Short Communication

Urinary incontinence: the last taboo?

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1

Urinary incontinence (UI) is not something that is usually discussed over the dinner table. Not just because it seems a little distasteful, but also because it can be embarrassing. Not only is it a somewhat embarrassing subject socially, it appears that patients and medical practitioners alike are reticent about discussing it.

Erroneously, urinary incontinence is thought to be a condition suffered only by older women. However, data from the Women's Health Australia study found the prevalence of urinary incontinence to be 12.8% in women aged 18–22 years, 36.1% in women 45–49 years and 35% in older women 70–74 years.¹

The most common form of incontinence reported was mixed incontinence: women experiencing symptoms of leaking with increases in intra-abdominal pressure (e.g. when coughing, lifting, exercising), as well as urgency and urge incontinence.

A study evaluating the efficacy of three models of continence care across Australia provided the opportunity to explore the prevalence of UI in people waiting in general practitioners' (GP) waiting rooms. Not surprisingly, 65% of females and 30% of males reported UI, while only 31% of these reported having spoken about this to a health-care person.²

In women especially, UI tends to be progressive. However, studies show that early intervention when symptoms are mild, provides the best results. Therefore, there is slight an imperative to detect women who are incontinent and to offer them early, conservative treatment options.

Why did such a high proportion of women in the general practitioner's waiting room survey report urinary incontinence?

A high proportion of women in the general practitioner's waiting room survey report urinary incontinence because they also experience conditions known to be associated with urinary incontinence: such as coughing,

sneezing, vomiting, pregnancy, recent childbirth and increased bodymass index. It then follows that these associated conditions might be used as flags to remind GPs to explore whether a woman is likely to be suffering urinary problems.

While it is a relatively simple task to ask parous women suffering any upper respiratory tract problems if her cough is giving her problems with her waterworks, when she answers yes, the next question the GP asks is: 'Where to from here?'.

Where to start?

Gunthorpe clearly showed that GPs could effectively assess and manage urinary incontinence within their practice.^{3,4}

In the great majority of cases, the first step is to ascertain what symptoms the women has, and the answers to simple set of questions can point you in the right direction.

1. Do you only leak when you cough/sneeze/lift/exercise? If the answer to this question is 'yes', the woman has stress incontinence.
2. Do you experience a very strong urge to pass water? If she answers yes, follow with:
3. Can you always hold on until you get to the toilet or do you sometimes leak on the way?
While question 2 explores the sensation of urgency, question 3 highlights the presence of urge incontinence. If the woman answers yes to questions 1 and 2 with or without question 3, she has mixed incontinence symptoms
4. How many times a day to you urinate? This explores the woman's bladder habits. Normally women urinate 6–8 times a day. More frequent urination points to either habitual emptying to prevent stress leakage or maybe a reduced bladder capacity that is often found as part of urge incontinence. A healthy bladder can store about 400–600 mL overnight; in healthy women, first desire to void is normally felt between 150 and 250 mLs bladder capacity, but women generally pass around 300–350 mL each time.
5. How many times do you get out of bed each night to empty your bladder? In women under the age of 65

2

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years, getting out of bed to urinate more than once each night is considered to be nocturia.

Once you have eliminated the presence of urinary tract infection, the next step is to ask the woman to keep a frequency volume chart for 3 days. This will give you all the information you need to decide if she has urgency, frequency, urge incontinence or stress incontinence.

Pelvic floor exercises have been shown effective in the management of both stress and urge incontinence so the first line of treatment begins here. Following a pelvic floor muscle contraction assessment, a program of exercises can be tailored to suit individual women. There is no point in 'talking through' pelvic floor muscle contractions, as studies show that while women report being able to do a pelvic floor muscle contractions, about 40% are actually unable to do so.

Fact sheets about pelvic floor muscle exercise and bladder training are available by contacting the Continence Foundation of Australia, who can also provide information about your nearest regional continence physiotherapist or nurse continence adviser (Helpline

1800 330066). Another useful resource is 'Women's Waterworks' written by myself for the lay press and available to you free of charge by emailing me at pauline.chiarelli@newcastle.edu.au.

References

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