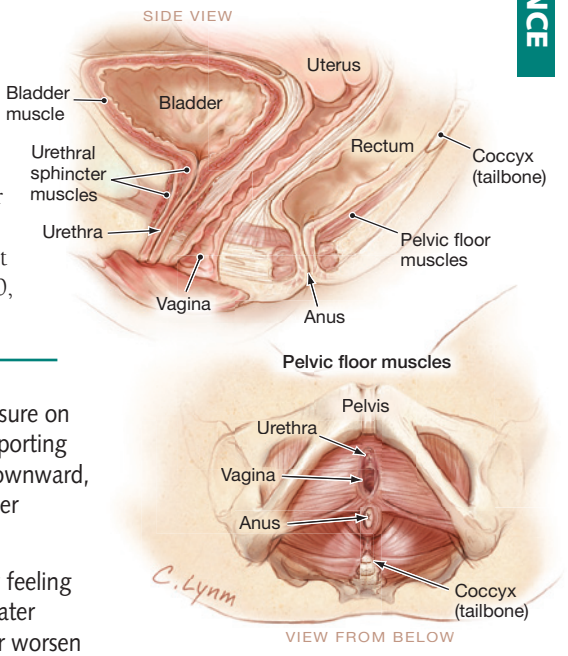
Urinary Incontinence in Older Women

Urinary incontinence (involuntary loss of urine) is twice as common in women as in men and affects at least 1 in 3 older women. Urinary incontinence is not a normal result of aging; it is a medical problem that is often curable and should be treated. Urine is stored in the **bladder** and emptied via a tube called the **urethra**. During urination, muscles of the bladder wall contract, forcing urine from the bladder into the urethra. Sphincter muscles surrounding the urethra relax, releasing urine from the body. Incontinence occurs if bladder muscles suddenly contract or sphincter muscles are not strong enough to contain urine. The June 2, 2010, issue of *JAMA* includes an article about incontinence in older women.



TYPES OF INCONTINENCE

Stress incontinence is leakage of urine during physical movements putting pressure on the bladder (coughing, laughing, sneezing). Childbirth can injure structures supporting the bladder (pelvic floor, vagina, ligaments). This allows the bladder to move downward, preventing the sphincter muscles from squeezing as tightly as they should. Lower estrogen levels following menopause can also decrease sphincter pressure.

Urge incontinence is unexpected leakage of urine and can occur after suddenly feeling the need to urinate. Your bladder may empty during sleep or when you hear water running. Certain fluids, medications, medical conditions, or anxiety can cause or worsen this condition.

Overactive bladder occurs when bladder muscles squeeze without warning. Symptoms include frequency, urgency, urge incontinence, and **nocturia** (awakening at night to urinate).

Functional incontinence is untimely urination due to physical disability, lack of access to a toilet, or problems in thinking that prevent a person from reaching a toilet. For instance, someone with Alzheimer disease may be unable to plan a timely trip to the restroom.

Overflow incontinence is unexpected leakage of small amounts of urine because of a full bladder. This occurs when the bladder doesn't empty properly, causing it to spill over. Weak bladder muscles or a blocked urethra can cause this type of incontinence. It is rare in women.

Mixed incontinence is a combination of more than one type of incontinence.

Transient incontinence is temporary leakage due to a situation that will pass (infection, new medications, colds with coughing).

EVALUATION

You should see your doctor if you have urinary incontinence. Besides a history and physical, evaluation may include a urine test or urine culture, bladder diary, measuring bladder capacity, a **bladder stress test** (coughing vigorously while monitoring incontinence), **ultrasound** (sound waves to create image of kidneys, bladder, urethra), **cystoscopy** (looking inside the urethra and bladder using a tiny tube and camera), and **urodynamics** (measuring pressure and urine flow in the bladder).

Sources: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, World Health Organization

TREATMENT

Urinary tract infection can cause or worsen incontinence and is treated with antibiotics. Behavioral treatment includes bladder retraining (urinating at timed intervals) and Kegel exercises to strengthen pelvic floor muscles around the urethra. Other treatments include medication, biofeedback, a vaginal device called a pessary, injections, and surgery.

FOR MORE INFORMATION

- National Institute of Diabetes and Digestive and Kidney Diseases www.kidney.niddk.nih.gov
- American Academy of Physicians www.familydoctor.org/online/famdocen/home/women.html

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