



Urinary Incontinence: Why Does It Happen?

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Participants

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Summary

Urinary incontinence is an embarrassing and frustrating problem that affects millions of adults in the United States. Many think it's just a consequence of aging, but in fact there are a variety of causes that can affect younger adults as well. Tune in as our guests discuss the different types of incontinence and why they occur.

Webcast Transcript

THERESA ROCHE: I got up at night and I could not control urination to hold it to get to the bathroom.

JULIA ROJAS: I was out of the house and I sneezed and when I sneezed everything came out of my pants wet.

THERESA ROCHE: I felt that I had become like a baby.

JULIA ROJAS: I felt that I didn't have any choice. That that's what I had to put up with.

MABEL JONG: Urinary incontinence is an embarrassing and frustrating problem that effects millions of adults in the U.S. Many think it's just a consequence of aging, but in fact, there are a variety of causes that can affect younger adults as well.

Hello, everyone. Welcome to our webcast. I'm Mabel Jong. Joining me to discuss the different types of incontinence are Dr. David Chaikin, Clinical Assistant Professor of Urology at Weill Cornell Medical College and Dr. Robert Salant, Clinical Associate Professor of Urology at New York University Medical Center. Gentlemen, thanks for being on the program.

DAVID CHAIKIN, MD: Sure.

MABEL JONG: Well, first of all, Dr. Chaikin, let's start with you. How big a problem is this condition?

DAVID CHAIKIN, MD: Well, incontinence is a major health problem. It can be oftentimes a sign of a serious problem that needs to be evaluated. In fact, it's been estimated that it effects as many as 14 million people in the United States.

MABEL JONG: Let's go over some of the causes of it. Dr. Salant, do you want to take that?

ROBERT SALANT, MD: There are many causes of urinary incontinence, some of which are correctable and curable. One of the most common is a urinary infection which is usually easily treatable. There are other causes of urinary incontinence which might be temporary such pregnancy. In addition, there are bladder muscle issues such as an unstable bladder or an overactive bladder which may lead to urinary incontinence.

In men, prostate enlargement may also lead to incontinence and neurologic conditions such as multiple sclerosis and stroke can also lead to incontinence.

MABEL JONG: Can it also be a sign of a more serious health issue like diabetes?

ROBERT SALANT, MD: Absolutely. Diabetes can affect the bladder in many ways, one of which is the amount of urine that is being made, increasing the volume of urine, as well as affecting the bladder muscle itself and the innervation to the muscle.

MABEL JONG: Now, Dr. Chaikin, are there different types of incontinence?

DAVID CHAIKIN, MD: There are. There are several different types of incontinence. One is called "stress" incontinence, and that's basically the involuntary leakage of urine with exertion. There is another type of incontinence called "urge" incontinence. That's typically what one thinks about when they have the overactive bladder, and that's the involuntary leakage of urine simply when someone can't get to the bathroom in time.

Another type of incontinence is called "overflow" incontinence. That's where the bladder loses its ability to contract and it simply just keeps on filling and the incontinence occurs because it overflows over the bladder.

The last type of incontinence would be called "unaware" incontinence. And that's simply leakage that occurs because of problems making it to the toilet or to the bathroom because of disability or so forth.

MABEL JONG: Dr.

Salant, how would you characterize overactive bladder and how many people suffer from it?

ROBERT SALANT, MD: Well, overactive bladder is a constellation of symptoms that includes things like urinary frequency which is the feeling that you have to go to the bathroom quite often; with urinary urge, which is that feeling that you always have to go to the bathroom; a feeling of incomplete bladder emptying, where you've urinated yet you feel like you have to go right back to the bathroom within one, two or five minutes. And people have had their quality of life adversely affected by these symptoms.

MABEL JONG: Would you call it a common condition?

ROBERT SALANT, MD: It's a very common condition. As the population ages, the symptoms become more common. However, overactive bladder is not a natural part of aging. People have been taught that it is. So very often the symptoms of overactive bladder are accepted as normal and overactive bladder is not diagnosed.

MABEL JONG: Do you see a lot of your patients modifying their behavior if they do suffer from this condition?

ROBERT SALANT, MD: Patients either consciously or subconsciously do modify their behavior. Patients will tend not to drink fluids. They will dehydrate themselves in an attempt to make less urine. People will not sleep well at night because one of the other symptoms is this nocturia which is getting up at night to urinate. And that will lead to patients being tired the next day and not able to go through their daily routine. And someone more disturbing in terms of their quality of life is that patients who experience overactive bladder will often not want to go out, not want to do their daily routine because they're afraid that they're going to be caught out in public and not have a bathroom available.

MABEL JONG: Do you have anything to add there, Dr. Chaikin, about these coping behaviors?

DAVID CHAIKIN, MD: I think that that's a very good point that Dr. Salant had talked about. In fact, I've seen some patients modify their behaviors to the point what I call "toilet mapping." Where they go from place to place on their way to work or to the movies or even for a trip for dinner, and I've seen that changed from simple therapies.

MABEL JONG: Dr. Chaikin, what can people do about this condition?

DAVID CHAIKIN, MD: Well, there are a lot of different possibilities. Most important, of course, would be to consult with your doctor because the possibility that other things could be going on causing this. Once ruling out other medical conditions, such as diabetes or anything else like a urinary tract infection, the next thing that's a possibility is medical therapy. And there are lots of different types of medical therapies now and some that can just be given as a once-a-day formulation.

There are other things to do if medical therapy doesn't work or in combination with medical therapy, such as behavioral therapies where you can actually teach your bladder to stop being overactive. And finally, there are some surgical solutions, but certainly those would be as a last resort.

MABEL JONG: What are some of the more commonly used medical treatments?

DAVID CHAIKIN, MD: Medical treatments that are available can either be [Detrol](#) which is a once-a-day formulation which was formulated specifically for the overactive bladder. There are also a formulation of [Ditropan](#) as a once-a-day formulation that was a time honored treatment for overactive bladder symptoms as well.

MABEL JONG: Dr. Salant, do you often recommend these kinds of treatments to your patients?

ROBERT SALANT, MD: I use the once-a-day formulations of both Detrol as well as Ditropan, as first-line therapy.

They are very effective medications. However, the patient must continue to take the medications on chronic basis for them to be effective.

MABEL JONG: What happens if they don't?

ROBERT SALANT, MD: If the patient does stop the medication, within a week or two weeks, the symptoms of overactive bladder return.

What I have found is that the new once-a-day formulations aid in compliance and there is a much higher rate of patients continuing with therapy and experiencing the benefits.

MABEL JONG: Do you find that people are talking about this condition more and more?

ROBERT SALANT, MD: There is no question that it's becoming much more common, especially aided by media, TV, journals, publications that talk about these symptoms. Instead of it being something that people are afraid to talk about, and to leave it to saying that it's part of aging -- that it is something that can be treated and can be treated successfully and oftentimes in a very easy way.

MABEL JONG: Dr. Salant, Dr. Chaikin, thank you very much for joining us today. And thank you for watching our webcast. I'm Mabel Jong.