

About Incontinence

Common Questions

Q. How common is urinary incontinence?

A. Incontinence affects an estimated 2.3 million people in Australia and New Zealand. It affects individuals of all ages, with women having seven to eight times the prevalence of men.¹

Q. Is it just a natural part of aging?

A. Incontinence is not an inevitable part of the aging process. However, some age-related changes such as the loss of oestrogen in post-menopausal women and enlargement of the prostate in men, may contribute to urinary incontinence.

Q. Why is incontinence more common among women than men?

A. Women's waterworks are quite different to men's in many ways, and much more vulnerable to the type of problems (muscle and new damage from childbirth, overweight, infections etc.) that can lead to bladder control loss.

Q. Does going through childbirth always result in bladder control loss?

A. Definitely not. The vast majority of women who have babies do not have bladder control loss and of those who do, most have a slight and temporary problem just before or just after childbirth.

Q. Isn't this simply a matter of controlling wetness and odour?

A. Incontinence is more than a hygiene concern. Individuals with incontinence should always see their health professional for a thorough evaluation.

Q. What is an overactive bladder?

A. Overactive bladder is simply another name for urge incontinence, bladder irritations or unexpected muscle spasms that force urine out of the bladder.

Q. What are the treatment options?

A. For all types of urinary incontinence there is almost always something that can be done. Available treatment options include pelvic muscle rehabilitation, bladder training, lifestyle modifications, medications and more. In addition, incontinence may be a complication of certain diseases, conditions or medications and may be reversible.

Q. Can diet affect bladder control?

A. Yes, watching what you eat and drink can help. Drink plenty of fluids – at least 6 1/2 cups per day. Avoid drinks that can cause excessive urine production such as caffeine and alcohol. Also avoid acidic juices like grapefruit juice and tomato juice that can irritate the bladder. Constipation can also contribute to bladder control problems. Eat foods that are high in fibre to help you stay regular.

Q. Does weight have an effect on bladder control?

A. Yes. Even a few kilos can make a difference. A five to ten percent weight loss can help improve bladder control by reducing intra-abdominal pressure.

Q. Can pelvic floor exercises help?

A. Your doctor may recommend that you practice pelvic floor exercises to help strengthen the muscles of the pelvic floor.

Q. What about "bladder training"?

A. Bladder training can be effective in helping people successfully increase the amount of time between trips to the toilet. If your doctor suggests bladder training, a bladder diary, as well as a schedule of activities that normally make up your day, will be important in developing a successful program for you.

Q. What about medications, can they help?

A. In some cases, a doctor may prescribe medication either alone, or in combination with behavioural treatment to help restore bladder control. Be aware that some medications may actually contribute to your bladder control problems. For this reason, be sure your doctor knows about all prescription and over-the-counter drugs you're taking. All medications should be taken under the care of a physician.

Q. Is surgery necessary?

A. Although surgery is one of several available treatment options, it is usually reserved for suitable candidates who are unable to take advantage of the many non-surgical alternatives. A health care professional can assist in determining the best treatment.

Q. Is anyone working on a cure for incontinence? How close are they?

A. Medical science continues to discover more options for incontinence treatment and management everyday. Surgeries are less invasive with fewer side effects and quicker recovery; more medications are available; and absorbent products have improved a great deal over what they were just a few years ago. Research funding from the National Continence Management Strategy and other sources is helping speed the process.

Q. Do sanitary pads and pantyliners absorb urine?

A. Sanitary pads and pantyliners are not designed to collect urine – they are designed to collect blood. A well-designed product for bladder weakness can provide you with enough confidence to allow you to carry on your normal activities. Today, pads and pantyliners for bladder weakness come in a good range of styles and sizes. There will be one just right to suit your needs. They are sold in pharmacies as well as supermarkets, and it is well worth the effort to spend time reading the packaging to find exactly which product is right for you.

1. P. Chiarelli, W. Bower, A. Wilson, D. Sibbrit. The Prevalence of Urinary Incontinence Within the Community: A Systematic Review. New Zealand Continence Association Inc.

