

Bladder Control Problems

If you or someone you know is affected by loss of bladder control, you are not alone. Urinary incontinence affects 30 to 50% of women; although the rates go up with age, incontinence among young women is quite common. This condition affects men and women, although it is nearly twice as common in women. The prevalence of urinary incontinence does increase with age, but it is not considered normal at any age. Doctors should routinely question women over age 65 about bladder problems, including overactive bladder.

Certain events or conditions may make a woman more likely to experience urinary incontinence. Sometimes, very clear-cut events such as pregnancy, vaginal delivery, surgery, radiation or accidental injury can lead to these kinds of problems; other times, causes may be much less well-defined. Some other causes include:

- Chronic constipation, which causes excessive bearing down.
- Some lung conditions, where pressure from breathing disorders can increase the pressure in the abdomen and pelvis.
- Neurological conditions, like multiple sclerosis or spina bifida, where nerves and/or muscles may not function correctly.
- Certain occupations (usually those that involve heavy lifting or exertion) may also increase the risk.
- Some kinds of urinary incontinence can be related to medications taken for other health conditions (such as diuretics), or smoking and caffeine use, and obesity certainly has an effect.
- Uncommonly, certain other health conditions such as kidney or bladder stones, or even some forms of cancer can cause the bladder to lose urine.
- And, in many cases, there is no obvious underlying reason for why bladder control problems occur.

Many women who have these kinds of bladder control problems are reluctant to discuss them with anyone, or are embarrassed to acknowledge that they have a problem, even to themselves. Sometimes women are made to feel that these conditions are “normal,” especially as they get older, and that, since bladder control problems like this are rarely life-threatening, they are not really a problem. These points of view are often shared among family and friends, or even among some healthcare providers.

But the truth of the matter is that urinary incontinence can have a very significant impact. We know that it can undermine your sense of well-being and self-worth, and your ability to live your life the way you want. Scientific studies indicate that quality of life measures significantly decrease when a woman experiences these kinds of bladder control problems. After experiencing these problems, women may begin to stop exercising or participating in physical or social activities, which can further reduce health and quality of life. Work activities, travel and intimacy also may suffer as a result.

But there is no reason to allow this to continue. The good news is that 80 to 90 % of women who seek treatment will experience significant improvement. A wide array of treatment options, ranging from behavioral and diet changes all the way to surgical options exist, and are used every day to help women recover parts of their lives they may have let go. Get evaluated and review treatment options appropriate for your urinary incontinence. The more you know, the more confident you will be in choosing the direction of treatment.

Types of Bladder Control Problems

Female urinary incontinence can be grouped in several distinct categories, although women often have symptoms found in more than one category (i.e., mixed incontinence).

Stress Incontinence: Urine leakage occurs with increases in abdominal pressure (hence, mechanical “stress”).

Stress urinary incontinence is loss of urine that occurs at the same time as physical activities that increase abdominal pressure (such as sneezing, coughing, laughing, and exercising). These activities can increase the pressure within the bladder, which behaves like a balloon filled with liquid. The rise in pressure can push urine out through the urethra, especially when the support to the urethra has been weakened; this is what we call stress urinary incontinence.

Pregnancy and delivery can have significant effects on the mechanisms of continence. Obstetricians are becoming more and more aware of the risks of injury to the pelvic floor caused by vaginal delivery. Excessive stretching of the supportive tissues, muscles and nerves, can cause permanent defects even after post-pregnancy healing. This may lead to various pelvic floor support problems for the surrounding organs. Although the urinary incontinence often resolves in the first few months after delivery, its initial presentation may signal the development of more troublesome incontinence in the future.

Some women with stress incontinence may note only occasional leaks, only with aggressive exercise, colds or allergies, or at times when the bladder is especially full. Other women have a great deal of leakage with simple activities such as getting up out of a chair, or simple walking. Although the severity may vary, many women find that these symptoms begin to limit their physical or social activities, and can have a serious impact on quality of life.

Urge Incontinence: Often referred to as “overactive bladder.” Inability to hold urine long enough to reach restroom.

The term “overactive bladder” is sometimes used to refer to any of the following conditions:

- Frequency (more than 8 voids in each 24 hours)
- Urgency (a powerful urge to urinate, that is difficult to put off)
- Nocturia (waking up twice or more at night to urinate)
- Urge incontinence (leakage of urine associated with an urge to urinate, or not making it to the bathroom in time)

When leakage of urine is accompanied by a sensation of the need to urinate, or the impending sense that a large leak is going to happen, this is often what is known as urge incontinence. Unlike stress incontinence, this usually represents a bladder "squeeze" or contraction, occurring at an unwelcome time. Often, people with urge incontinence also have increased urinary frequency, have to rush to the bathroom frequently, or wake up more than once or twice at night to urinate. You may also notice severe urgency and leakage when driving into the driveway, placing the key in the front door, running water or with temperature changes.

These are very common conditions, and their impact can vary widely. Their causes are less well understood than in stress incontinence. Occasionally, there may be an underlying reason, like neurologic or inflammatory conditions; in most cases, no particular cause can be identified. Whether or not an underlying cause is identified, the effects of overactive bladder and urge incontinence can be significant.

Mixed Incontinence: When two or more causes contribute to urinary incontinence. Often refers to the presence of both stress and urge incontinence. For example, someone has the combination of stress incontinence (leaking with coughing, sneezing, exercise, etc.) and urge incontinence (leaking along with a need to get to the bathroom), this is known as mixed urinary incontinence. Often, a woman may first experience one kind of leaking, and finds that the other begins to occur later.

Overflow Incontinence: Leakage or "spill-over" of urine when the quantity of urine exceeds the bladder's capacity to hold it. This generally happens when there is some blockage or obstruction to the bladder's emptying; the bladder is unable to empty well, and small amounts of leakage happen frequently. This kind of leakage is less common among women, unless they have had bladder surgery, vaginal prolapse, or some less common condition.

Functional Incontinence: Leakage (usually resulting from one or more causes) due to factors impairing your ability to reach the restroom in time because of physical conditions (e.g., arthritis). This may or may not represent a problem of the pelvic floor, but should certainly be addressed with a health-care provider.

Fistula or Diverticulum: When urine collects in a pouch within the urethra, or flows directly through an abnormal tract into the vagina. They usually happen after some kind of surgery, trauma or radiation to the area and are relatively uncommon.