

Continence – let's talk about it

By John Bell

World Continence Week (24 to 30 June) is coordinated in Australia by the Continence Foundation of Australia. In 2013 the theme is *Talk about Incontinence: a problem in anyone's language*.

And true to the theme, one of the most exciting initiatives of the campaign this year is the development of continence information in 20 languages including Cantonese, Mandarin, Vietnamese, Arabic, Greek and Italian.

Incontinence is the term given to the loss of voluntary control over bladder or bowel function; and it's one of the biggest health issues in the Australian community – affecting nearly four million people. It may not be life threatening, but incontinence can significantly affect quality of life and is sometimes a sign of more serious health problems.

Signs of poor or weak bladder and loss of urine control include: frequency – wanting to go to the toilet frequently; nocturia – waking up to go to the toilet more than twice at night; urgency – sudden urges to go to the toilet; and the involuntary or unintentional loss of urine from the bladder – that is wetting pants or wetting the bed.

Poor bladder and urine control can happen to anyone at any age. Factors which increase risk are menopause, pregnancy, childbirth, having borne children, being overweight, and urinary tract infections. And while studies show that women are many times more likely to be affected by incontinence than men, men are far less likely to do anything about it.

Incontinence in men is largely related to prostate problems. Simple age-related prostate gland enlargement is often the cause and a recent study found that 60% of men are affected by incontinence following surgery for prostate cancer. As well, medical conditions such as diabetes, obesity, constipation and chronic cough can cause or aggravate continence problems. Any bladder and bowel symptoms should be treated along with the underlying condition.

As we get older incontinence certainly becomes more prevalent and more severe; but incontinence is not just part of the ageing process. Certainly some age-related conditions increase the risk – conditions such as stroke, dementia, Parkinson's disease or simply impaired mobility. And more than half of all residents in nursing homes – both men and women – have bladder control problems.

Unfortunately, less than 40% of people with incontinence ever seek professional help. Perhaps because they're too embarrassed or too busy; or maybe they think nothing can be done; that it's just a side effect of getting older or having children.

If you, or someone in your family, are affected, firstly get some good advice. Don't let incontinence disturb your sleep or, worse still, ruin your social life. Talk to your doctor, your physiotherapist, your pharmacist or your nurse continence advisor. Bladder and bowel problems can be treated, managed and, in many cases, cured

There is excellent advice on the Continence Foundation website. Check out the bilingual fact sheets at www.continence.org.au/other-languages As well, pharmacists throughout Australia, who provide the Pharmaceutical Society's Self Care health information, are promoting continence management. There are "fact cards" on *Bladder and Urine Control*, *Pelvic Floor Exercises*, *Prostate Problems* and *Urinary Tract Infection*; all with self-help hints and great advice on how to best manage continence problems, whatever the cause.

To find the nearest "self care" pharmacy log onto the Pharmaceutical Society (PSA) website at www.psa.org.au and click on "Self Care" then "Find a Self Care Pharmacy" or phone PSA on 1300 369 772.

Meanwhile, here are a few quick tips: Make sure you drink sufficiently to prevent becoming thirsty, but try to reduce your consumption of caffeine containing drinks – coffee, tea and cola. And, importantly, limit your alcohol intake and don't smoke. Also, maintain a healthy weight; eat plenty of fruit, vegetables and grains; and of course, safely exercise those muscles on the pelvic floor. The fact card will tell you how.

