Urinary Incontinence: A Closet Condition!

October 07, 2011
By Mark Smith, Jr, MD [1]

In the United States alone, it is conservatively estimated that there are between 10 and 20 million women suffering from the involuntary loss of urine! The large baby boomer population of the United States is now moving through the menopausal transition period when this involuntary loss of urine (urinary incontinence) often becomes worse, and consequently the number of women with incontinence will only increase.

The masses... lead lives of quiet desperation

--Henry David Thoreau

In the United States alone, it is conservatively estimated that there are between 10 and 20 million women suffering from the involuntary loss of urine! The large baby boomer population of the United States is now moving through the menopausal transition period when this involuntary loss of urine (urinary incontinence) often becomes worse, and consequently the number of women with incontinence will only increase. Although incontinence may occur much earlier than the menopausal years, it often worsens during this phase of a woman's life. One of every six women will have significant problems with urinary incontinence after the mid thirties, while after the age of fifty over half of women will have some degree of urinary incontinence. As the average lifespan increases, this will result in more and more of the female population of the world with urinary incontinence. Many people think this is an uncommon and unusual problem that affects only a limited number of women. But the next time you are shopping in the store, just look at the size of the product display for absorbent pads for urinary incontinence. The laws of economics being what they are, merchandise stores just do not continue to put out large displays of goods they do not sell! You had better believe they sell tremendous amounts of these products, and who do you think is buying them? Urinary incontinence is often thought of as an elderly woman's problem, usually occurring only in older women in nursing homes or with chronic and debilitating diseases. Well, consider that it is estimated that one out of every three sanitary pads bought in the United States is bought for urine rather than blood. And yet few women talk about it, either with each other or with their doctors. Most women are too embarrassed to mention it even to their friends, and just go about changing and altering their lives so as to avoid embarrassment to themselves. Urinary incontinence can be devastating psychologically as well as emotionally and physically to a woman. Many women leak urine with just about any kind of exercise or exertion. Women who do aerobics or exercise on a regular basis have simply quit such activities; they just do not like to smell like urine when they finish. Women who run for exercise may stop running; they cannot run without leaking and cannot tolerate the wetness when they finish. Mothers may stop running or playing ball with their children because they know they will leak urine. When they are in a group of people interacting socially, they are careful not to laugh for fear of being incontinent. If they are sitting and a joke is told, they cross their legs tightly and hold them before the punch line so as not leak when they laugh. Or, they cancel social engagements and stop going out in public for fear of embarrassment. They may dread getting a cold or cough, because they know when they start sneezing or coughing they will repeatedly wet themselves. They may always carry an extra set of underwear in their purses so they can make a quick exit and change when the next inevitable accident occurs. Women who enjoy dancing may stop because they cannot dance without their underwear becoming wet. Female coaches may stop showing their students how to play, and women who love golf may stop playing because they lose their urine when they swing their clubs. They are just too embarrassed to smell like urine on the golf course.

Another type of urinary incontinence is urge incontinence, and this is where women develop the sudden and intense urge to urinate. If they do not get to a bathroom quickly, then they become incontinent. Women who have this urgency type of incontinence plan their day carefully, making...
sure they are never too far away from a bathroom. They know precisely the location of every bathroom in every store and every location they frequent, and when they go to an unfamiliar place, the very first thing they do is to locate the nearest bathroom. This urgency condition is often called the "key in lock syndrome", although the medical name is urge urinary incontinence. When women arrive home with their arms full of packages and put the key in the door, they abruptly develop a strong urge to urinate. If they don't drop everything and head to the bathroom they will lose their urine, often even while trying to get to the bathroom. When they first get up in the morning, it is a race to try to get to the toilet before they loose their urine. And this is after getting up several times during the night to empty their bladder. If they are brave and go out to a restaurant, they ask to be seated at a table near the restroom. Women throughout the world continue to compromise themselves and their entire lives because of the inability to control their urine.

So why do women put up with this problem? Perhaps because they are too embarrassed to seek treatment, or they think this is a normal part of aging, or they do not know there are treatment options available. Many women are simply too embarrassed to talk about it with anyone. Because so few people talk about it in public, they think maybe they are one of the few women with the problem. They may think it only occurs in elderly and debilitated women, and after all, "no one MY age has this problem..." And, it is just too embarrassing for them to talk about it with someone. On the other hand, they may think it is a normal part of aging, or there are no treatments for it. Perhaps they have hesitatingly tried to talk to their doctor or health care provider about it, and were told, "don't worry about it, just do some Kegel exercises and it will go away." Perhaps someone they know had some type of bladder surgery that didn't work, so they think there's really nothing that can be done. They certainly do not want to go through surgery and not be any better. So, they wear a pad every day of their life, and change and compromise and alter their whole lives in order to compensate for the inability to control their urine.

The unfortunate thing for these women is that most types of urinary incontinence can be treated in some manner. There is an excellent article by Dr. Bradley Goldberg on Coffee Talk explaining the different types of urinary incontinence, and there are many new treatment techniques that have been developed for the various types of incontinence. Treatments such as biofeedback, behavioral modification, or pelvic floor stimulation have shown good success rates. The elimination of certain, such as caffeine, often reduces the problem. Many types of incontinence respond to new medications that have been developed specifically for this problem, and most of these have minimal side effects. Incontinence itself may be a side effect of some medicines, and either changing or eliminating that medication will often resolve the problem. Even if the type of incontinence is one best treated by surgery, some new minimally invasive techniques allow a woman to quickly return to normal activity, sometimes without even staying overnight in the hospital. Surgery should always be used as a last resort, and certainly no one wants to have surgery unless necessary. However, a week or two of recovery from surgery may be well worth the opportunity to return to her normal active life and throw away the daily pads.

The first step is to talk to someone about your problem! Unfortunately many doctors do not routinely ask about this, and they may not be trained in its treatment or diagnosis. Begin by bringing it up and talking to your doctor about it, and tell them you want to find out about your options. While your Ob-gyn is often a good place to start, you can also begin by talking to your primary care doctor or provider. If they do not respond and offer to help you, ask to be referred to someone who can. Most physicians and health care providers have been taught to start with Kegel exercises, but used only by themselves they rarely work for advanced or significant incontinence. If the doctor or health care provider will not discuss it with you or only tells you to do your exercises, then look elsewhere for help. There is an increasing number of doctors and health care providers available today who are working with urinary incontinence. There are many articles on incontinence on the Internet written by physicians and providers throughout the world, and there is a doctor search on the American Urogynecological Society for doctors in the United States (http://www.augs.org). There are numerous treatment options available today, depending on your type of incontinence, and you simply should not have to suffer. You should find someone who will discuss your options with you and work with you. While many physicians and providers don't work with incontinence or perform all of these treatments, at least they should help you to find someone who does. Remember, there are treatments available out there for you. Many are very simple, but it is going to be up to you to ask and seek them! You can return to a more active and fulfilling life -- you just have to be brave and assertive enough to ask. It is time to stop living a life of quiet desperation!