

Overactive Bladders and Incontinence

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Are there certain medical conditions you would be too embarrassed to discuss with your health care provider? Would you find ways to cope with these ailments, even though they may be curable?

Bladder control problems can affect anyone at any age, and should never be considered normal. It is estimated that 17 million Americans have overactive bladder, of which more than 85 percent are women. Around 80 percent of all bladder control problems can be improved or cured with proper diagnosis, yet less than 50 percent of those afflicted discuss the problem with their doctor, and only 20 percent are under a physician's care for the condition.

Overactive bladder is marked by the following symptoms:

- **Frequency** - Urinating more than eight times in a 24-hour period
- **Urgency** - A strong, sudden desire to urinate
- **Urge Incontinence** - Sudden and total involuntary loss of urine

Many people affected by overactive bladder never experience incontinence, but the symptoms of frequency and urgency lead to a change in behavior that affects personal quality of life. In order to prevent an accident, sufferers use many different coping mechanisms, such as limiting time away from home, voiding before leaving the house or office (known as "defensive voiding"), planning activities only to places where the location of a toilet is known (referred to as "toilet mapping"), and limiting fluid intake. Fortunately, there are many treatment options available for overactive bladder, including medication, exercises, physical therapy, and surgery.

Medication: Detrol, a new drug developed by Pharmacia & Upjohn, has been available by prescription since May of this year. Taken in two milligram doses twice a day, Detrol reduces the number of urinations in a 24-hour period and decreases episodes of incontinence. Side effects for patients taking Detrol were similar to those from a placebo, and include dry mouth, headache, constipation, dry eyes and indigestion. These side effects may be overcome by chewing gum for dry mouth; taking over-the-counter medication to relieve headache, constipation or indigestion; and eye drops to combat dry eyes. Patients with urinary or gastric retention or narrow angle-glaucoma should not take Detrol.

Exercises: Mild cases of incontinence are due to weak pelvic floor muscles which, when strong, act as a sling to keep the bladder and bladder neck lifted and also form the external sphincter. These muscles can be strengthened through exercises known as "bladder retraining." the purpose is to disregard the desire to urinate in order to increase the bladder's capacity without the urgency or leakage, which in turn strengthens the muscles of the pelvic floor.

The latest technique in the treatment of incontinence, Incon Therapy, involves an intense protocol between patient and a highly trained team of physicians. This avenue of treatment is non-prescription and non-surgical. It combines the Kegel exercise (which has been in existence since the 1940s) and the latest in biofeedback technology that specifically identifies muscle groups to intensely train the patient to strengthen vital areas of the pelvic region that will end the problem of incontinence. The program involves the use of an in-home monitoring system during the six week program. The latest nationwide statistics show that 9 out of 10 patients who complete the program show substantial improvement, and 8 out of 10 are totally cured.

Here is a brief, general description of the program: Keep a bladder volume chart, including the time, amount and types of fluids you consume; the amount of fluid passed; and if any leakage was present prior to urination. Keep track for the first two days to chart a baseline. After two days, begin the bladder retraining regimen. When you get the urge to urinate, determine the longest amount of time you can wait, then add one minute or more (up to 15 minutes). It is best to set a goal you are confident in achieving, and gradually increase the length of waiting time. When the urge to urinate comes, it will help to stand still or sit down, if possible. You may also find it helpful to apply pressure to the pelvic floor by sitting on a rolled-up hand towel or to sit forward on the firm edge of a chair. Tighten your pelvic floor, relax your stomach muscles, and concentrate on taking long breaths.

Kegel exercises performed during urination will also help to strengthen the pelvic floor muscles. While sitting on the toilet, begin to urinate, then try to stop and restart the flow several times. Results will be gradual and normal bladder control may take up to three months or more to achieve.

Physical Therapy: Biofeedback techniques consist of sensors placed in the vagina or rectum, and a flat sensor placed on the abdomen. These sensors send electronic signals to a computer monitor when the pelvic muscles contract and relax. Biofeedback assists the patient in locating the correct muscles to strengthen, making the most of pelvic floor exercises.

Electrical stimulation: The process sends painless electrical signals through the muscles of the pelvic floor and bladder, contracting and strengthening them. Electrical stimulation also helps the bladder relax and prevents unnecessary contractions.

Surgery: Surgical techniques focus on correcting the functionality of the muscles surrounding the bladder and bladder neck, rather than operating on the bladder

itself. In some cases, surgery does not completely correct incontinence, and exercises or medication may still be required. Procedures vary depending on several factors, including the specific type, severity and location of the problem, as well as the patient's overall health. Surgery will restore the bladder neck to the proper position to prevent leakage.

Overactive bladder and its symptoms may be common, but they rarely go away or improve on their own. If you or someone you love is experiencing any of these symptoms, make an appointment to discuss these symptoms and the treatment options with a physician.