



TRI-VALLEY Help-line

September 2007

Tri-Valley receives many questions from area Seniors and caregivers and has created this monthly Help-line column to provide some assistance. We are also available five days a week to answer individual questions.

Treating Incontinence

Q: Is urinary incontinence a treatable condition?

A: Yes. Urinary incontinence (UI) is the involuntary or uncontrollable loss of urine. More than 12 million Americans have UI. It affects 50% of people in nursing homes. UI can range from a minor loss of urine, to total inability to hold one's urine. Many kinds of UI are treatable. Not dealing with UI can lead to infections of the urinary tract, falls and bed sores. Bed-bound elders with incontinence need special, frequent attention to ensure that their skin stays clean and to prevent skin breakdown.

Here are some of the forms of UI:

- *Stress Incontinence:* the loss of small amounts of urine when a person coughs, laughs, exercises. Muscle weakening in the floor of the pelvis can happen as we age. Stress incontinence can be treated with exercises that strengthen the muscles of the pelvic floor to hold back urine.
- *Urge Incontinence:* the sudden feeling of having to urinate caused if muscles in the bladder contract spontaneously when only a small amount of urine is present. People with "urgency" will complain of frequent urination day or night, and bed-wetting. Your doctor will recommend behavior changes. Many people can 're-train' their bladder to tolerate larger amounts, by gradually increasing the intervals

between urinations. Medications are used, if needed, to relax the bladder muscle.

- *Overflow Incontinence*: an overfilling of the bladder. A person will feel that their bladder still contains urine, even after they've urinated. For men, this can result from an enlarged prostate. Treatment involves surgery to remove an obstruction, or a catheter to empty the bladder.
- *Functional Incontinence*: caused by conditions which have nothing to do with the urinary tract. Dementia, limited mobility, or medications like diuretics, can all cause incontinence. People with Alzheimer's may have to be "prompted" to use the toilet.

Elders have a higher risk of incontinence---but UI is not a normal part of aging. Behavior training, medication, surgery and even stem cells are being used to treat UI. As a last resort, adult 'diapers' have improved in design and usefulness.

Caregivers will want to explain to a loved one that incontinence is a treatable medical condition---not something to accept as inevitable, or irreversible.

Tri-Valley continues to be ready to assist you with other questions through its free information & referral HELP-LINE at (508) 949-6640 or 1-800-286-6640. You may also access Tri-Valley by E-mail: info@tves.org or visit the agency's Web Site at: www.tves.org

Tri-Valley, Inc. is a private non-profit agency providing in-home and community based services in 25 Southern Worcester County towns. The agency receives funding from the Commonwealth of Massachusetts through the Executive Office of Elder Affairs and Federal financial support under the Older Americans Act furnished by the Central Massachusetts Agency on Aging and the Massachusetts Executive Office of Elder Affairs. Funds are also received from other public and private sources. All donations are welcome and memorials may be established. Marilyn L. Travinski is the executive director.

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