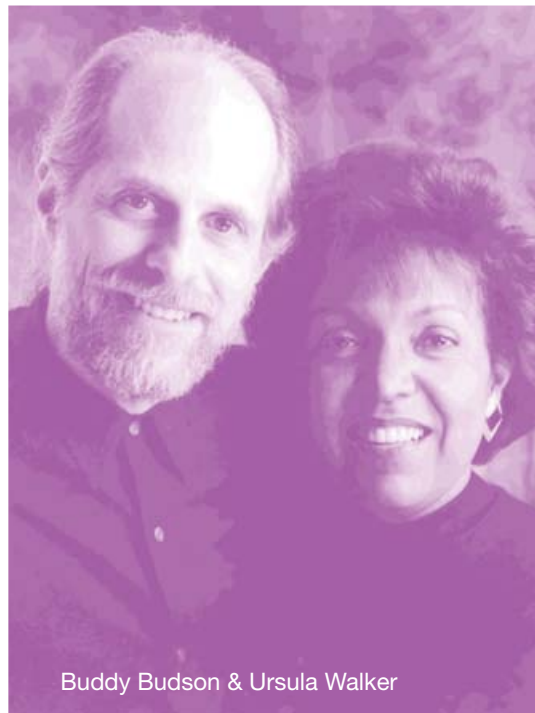
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Dealing With Incontinence

Get the facts on the common types, causes and treatments



Many older adults believe incontinence is part of the aging process, but after visiting their doctors, find successful therapies are available.

By Cathy Nelson

We've all been there: You're stuck in traffic, sitting at an important meeting, or listening to a sermon at church when nature calls, but circumstances won't allow you to answer.

But for those who experience incontinence, the scenario of rushing to the bathroom can become a real-life nightmare, where holding it isn't an option, and embarrassing accidents are unavoidable. The National Association For Continence estimates that 25 million Americans experience transient or chronic urinary incontinence, and 6.5 million adults have fecal incontinence. As we age, our chances of experiencing incontinence rise.

"Incontinence can occur at any age, but we definitely see it more in the older population," says Kenneth Peters, M.D., chair of urology for Beaumont, Royal

Oak, which includes the new Women's Urology Center. "Although it is more common, it shouldn't be considered part of the normal aging process." Peters says anyone with worsening or sudden onset incontinence should see a doctor.

Because incontinence takes different forms and has different causes, we asked our experts to explain the common types, causes and treatments.

TYPES AND CAUSES

Stress incontinence: a leakage of urine that occurs with activity or abdominal pressure, such as coughing, sneezing or picking something up. This is the most common type in females, affecting an estimated 15 million American women, according to the NAFC.

Causes for women include vaginal deliveries, pelvic prolapse and

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ASK THE DOCTOR

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menopause, which causes tissues to be thinner because of lack of estrogen; in men, it's almost always because of intervention, such as prostate surgery, according to Peters.

Urge incontinence: more severe than stress incontinence; also is referred to as overactive bladder. It's marked by a sudden, strong urge to go and inability to stop going once you start, Peters says. It occurs about twice as frequently in women as in men and becomes more prevalent with advanced aging, according to the NAFC. While urinary tract infections and bladder cancer can cause urge incontinence, often, no specific cause can be found, experts say.

Mixed: a combination of stress and urge incontinence, with the same causes.

Fecal incontinence: inability to control the passage of gas or stool. Causes include loss of muscle strength or nerve damage, which can be caused by stroke, says Nancy Muller, executive director of the NAFC. It may appear in conjunction with urinary incontinence in women who've had their pelvic floor damaged during childbirth, according

to Kandis Rivers, M.D., a urologist with Henry Ford hospitals in West Bloomfield and Detroit.

"Generally, if it's a childbirth-caused problem, you can control it when you're younger," Rivers says. "But when you go into menopause, and your tissues thin out, that's when you have problems."

SEEING A DOCTOR

Your doctor will want to perform a complete physical, including a pelvic exam for women, and a digital rectal exam for men, Rivers says. Give your physician as much detail as you can about your past medical history and when incontinence occurs.

"Often, past medical history will push us in one direction or the other," Rivers says, when trying to figure out whether urinary incontinence is stress or urge-related.

For urinary incontinence, the doctor might also want to perform ultrasound and urodynamics tests, which assess how the urethra and bladder are performing. With fecal incontinence, tests that measure anal function and sensitivity might be needed.

CONSERVATIVE TREATMENTS

Stress-incontinence treatment usually begins with exercises to strengthen the pelvic floor, such as Kegels, according to Peters, because the therapist can use a device to evaluate how strong the muscles are and provide biofeedback to the patient. "We teach these exercises to women, but we often need to explain them better," Peters says. "Lots of times, the patient thinks they are doing the exercise right, but they're not."

Pelvic floor exercises and biofeedback also are a normal first step for those experiencing fecal incontinence, Muller says. These often are used in conjunction with dietary changes.

"Lots of times, just getting the diet right is important, especially if the problem is associated with diarrhea," Muller says.

MORE AGGRESSIVE STEPS

In the case of stress incontinence, if the patient has tried conservative treatment and still is going through several pads a day, he or she might need to try other treatments, according to Rivers.

Injectables, such as collagen, can be inserted into the urethra to strengthen and tighten. Vaginal slings, which are inserted under the urethra to support it, also have been used successfully for treatment in women. The procedure



takes about 45 minutes, has a quick recovery, and shows marked improvement in 95% of patients, Peters says.

Beaumont's also the first U.S. facility conducting clinical trials using adult stem-cell treatment for stress incontinence, Peters says. The study uses the patient's own cells and currently is open to women ages 18 and older. Call 248.551.3355 for more information.

For those with urge incontinence, bladder-relaxation medications can be used, Peters says, although they can have side effects, such as constipation and dry mouth, and shouldn't be used in patients with Alzheimer's disease or dementia. Insurance also won't pay for many of the newer medications, Rivers says. If therapy and medication fail, both doctors say the next step is a device known as Medtronic InterStim.

"It's a pacemaker for the bladder," Peters says. "It delivers a low electrical current to the sacral nerves and gives the bladder the signals it needs."

Peters says he first implants the device just over the tailbone on a trial basis. If symptoms improve 50% over two weeks, the device is implanted permanently in the gluteus maximus.

A recent large multicenter study also found that InterStim was effective in reducing fecal incontinence episodes. Using the device for bowel control currently is under review by the FDA, and clearance is expected soon, according to Muller. **S**

Is Incontinence Inevitable?

While incontinence is more common as we age, it's not a normal part of the aging process, says Kenneth Peters, M.D., chair of urology for Beaumont, Royal Oak. "There are more people who aren't incontinent in the older population than who are," he says.

Experts say there are ways to prevent or lessen the effects of incontinence. They include:

Pelvic muscle exercises.

When performed three times a week, these exercises can strengthen the muscles of the pelvic floor, and help regain or maintain urinary and bowel control. Detailed instructions on how to perform the exercises can be found at www.nafc.org/find-a-product/pelvic-muscle-exercises-2/.

Don't hold it. Holding the bladder all day can lead to retention problems as we age,

Peters says. Try to urinate in a routine fashion; six to eight times a day is normal.

Avoid irritants.

Caffeine is a biggie because it's a diuretic and a bladder irritant, Peters says. Kandis Rivers, M.D., a urologist with Henry Ford hospitals in West Bloomfield and Detroit, tells her patients to avoid coffee, tea and pop, especially sodas with artificial sweeteners, which seem to cause increased urinary problems.

"People think they're doing a good job because their pop is artificially sweetened," she says, adding water is a much better choice. "There are no studies on this, but anecdotally, I've seen it help when patients stop drinking them."

Those experiencing fecal incontinence should avoid fatty foods, which can contribute to gas and other bowel disturbances,



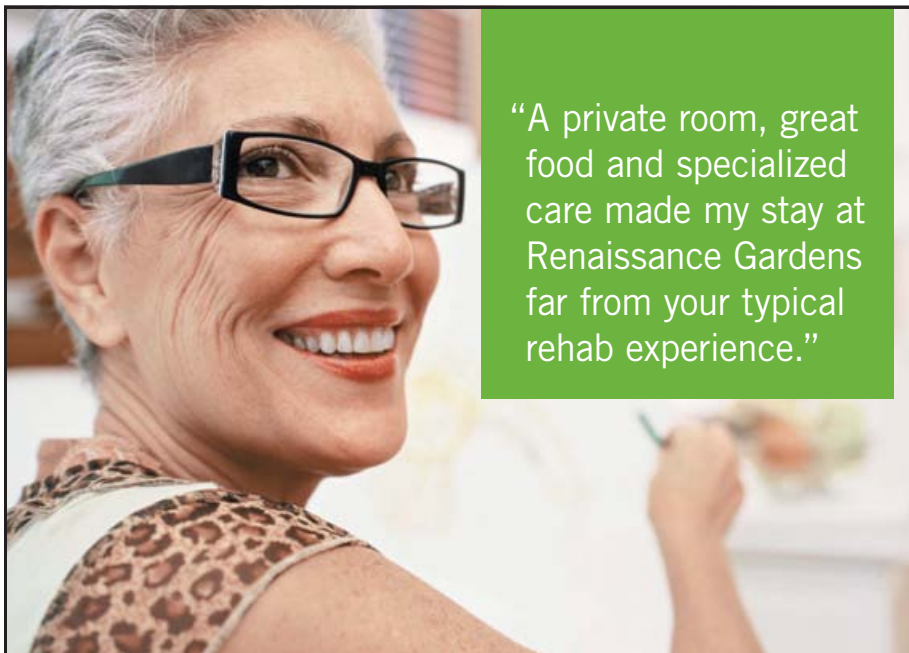
says Nancy Muller, executive director of the National Association for Continence.

Keep a healthy weight.

Rivers says it's harder to treat obese patients because in some cases they might not be able to get to the bathroom fast enough. "I think decreased mobility is far under-recognized as a reason for incontinence," she says.

According to Muller, studies have shown obese people who lose 10% of their body weight cut their leakage problems in half.

The National Association for Continence is a consumer education and advocacy organization dedicated to bladder and bowel health. Information, products and help finding a health professional are available by visiting www.nafc.org or by calling 800.252.3337.



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