INCONTINENCE — IT'S NOT TABOO TO TALK ABOUT THE LOO

E. Goodchild

Incontinence! An embarrassing condition which afflicts a surprisingly large number of people of all ages — one in three women and one in eight men — with increasing prevalence amongst the older population. Odette Gaynor and Deborah Waghorn, both from the disability support service provider Therapy Focus[1], gave us insights into the condition in its various guises and into some methods and devices to alleviate its effects on normal life.

Disclaimer: *The talk provided us with a great deal of information — far too much to be reproduced here. Instead, I will summarise the major issues and highlight the specific points emphasised by the speakers.*

Odette is the clinical lead for Continence Services at Therapy Focus and has a Masters degree in Clinical Physiotherapy with a focus on incontinence and pelvic health. She has worked in the field of incontinence for 14 years. Deborah is an Occupational Therapist with 30 years experience, including the provision of equipment to maintain or promote independence. This includes the provision of "loo aids" for those with difficulty in getting on and off the loo.

Odette started with a brief anatomy lesson on the location and function of the bladder and bowel/ rectum in men and women and their normal behaviour: urination frequency (six to eight times a day plus up to twice per night in our age group) and volume, (300—500ml) normal urine colour, normal bowel operation (softish unbroken stool passed without straining at a rate from around three times a week to three times a day). Under normal conditions there should be no leakage of either urine or faecal matter.

Warning signs of potential bladder problems include: sudden urgency to pee and/or undue frequency (having to go more than eight times during the day or more than twice per night), having trouble starting the stream, having to strain to maintain it and not feeling empty afterwards and, more seriously, urine leakage. Warning signs of bowel problems include: persistent constipation, diarrhoea, straining and, of course, leakage.

Bladder and bowel incontinence is usually a symptom of underlying problems. The good news is that many of these can be cured or ameliorated by adopting more healthy lifestyle habits. If the problem remains, seek medical advice.

Urinary Problems

Urinary incontinence can be classified into: *Stress incontinence* (usually stimulated by coughing, sneezing or other sudden movement), *Urge incontinence* (where one cannot make it to the toilet in time after a sudden urge to go), *Functional incontinence* (where, despite plenty of warning, one's mobility or situation prevents one reaching the loo) and *Overflow incontinence* (where the bladder is just overfull and gets to a point when it cannot contain any more). Waking at night for a pee may just be due to fluid intake (especially caffeine drinks), during the late evening or to taking fluid tablets but may also be due to more systemic problems which need medical investigation — especially if this often occurs more than twice per night. Indeed, any susceptibility to stress or urge incontinence or over-frequent peeing should be investigated since they may indicate underlying problems. In men especially, such symptoms may indicate prostate enlargement or, even, cancer — the earlier this is diagnosed, the easier it is to treat successfully.

It is worth cultivating good bladder habits which can help avoid or ameliorate urinary problems:

- drink enough to keep hydrated. A rough guide is between two and two and a half litres of water per day (some of which may be taken in the form of food such as vegetables, stews, etc.) — more in hot conditions or when undertaking a lot of physical activity.
- limit one's intake of alcohol, caffeine and sugary drinks (especially in the evening).
- avoid going "just in case".

[1] Therapy Focus (https://therapyfocus.org.au) is a not-for-profit provider of professional therapy services for both children and adults across Western Australia. Its incontinence services are provided mainly through government funded aged care programmes but are also available privately with a doctor's referral.

- take time to empty the bladder properly without straining.
- keep one's pelvic floor muscles toned by exercising them — while relaxing buttock, thigh and upper abdominal muscles, tense the pelvic floor muscles, hold for a few seconds and relax, then repeat about ten times. Repeat this thrice daily.

Similarly, cultivate good bowel habits:

- eat a healthy, balanced diet with plenty of fibre and keep up an adequate fluid intake.
- go when you get the urge and take the time to empty completely.
- don't strain to go when the urge is insufficient.
- sit correctly on the toilet (i.e. with ones torso and thighs making an acute angle simulating a squatting posture).
- be active to keep the bowels working.

If the problems persist or worsen, seek medical advice.

Odette then went on to describe Therapy Focus, its history, its funding (via the various Commonwealth and State aged care packages) and how to access its services (via the normal assessment processes for aged care services).

Deborah then spoke briefly about equipment available to make life easier for older people with toiletting problems. These include:

- incontinence pants or pads.
- footstools shaped to fit around the toilet to promote the optimal squatting position on the toilet. These are available for around $30 from various retail chemists and other sources.
- raised toilet seats on various forms to make it easier for the infirm to get on and off the toilet safely. Deborah had brought a few examples to illustrate the range of such products available.
- frames and rails to fit around a toilet, again to help the infirm get on and off the toilet safely.
- wall-mounted rails in various configurations of horizontal and/or vertical bars, again to help get on and off the toilet safely — provided that the toilet is reasonably close to a wall. Vertical rails are often better at helping one to stand from the seated position while horizontal bars provide more forearm support if needed. In either case, the rails should be positioned far enough forward from the toilet to encourage reaching for the rail both to assist the transfer to a standing position and to stabilise the person once upright. Be careful of temporary (suction grab) rails as their security depends on the surface to which they are mounted and may slip or release without warning (and can damage the wall surface) — the clue is in the name: *temporary*!
- a variety of bottom-wiping aids for those with restricted mobility, including gadgets to hold a sheet of toilet paper, built-in bidets, toilet-mounted electronic bidets and, even, portable bidets.
- urinal bottles (male and female) or bedside commodes for those who can't reach the toilet in time.
- sensor lights in the bathroom or toilet to reduce the risk of falls when going during the night.

Summing up, Odette reiterated that there are many ways to ameliorate incontinence. **She stressed, however, that continence, bladder and bowel issues need to be thoroughly investigated, as they could be a symptom of another problem. It is important to determine the cause of the issue and to trial conservative strategies first, rather than immediately resorting to medication. Indeed, one should have a proper assessment by a doctor before taking any medications**.