

Magazine: Back-Issue Article

Is your bladder ruling your life?

It is estimated that 4 to 6 million men and women of all ages in the UK are affected by some kind of bladder control problem. For some this may be a minor problem which is not disruptive or affecting quality of life, yet for many, life can be ruled by the bladder—not wanting to leave the house because of fear of accidents, always carrying spare clothes, planning journeys around availability of toilet facilities and having confidence, activities and relationships significantly affected.

While many women notice the problem starts, or is worsened around the time of the menopause, bladder problems should not be seen as an inevitable part of getting older. Many treatment options are available and often simple changes in diet and lifestyle can help, yet many people put up with the problem due to embarrassment and lack of awareness that treatment is possible. We hope that by publishing articles about sensitive subjects such as bladder problems, women will be empowered to seek help and be offered treatments.

There are two main common bladder problems which can particularly affect women during and after the menopause phase: overactive bladder and stress incontinence.

Overactive bladder

One in five people over the age of 40 are said to be affected by overactive bladder, also sometimes known as irritable bladder or detrusor overactivity. For reasons that are not clearly understood, but often precipitated or worsened by estrogen deficiency of the menopause, the bladder muscle, the detrusor muscle, becomes overactive and squeezes to try to empty the bladder when it is not full and when it may not be convenient to empty.

Symptoms of overactive bladder include a sudden urge to pass urine (urgency), leaking of urine if the toilet is not reached in time (urge incontinence), passing urine more than eight times a day (frequency) and waking up more than once to go to the toilet during the night (nocturia).

Stress incontinence

The bladder, bowel and sphincter at the outlet of the bladder are supported by muscles in the pelvic floor. If these muscles are damaged or weakened, for example after



childbirth, control of the bladder and possibly the bowel, can be affected so that any increase in pressure leads to leakage. Estrogen deficiency at the menopause can add to weakening of the muscles and many women find that stress incontinence is first noticed, or worsens, after the menopause.

The symptom of stress incontinence is the leakage of urine when you sneeze, laugh, cough, or exert yourself.

Mixed incontinence is a combination of both leakage following an urgent need to go to the toilet and the accidental leakage of stress incontinence. Women with mixed incontinence may have an urgent need to pass urine as well as accidentally leaking when coughing, sneezing or laughing.

With appropriate advice and treatment, most people with bladder problems can be helped, and for many the problem can be controlled completely. Most treatments may take some time and patience and perseverance is often required. The most important aspect is accepting that this is not an inevitable part of growing older, overcoming embarrassment and being able to report the problem, either to your GP, Practice Nurse, or local Continence team so that assessments can be made and treatments can be started.

Whatever the type of bladder problem, these simple measures can be tried at home and will often be all that is needed to help.

- Try to drink normal amounts of liquid each day—about 1.5 to 2 litres (6-8 glasses in total).
- Caffeine increases the amount of urine produced and can stimulate the bladder muscle to work more, leading to urgency. Try cutting down on caffeine containing drinks such as tea, coffee and cola.
- Alcohol may worsen bladder problems and will add to the total volume taken. Cutting down may help.
- Try to stop smoking - a smoker's cough may worsen stress incontinence and nicotine is known to irritate the bladder and may aggravate urgency, frequency and nocturia.
- A healthy diet will reduce constipation, which can worsen stress incontinence, as can being overweight.

Bladder retraining aims to make the bladder less sensitive so that it can hold larger amounts of urine. Gradually increase the time between trips to the toilet, setting yourself realistic and achievable goals. The aim is to gradually increase the capacity of the bladder. This may take several weeks to achieve and will vary from person to person.

Pelvic floor muscles can be strengthened by exercises which involve contracting and relaxing the muscles. When carried out properly, often under the supervision of a specialist nurse or physiotherapist, these exercises can reduce symptoms of stress incontinence. It can take several months to recondition these muscles so perseverance is necessary.

When simple measures as described are not enough, your doctor may prescribe drugs which can help to reduce the bladder contractions and so reduce the symptoms of overactive bladder. Many types are available and if the first one tried does not help or is associated with side effects, don't give up since others can be tried. Since bladder problems often start or worsen around the time of the menopause or in the postmenopause and are thought to be influenced by estrogen deficiency, many women will benefit from low dose vaginal estrogen in the form of small vaginal tablet, cream,

vaginal ring or pessary. Vaginal estrogen is concentrated within the vagina with minimal absorption into the circulation and is not thought to be associated with the small risks of Hormone Replacement Therapy.

For some people with stress incontinence, surgery may be required, for which several procedures are available.

Whether surgery or drugs are needed, both will be more effective if healthy diet and lifestyle, bladder retraining and pelvic floor exercises are continued.

For more information visit bladdermatters.co.uk, the sister website to menopausematters.co.uk or bladderandbowel.org

For Free Confidential advice you can call The Bladder and Bowel Community helpline on: 0800 031 5412. You can also find the contact details of your local NHS Continence Advisory Service by calling 01536 533 255.

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