

Not a Laughing Matter

The Types of Urinary Incontinence

Stress:

Leakage of small amounts of urine during physical movement (coughing, sneezing, exercising).

Urge:

Leakage of large amounts of urine at unexpected times, including during sleep.

Functional:

Untimely urination because of physical disability, external obstacles or problems in thinking or communicating that prevent a person from reaching a toilet.

Overflow: Unexpected leakage of small amounts of urine because of a full bladder.

Mixed: Usually the occurrence of stress and urge incontinence together.

Transient: Leakage that occurs temporarily because of a condition that will pass (infection, medication).



It may happen when you laugh, but it's not funny. Millions of women experience the discomfort and embarrassment of stress urinary incontinence, leakage of urine that occurs when you laugh, cough, sneeze or exercise.

There are several types of urinary incontinence. Stress urinary incontinence (SUI) is the most common. Women experience SUI more often than men, largely because pregnancy, childbirth, menopause and the structure of the female urinary tract, with a short outlet from the bladder, contribute to the condition.

Urologist Marko Gudziak, M.D., St. Joseph Mercy Oakland, explains that the condition often develops in women during their mid-40s, although younger women also can have it. It's caused by a weakness of the urethral sphincter muscle and/or a weakness in the support structure of the bladder. The depletion of estrogen at menopause is a contributing factor.

"Women have two big misconceptions about SUI," says Marja Sprock, M.D., a Henry Ford Health System gynecologist. "A woman may feel she's the only one who has the condition. Many also believe there's nothing that can be done about it. Maybe they've tried Kegel exercises (see sidebar) without success. So they think they have to suffer with the condition."

"Women are embarrassed to talk to their doctor about incontinence," Dr. Sprock says. "But they needn't be embarrassed. The condition is very common. Their neighbor probably has the same problem."

It is important to have an evaluation by your PCP or OB/GYN so that other problems, such as an infection, are ruled out. Once the type of incontinence is diagnosed, there are many treatment options, including medications and surgery.

A 44-year-old HAP Wise Woman who had a surgical procedure to correct SUI advises other women to talk to their doctors. "Women don't have to suffer with this. Don't let it go. It's not going to get any better without treatment."

One well-known treatment for stress urinary incontinence that Drs. Sprock and Gudziak *don't recommend* is Kegel exercises. These exercises to strengthen the pelvic floor and sphincter muscles were developed in the 1960s by a California doctor who claimed high success rates. "Dr. Kegel's success has not been duplicated," Dr. Gudziak said.

"It's easy to do Kegels incorrectly," Dr. Sprock explained. "If women learn to do them correctly, Kegel exercises may help you manage a mild case of stress incontinence, but it's not going to cure you," she said.

Taking good care of yourself can add more years to your life and more life to your years.