

# Introduction to Urinary Incontinence in Primary Care

## Background and Significance

Incontinence is defined by the International Continence Society as “the complaint of any involuntary leakage of urine.” It is a common health condition, yet it is infrequently discussed as those living with the condition are often embarrassed to discuss it with their health care providers. The World Health Organization calls incontinence “one of the last medical taboos”.

Urinary incontinence (UI) affects individuals’ independence and daily functioning. It has a tremendous adverse impact on health and quality of life of the individual and family, as well as a profound societal impact on our health care system.

## Fast Facts on UI in Canada

- As many as 3.3 million Canadians (nearly 10% of the population) - women and men - experience some form of incontinence.
- The prevalence of UI in women is considered to be 10-20% or higher.
- Incontinence occurs in more than half of community-dwelling women 45 years and above.
- Almost 1 in 5 community-dwelling women reported that UI affected normal activities.
- UI is the most common cause of admission to long term care.
- The incidence of depression in women with UI is nearly double than the incidence in continent women.
- The stigma of UI causes individuals to avoid seeking help. According to the Canadian Urinary Bladder Survey, only 26% of those with any bladder problem had seen a doctor or health care professional.
- Each year a Canadian senior with UI living at home will spend an average of \$1,000 to \$1,500 on incontinence supplies.
- The cost of a senior with UI living in a long term care facility can total an average of \$3,000 - \$10,000 per year for supplies and nursing care.
- The total direct cost of UI in Canada is \$1 billion per year.

Despite the magnitude of the problem, and the barriers to receiving treatment, the Canadian Continence Foundation states that UI can be *resolved, better managed, or better contained in 100% of people affected.*

# Introduction to Urinary Incontinence in Primary Care

## Types of UI

Incontinence can be classified as transient, or established. For established incontinence, there are 4 main types:

- *Stress UI* – leaking of urine with coughing, sneezing, straining. Half of individuals with UI have this subtype.
- *Urge UI* – leaking of urine associated with sudden uncontrollable urge to empty the bladder.
- *Mixed UI* – combination of stress UI and urge UI.
- *Overflow UI* – constant leaking or dribbling from a full bladder.

Another type of incontinence is *Functional UI* – related to or exacerbated by a cause outside the urinary system.

## Causes of UI

There are two main causes of UI:

- Weakened muscles and ligaments of the pelvis and urethra
- A lack of control of the bladder muscle, the detrusor

## Risk Factors for Developing UI

- Neurological conditions (stroke, MS, etc) and other comorbidities (diabetes)
- Conditions affecting mobility (e.g., arthritis)
- Respiratory conditions associated with coughing
- Age
- Menopause (estrogen loss causes weakened pelvic muscles)
- Previous pregnancies
- Certain medications (e.g. diuretics, sedatives, etc)
- Constipation
- Urinary tract infections
- Obesity
- Lifestyle habits: smoking, caffeine and fluid intake
- High impact activities and/or occupations involving heavy lifting / straining

# Introduction to Urinary Incontinence in Primary Care

## What Primary Care Practitioners Can Detect and Manage UI

- Ask individuals “Do you have any problem with involuntary loss of urine?”
- Know the risk factors for developing UI and the associated conditions.
- Reassure individuals with UI that there are effective treatments to resolve, improve, or control the condition.

### References:

1. The Canadian Continence Foundation (2007). Incontinence: A Canadian Perspective. Supported by the Astellas U.S. Foundation. 37 pages. Accessed September 10, 2008, from [http://www.canadiancontinence.ca/pdf/Research\\_paper\\_August2007.pdf](http://www.canadiancontinence.ca/pdf/Research_paper_August2007.pdf)
2. The Canadian Continence Foundation (2003). Clinical Practice Guidelines for Canada. <http://www.canadiancontinence.ca/health-profs/clinicalpractice.html>
3. Robinson, B.E. and Levine, S.A. (Eds) (2006). Urinary Incontinence: Management in Primary Practice (3<sup>rd</sup> Ed). In Tool Kit 2: *The Practicing Physician Education Project Tools for the Evaluation and Management of Geriatric Patients in Primary Practice*. Supported by the Merck Institute of Aging and Health. <http://www.gericareonline.net/tools/index.html>