

# Urinary Incontinence

## What is Urinary Incontinence?

Urinary incontinence occurs when one is not able to hold his / her urine and experiences urine leakage. Its severity varies, from only a few drops to complete dependence on diapers.

It is common in elderly due to age-related changes and may lead to falls, limitations in daily activities and social interactions. It may also indicate another underlying medical condition.

In many instances, urinary incontinence can be treated. If you suffer from urinary incontinence, it is strongly encouraged that you see a doctor for further evaluation, with the goal to improve your quality of life.



## Why is Urinary Incontinence more common in elderly?

Some age-related changes in the body may lead to incontinence:

- The urinary bladder loses its elasticity as an organ for storage of urine
- It becomes difficult to suppress the sensation of urinary urgency
- Prostate issues are more common in elderly men
- Pelvic floor muscles lose their strength in elderly women, especially those with multiple pregnancies in younger years

## Types of Urinary Incontinence

Urinary incontinence can be classified into several types to help with patient counselling and clinical decision making. However, this classification is rather general and some people may have more than one type of urinary incontinence concurrently:

- Urge incontinence (characterized by an intense urge to pass urine immediately before urine leak)
- Stress incontinence (characterized by urine leaks with coughing / sneezing / laughing)
- Overflow incontinence (characterized by a very full bladder that spontaneously spills urine)
- Functional incontinence (characterized by a normal urinary tract in the presence of limited mobility or impaired cognition)
- Mixed incontinence (when you have a combination of 2 or more types)

## Causes of Urinary Incontinence

### Urge incontinence:

- Mostly due to bladder being overactive (e.g. urinary tract infections, bladder stones, bladder tumors, age-related bladder changes)
- Some cases are due to other neurologic conditions that make it difficult to suppress the urge (e.g. stroke, Parkinson's disease, dementia)

### Stress incontinence:

- Due to weakness in the pelvic floor muscles from previous pregnancies, obesity, chronic coughs, previous pelvic or prostate operations

## Overflow incontinence:

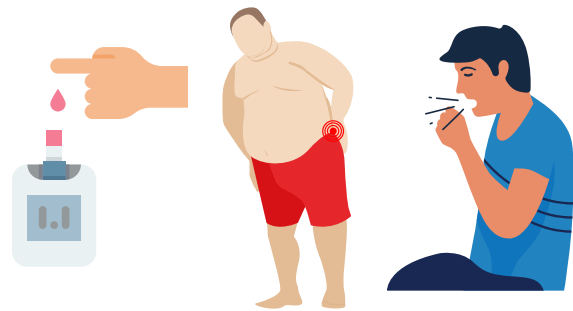
- Due to chronic obstruction to bladder opening (e.g. prostate enlargement in men, uterine prolapse in women)
- Or due to bladder muscle weakness (e.g. diabetes, spinal cord injury, certain medications like cough mixtures and certain pain killers)

## Functional incontinence:

- Due to impaired cognition (e.g. dementia, depression) resulting in the loss of awareness of a full bladder, inability to communicate toileting needs or lack of motivation to maintain continence
- Or due to limited mobility to reach the toilet on time (e.g. Parkinson's disease)

## Common risk factors for Urinary Incontinence

- Diabetes
- Obesity
- Chronic cough
- Cognitive impairment
- Functional impairment
- Multiple pregnancies in younger years



## Treatment of Urinary Incontinence

Mild urinary incontinence can be managed with some lifestyle and behavioural strategies, such as bladder training, urge inhibition therapy and pelvic floor exercises.

Moderately severe urinary incontinence are treated with medications and suitable continence aids and appliances.

Severe urinary incontinence is treated with surgery in selected patients.



## Bladder training (for urge incontinence)

Step 1: For 1 – 2 days, take note of how many times you urinate or leak.

Step 2: Each day, calculate the amount of time between each urination. Take note of the longest interval between urination. This is your goal.

Step 3: Empty your bladder first thing in the morning. Try to add 10 – 15 minutes of holding your bladder to the goal. Continue with this training daily till you are comfortable with the new schedule.

Step 4: Once comfortable with the schedule, increase the interval by another 10 – 15 minutes till a maximum of 2 hours holding your bladder. Do not exceed 2 hours of holding your bladder.

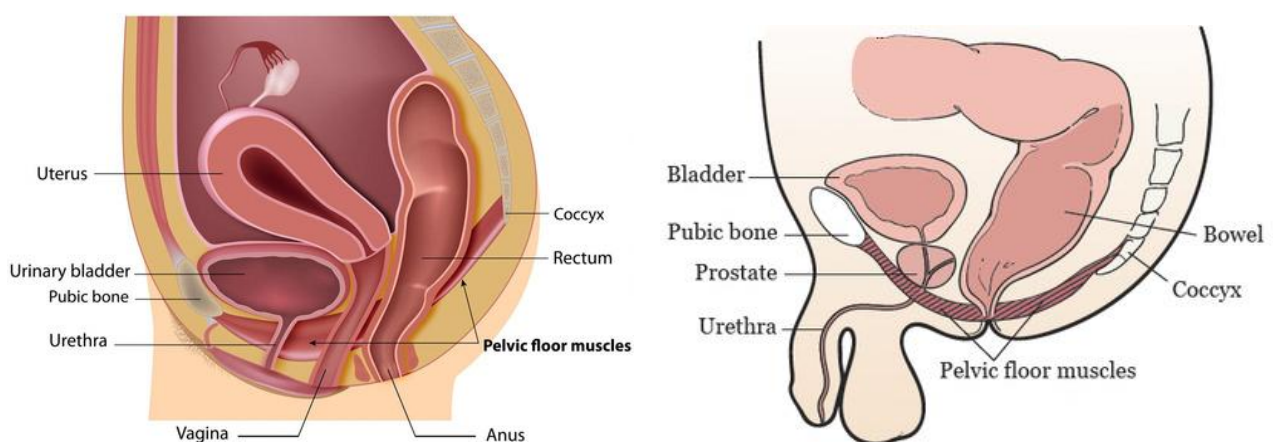
## Pelvic floor exercises (for stress incontinence)

Step 1: Identify your pelvic floor muscles by squeezing the muscles around the anus, as if trying to stop passing wind.

Step 2: Squeeze the pelvic floor muscles as tightly as possible for 10 seconds.

Step 3: Relax the pelvic floor muscles completely for 10 seconds.

Step 4: Repeat 10 cycles of squeeze and relaxation to complete one set of pelvic floor exercises. Aim to do 3 sets on a daily basis.



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