

Urge Incontinence

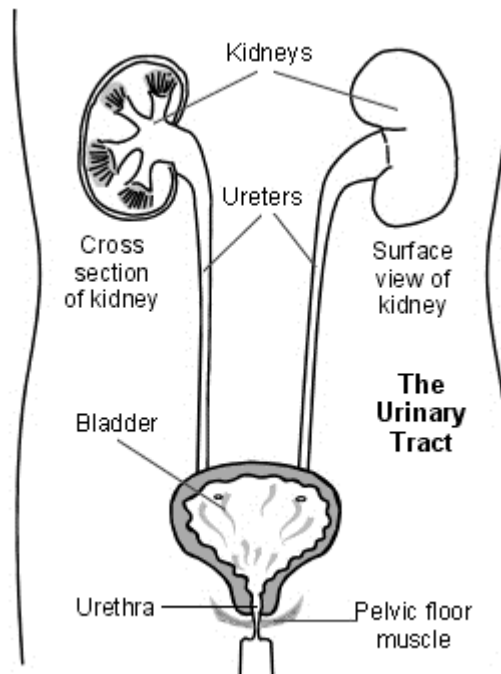
Urge incontinence is a common form of incontinence. Treatment with bladder retraining often works well. Medication may also be advised to 'relax' the bladder. Advice from a continence advisor is also usually helpful.

Understanding urine and the bladder

The kidneys make urine all the time. A trickle of urine is constantly passing to the bladder down the ureters (the tubes from the kidneys to the bladder). You make different amounts of urine depending on how much you drink, eat and sweat.

The bladder is made of muscle and stores the urine. It expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles). When a certain amount of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle contracts (squeezes), and the urethra and pelvic floor muscles relax.

Complex nerve messages are sent between the brain, the bladder, and the pelvic floor muscles. These make you aware of how full your bladder is and tell the right muscles to contract, or relax, at the right time.



What is urge incontinence?

- **Urgency** is a symptom where you get a sudden urgent desire to pass urine. You are not able to put off going to the toilet.
- **Urge incontinence** is when urine leaks before you get to the toilet when you have 'urgency'.

Urgency and urge incontinence are sometimes called an unstable or overactive bladder, or detrusor instability. (Detrusor is the medical name for the bladder muscle.)

If you have urgency or urge incontinence, you also tend to pass urine more often than normal (this is called 'frequency'). Sometimes this is several times during the night as well as many times during the day. Some women also find they leak urine during sex, especially during orgasm.

How common is urge incontinence?

Urge incontinence is the second commonest cause of incontinence. About 3 in 10 cases of incontinence are due to urge incontinence. It can occur at any age, but commonly first starts in early adult life. Women are more commonly affected than men.

(The most common type of incontinence is stress incontinence, which is dealt with in a separate leaflet. Very briefly, stress incontinence occurs when the pressure in the bladder becomes too great for the bladder outlet to withstand. Urine tends to leak most when you cough, laugh, or when you exercise. Some people have both stress incontinence and urge incontinence.)

What causes urge incontinence?

The cause is not fully understood. The bladder muscle seems to contract (squeeze) too early when the bladder fills. The normal bladder control is reduced. The bladder muscle may give wrong messages to the brain, and the bladder may feel fuller than it actually is. Symptoms may get worse at times of stress.

Some general lifestyle measures which may help

- **Your GP may refer you to a local continence adviser.** They can give practical advice on how to manage. They may be able to supply pants, pads, etc. They may also help and advise on treatment.
- **Getting to the toilet.** Make this as easy as possible. If you have difficulty getting about, consider special adaptations like a handrail or a raised seat in your toilet. Sometimes a commode in the bedroom makes life much easier.
- **Caffeine.** This is in tea, coffee, coke, and is part of some painkiller tablets. It is a mild diuretic and also stimulates the bladder muscle. So, it will make urine form more often and may make urgency symptoms worse. It may be worth trying without caffeine for a week or so to see if symptoms improve.
- **Drinking.** Cutting back the amount of fluid that you drink may be advised if you drink more than average.

What are the treatments for urgency and urge incontinence?

- Bladder retraining is usually advised at first. This can work well in up to half of cases.
- Medication may be advised instead of, or in addition to, bladder retraining.
- Pelvic floor exercises may also be advised if you have some stress incontinence in addition to the urgency symptoms (see separate leaflet on stress incontinence).
- Surgery is not commonly advised for urge incontinence, but may be a last resort in some cases.

Bladder retraining (sometimes called 'bladder drill')

The aim is to slowly stretch the bladder so that it can hold larger volumes of urine. In time, the bladder muscle should become less irritable. This means that more time can elapse between feeling the desire to pass urine, and having to get to a toilet. Leaks of urine are then less likely. A doctor, nurse, or continence advisor will explain how to do bladder retraining. The advice may be something like the following.

Start by making a chart for each day of the week (see example below). Your doctor or nurse may have some pre-printed charts to give you. To begin with it is worth having an old measuring jug by the toilet so you can measure the volume of urine you pass each time you go to the toilet. Make a note of the times you pass urine, and the volume that you pass.

The aim is to 'hold on' for as long as possible before going to the toilet. This will seem difficult at first and sitting on a hard seat may help. With time it will become easier as the bladder becomes used to holding larger amounts of urine. The idea is to try to extend the time between toilet trips. It may take several weeks, but the aim is to pass urine only 5 or 6 times in 24 hours.

Here is an example of the sort of chart that might develop.

Day 1 of bladder retraining

Time:	8.30am	10.15am	12.30pm	1.30pm	4.00pm	6.00pm	<i>Etc.</i>
Urine:	200ml	150ml	100ml	50ml	150ml	100ml	

You should also note any times that urine leaks. As time goes on the chart should hopefully look more like the following, with larger volumes and longer time intervals.

Day 30 of bladder retraining

Time:	7.30am	10.30am	2.30pm	5.30pm	9.10pm	11.10pm	<i>Etc.</i>
Urine:	200ml	250ml	300ml	200ml	150ml	200ml	

Bladder retraining can be difficult, but becomes easier with time and perseverance. It works best if combined with encouragement, advice, and support from a continence advisor, nurse, or doctor.

Medication

Medication may be prescribed for urgency and urge incontinence. Various medicines are available and include: oxybutynin, tolterodine, trospium chloride, and propiverine. (These also come in different brand names.) They work by blocking certain nerve impulses to the bladder, which 'relaxes' the bladder muscle.

Medication improves symptoms in at least half of cases, and may completely stop any urine leaks in some cases.

Side effects are quite common with these medicines, but are often minor and tolerable. Read the information sheet, which comes with your medicine for a full list of possible side effects. The most common is a dry mouth, and simply having frequent sips of water may counter this. Other common side effects include dry eyes, constipation and blurred vision. However, the medicines have differences, and you may find that if one medicine causes troublesome side effects, a switch to a different one may suit you better.

Symptoms may return after a course of medication is stopped. However, if you combine a course of medication with a bladder-retraining program, the long-term outlook may be better and symptoms may be less likely to return when you stop the medicine.

