



Incontinence: Breaking the silence

TIPS AND TRICKS
FOR SENIORS

Québec 



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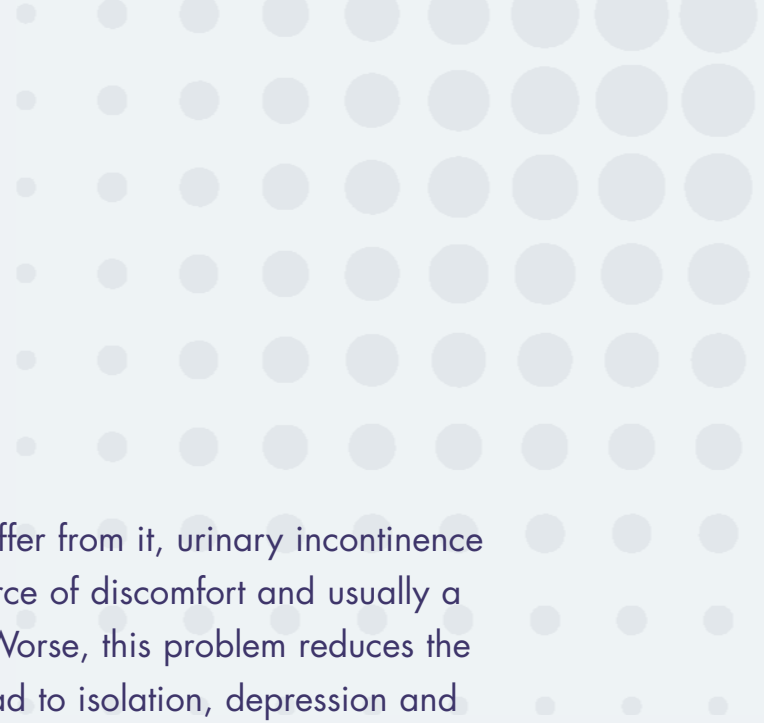
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For those who suffer from it, urinary incontinence is always a source of discomfort and usually a taboo subject. Worse, this problem reduces the quality of life and can lead to isolation, depression and even loss of autonomy. Research has shown that up to 15% of men and 55% women over the age of 60 suffer from incontinence. However, in spite of the fact that some of its causes are related to age, incontinence can be treated, cured, and even prevented. This is not a problem that is related to normal ageing and you should never listen to those who tell you, "It's normal at your age."

This booklet will make you aware of information about the various types of incontinence and their causes, as well as solutions that can be employed to reduce symptoms and, in certain cases, to eliminate them.



Is this booklet for
you?

Can you reach the bathroom without having unintentional urine loss when you feel you need to "go?"

- Yes No At home only
-

Do you have urine loss when you...

- Cough? Sneeze?
 Lift an object? Practice a sport?
 Get up from your armchair?
-

Do you get up three times or more during the night to urinate and sometimes not make it to the toilet in time?

- Yes No
-

Do you wear a towel or other form of protection to absorb urine loss?

- Yes No
-

**If you answered *"yes"*
to at least one question,
this booklet is meant for you!**



What is
incontinence?

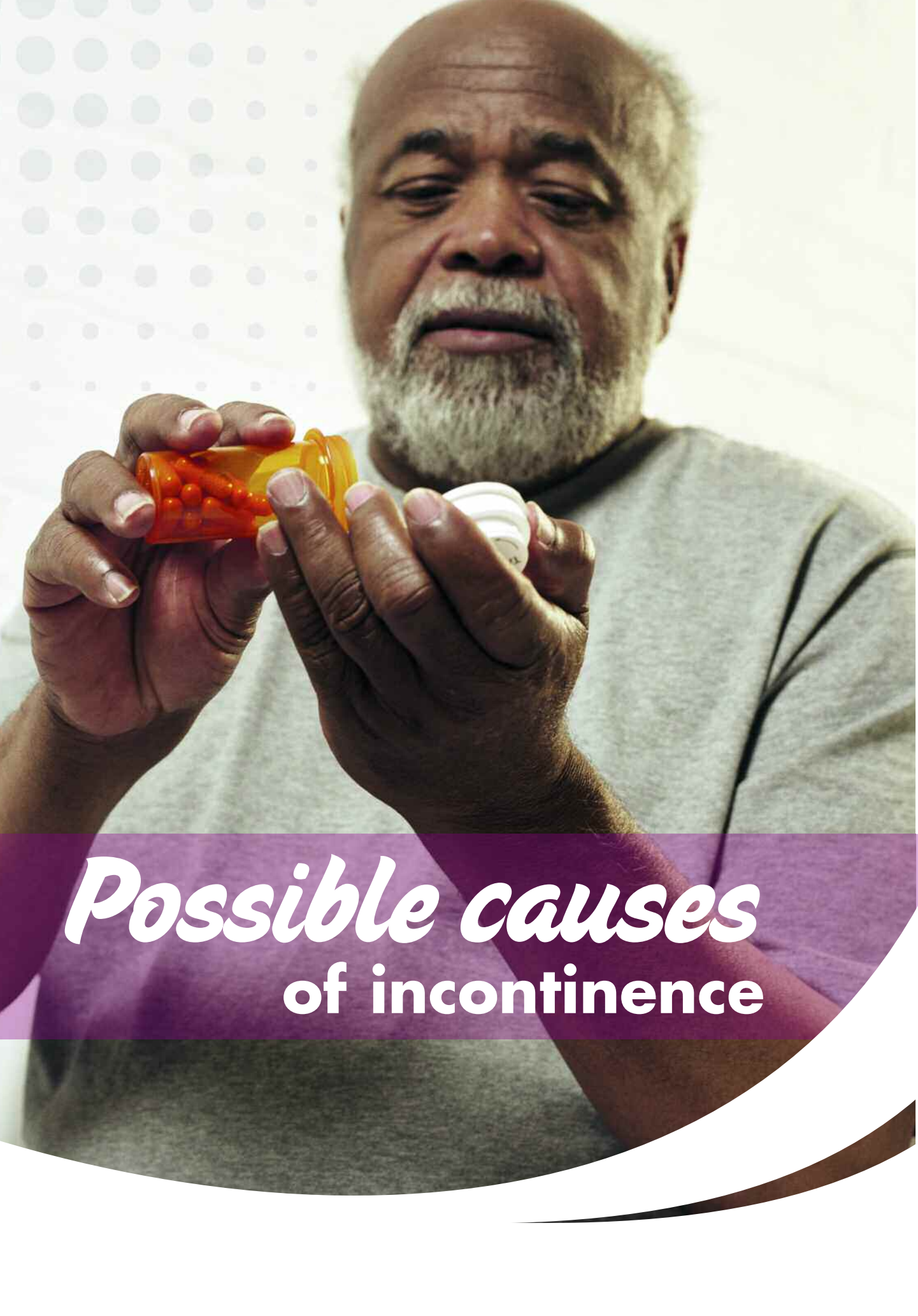
When we suffer from incontinence, we are not always able to control the need to urinate and this can lead to unintentional loss of urine, even if only a few drops.

Although this problem is much more frequent in women aged 60 and more, incontinence does not discriminate by gender or age.

Types of incontinence

Incontinence happens when there is a problem with the normal functioning of the bladder and the pelvic floor muscles. The type of problem, whether it is of physical, nervous system or muscular origin, will determine the type of incontinence, and so there are a number of kinds of incontinence, including the following:

- **Stress incontinence** happens when there is urine loss when you cough, laugh or make a physical effort. The muscles of the urethra or the pelvic floor are not strong enough to retain the urine in this case
- **Urgent incontinence** occurs when your need to urinate is sudden and uncontrollable and when you cannot reach the toilet on time. Your bladder may be irritated or hyperactive or, quite possibly, communication between your bladder and your brain is not working properly
- **Mixed incontinence** is a combination of stress incontinence and urgent incontinence
- **Functional incontinence** happens when you are not able to reach the toilet due to conditions such as arthritis or reduced mobility
- **Nocturnal incontinence** happens when you are unable to control your bladder at night



Possible causes
of incontinence

Factors such as the consumption of certain foods and drinks, certain diseases or medications can contribute to incontinence. By acting on these factors, you should see the symptoms of incontinence diminishing considerably or even disappearing.

Food and drink

- Caffeine (tea, coffee, chocolate, soft drinks)
- Alcohol
- Fruits and high-acid juices (orange, lemon, grapefruit, tomato)
- Spicy foods
- Excessive consumption of liquids (more than two litres a day).

Diseases and ailments

- Enlargement of the prostate
- Parkinson's Disease
- Lesions of spinal cord
- Multiple Sclerosis
- Stroke
- Oedema (swelling) of the ankles
- Constipation
- Lower levels of oestrogen due to menopause
- Peritoneal, prostate or abdominal surgery
- Obesity
- Dementia
- Chronic cough (linked, among other causes, to the use of tobacco)

Medication

- Sleeping pills
- Diuretics
- Antidepressants
- Blood pressure medication
- Heart medication



Solutions

Happily, solutions exist! From 50 to 85 % of cases of incontinence can be cured or improved through changes to life style or by employing easy-to-use treatments.

Keep a journal

Keep a journal for two or three days (if possible not consecutive days) and note down the number of times you go to the toilet as well as the type and amount of liquid you drink during the day. This will provide you with an overview of your habits and identify the type of incontinence that affects you. It will also give you opportunity to measure how well your condition improves after you begin to use the tips and tricks contained in this booklet. What you need to do is to note your observations in the journal for several days before you change your habits, then wait until approximately one month after you begin the changes, and note down the observations again. If you decide to consult a doctor, this information will help in choosing the appropriate treatment.

Here is what you should write in your journal:

- 1.** The time when you urinate
- 2.** Pressing need to "go" (yes or no)
- 3.** Unintentional loss of urine at that time or another time during the day (yes or no)
- 4.** Circumstances surrounding loss of urine (coughing, sneezing, laughing, physical effort, getting up, putting the key in the door, etc.)
- 5.** Type and quantity of liquid consumed during the day

Lifestyle changes

If you suffer from stress, urgent or mixed incontinence

- Limit your consumption of foods that irritate your system – for instance, replace tea and coffee by hot water with lemon, or milk or other healthy choices such as cranberry juice (especially if you suffer from chronic urinary infections)
- Eat enough fibre to avoid constipation – 21 grams a day for women and 30 grams a day for men. Fibre is found in whole grain cereals, wheat bran, fruits, vegetables, legumes and nuts
- Maintain healthy weight – if you need to lose weight, reduce portions, eat lean meat, and only twice a week (women) or three times weekly (men), replace fatty cheeses with skim milk cheese (cottage cheese, for example), eat more fruits and vegetables, exercise
- Drink enough – but not too much (the ideal quantity per day for an individual suffering from incontinence is four-to-six glasses of liquid, including water, soups or other)
- Stop smoking – ask your pharmacist if a particular medicine is safe for you (e.g., the nicotine patch) or join a support group to help you stop

If you suffer *from functional incontinence*

- Keep the way to the bathroom free of obstacles
- Wear clothes that are easy to unfasten
- Install safety rails in the bathroom
- Practise getting up from a straight-back chair (without support) 10 times a day
- Walk for 20 minutes each day
- Practice T'ai chi or other physical activities to improve your balance. Or you can try balance exercises like this one: stand upright behind a chair, supporting yourself with both hands, and lift one foot at a time. If your balance is very good, you should be able to use only one hand.

If you suffer *from nocturnal incontinence*

- If you often wake up at night to go to the toilet, you should avoid drinking alcohol, tea or other irritants after supper
- Discuss the medications you take with your doctor: some sleeping pills may relax the pelvic floor muscles and contribute to nocturnal incontinence
- Reduce oedema (swelling) by wearing support hose or by raising your legs for half an hour during the day to encourage gradual filtering of liquids and reduce your night-time need to "go"
- Control chronic diseases. If you suffer from diabetes, overly high sugar levels at night may contribute to nocturnal incontinence. Sleep apnea may also engender the same problem
- Adopt good sleep habits. Insomnia increases with age, is more common in women, and can contribute to incontinence, especially if you take sleeping pills.

Good habits that will help you to sleep:

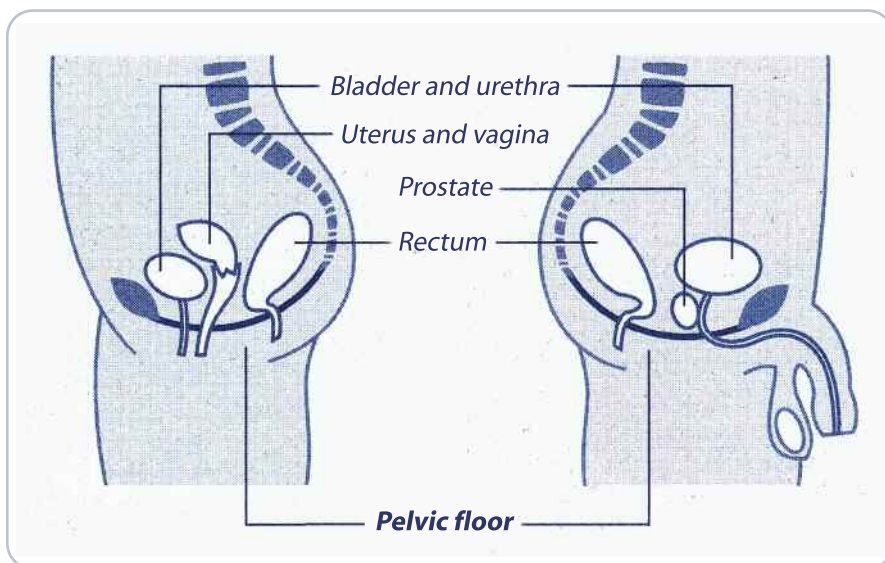
- Your bedroom should be reserved solely for sleeping
- If you are not asleep after 15-20 minutes, get up
- Avoid stimulants during the evening such as coffee, tea, alcohol, chocolate and cigarettes
- Do not use alcohol to try to fall asleep
- Avoid physical exercise before lying down
- Practice a relaxation technique (yoga, meditation, deep breathing, etc.) at least one hour before bedtime
- Always rise at the same hour in the morning
- Sleep in a place that is sleep-friendly: neither too cold nor too hot, and peaceful



Exercises to strengthen the pelvic floor muscles

Even if this is the first time that you have heard about the pelvic floor muscles, it is never too late to begin to use them! Exercises to strengthen your pelvic floor muscles can help to reduce involuntary loss of urine.

The pelvic floor muscles are comprised of three layers that close off the base of the pelvis. Stretched like a hammock between the pubis and the coccyx, these muscles play a primary role in the control of urine, gas and stool. In women, they also help to support organs such as the uterus and the bladder.



The right way to contract the muscles of the pelvic floor

Sit down comfortably on a chair with the muscles of the buttocks, thighs and abdomen relaxed, then contract the pelvic floor muscles as though you wanted to hold in urine and gas. If you contract your muscles correctly, you should have a feeling that they are being pulled inwards. This means that contraction is working efficiently. If on the other hand you have the sensation that the pelvic floor muscles are putting pressure on you to move your bowels, the exercise is not working properly.

Here's a tip:

Always contract the pelvic floor muscles before coughing, sneezing, lifting a heavy object, leaning over, getting up from a sitting position or any other activity that can cause involuntary loss of urine.

The following three exercises should be practiced daily for 12 weeks (about three months). They might seem to you to be difficult at the beginning, but they will become easier with time and practice.

Choose a time of the day when you have between 10 and 15 minutes free to perform the exercises. Do nothing else during this time (e.g., watch television, read, etc). Quality counts more than quantity here!

Lying down:

Lie down on your back, knees bent, feet slightly apart and arms on each side of your body. For these exercises, relax all your muscles, especially those of the buttocks and the inside of the thighs.

Exercise 1: Force

- Slowly exhale through your mouth
- Contract the pelvic floor muscles as much as you can, as if to retain urine and gas, and draw your pelvic floor inwards
- Maintain this contraction for six seconds. Count slowly to six, out loud. Breathe while you count, without relaxing your muscles
- Release your pelvic floor for 12 seconds
- Do three cycles of 10 contractions/relaxations, for a total of 30 contractions. Rest for one minute between each cycle

Exercise 2: Coordination

- Breath out slowly through your mouth, then contract the pelvic floor muscles as hard as you can
- Maintain contraction for one second then cough vigorously while keeping the pelvic floor muscles contracted
- Rest for two seconds, then repeat the contraction, coughing and resting cycle twice
- Take a 30-second time out
- Repeat the cycle two more times

Exercise 3: Quick contractions

- Breath out slowly through your mouth, then contract the pelvic floor muscles as hard and as fast as you can, as if to retain urine and gas
- Maintain the contraction for one second
- Relax the pelvic floor for one second
- Do three cycles of six quick contractions and relaxations, for a total of 18 quick contractions. Take a 20-second rest between the cycles

TO OPTIMIZE THE EFFECTS OF THE EXERCISE, increase the level of difficulty after six weeks by performing the three program exercises in a sitting position instead of lying on your back.

Techniques for controlling the urge to “go”

If your urine losses are related to urgent needs or if you urinate frequently (more often than every two hours during the day or more than twice at night), add the following techniques to your exercise program to strengthen the pelvic floor muscles and control acute needs:

- **Stop!** Do not run to the bathroom! If possible, sit down on a hard chair. This strategy may help you to retain your urine
- **Breathe deeply** and relax.
- **Contract the pelvic floor muscles** quickly and strongly, at least eight times (as described in Exercise 3 on page 21), or try to maintain a strong contraction for six to eight seconds (as explained in Exercise 1 on page 21)

- **Think of something else** (for instance, the first name of a boy or girl that starts with each letter of the alphabet). Mental activity plays a big role in controlling urgent needs
- If the pressing need to “go” continues, **repeat** all the above steps
- **Wait** until the need to urinate passes
- When the need to go subsides, **go to the bathroom** without hurrying, but only if you still feel the need to “go.” Otherwise, continue with what you were doing beforehand

Up to 85% of people who practice exercises to strengthen their pelvic floor and techniques to control their urgent needs can regulate or reduce their incontinence problem.

If this is not the case for you, there are other solutions. A physical therapist can tailor exercises that are better adapted to your particular situation; medication may alleviate the problem, or you may want to consider surgery.

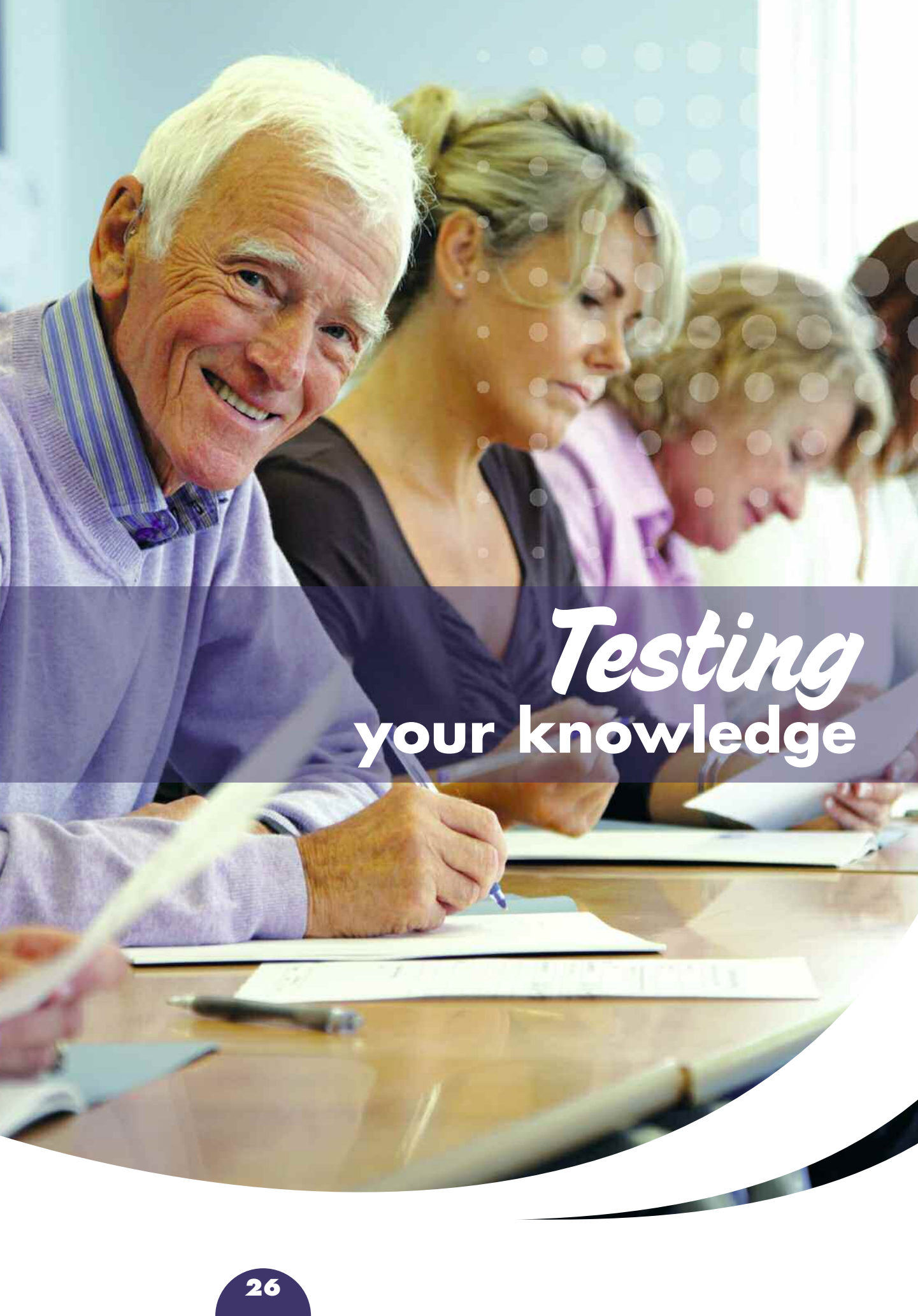
Discuss it with your doctor. There is no need to resign yourself to living with incontinence!



**Advice about
how to discuss the problem
*with your doctor***

Since there are many possible causes for incontinence, you should consult your doctor if the problem persists even after you put into practice the solutions described in this booklet. Here are some ways you can bring up the issue of incontinence with your doctor.

- 1.** Keep a journal for the two or three days prior to your appointment and show it to your doctor.
- 2.** Bring the complete list of your medications with you, including any natural medicines.
- 3.** Make a list of all your health problems that could aggravate incontinence.
- 4.** Prepare your questions beforehand and write them down on a piece of paper that you bring to the appointment.
- 5.** If your doctor tells you that this is a normal problem at your age, do not accept this and insist on receiving treatment that is appropriate for your situation.



Testing your knowledge

True or false?

1. Urinary incontinence is a normal part of the ageing process.
2. Problems caused by incontinence can be resolved by wearing protective clothing.
3. Sleeping pills can aggravate incontinence.
4. Tea and coffee irritate the bladder.
5. Exercises to strengthen the pelvic floor are effective even if they are only performed once a week.
6. After the age of 90, there is no way to prevent or to cure urinary incontinence.

Answers

1. False. Do not put up with people telling you "It is normal at your age." If half of women over the age of 60 experience problems of incontinence, this means that the other half don't. Only 15% of men in the age group suffer from this condition. It is therefore not a normal situation that goes hand-in-hand with ageing, simply a problem that should be dealt with.
2. False. Carrying protection against incontinence is not a permanent solution to the problem. Instead, changing lifestyle is recommended, as well as practicing simple exercises to strengthen the pelvic floor, and techniques for controlling urgent needs.
3. True. Some sleep medications relax the pelvic floor muscles and can contribute to nocturnal incontinence. Make a list of your medications and show it to your doctor or pharmacist.
4. True. Replace tea and coffee by hot water with lemon, or milk or other healthy choices such as cranberry juice.
5. False. To be effective, pelvic floor strengthening exercises must be performed correctly and regularly, least five to seven times each week.
6. False. There is no age limit for the diagnosis and treatment of incontinence.

