

Urinary Incontinence and Overactive Bladder

The inability to control urine is one of the most unpleasant and distressing problems from which any person can suffer. Incontinence has a physical, psychological as well as social impact on sufferers. Not only does it cause wetness, odour, discomfort and skin breakdown, but it can also have a damaging effect on self-esteem as a result of shame and embarrassment, it may adversely affect sexual relationships, and those afflicted may become socially isolated and depressed.

Urinary incontinence (UI) and symptoms such as frequency, urgency and nocturia caused by uninhibited bladder contractions can have a devastating effect on the sufferer's social interaction, quality of life and general sense of well-being. Although urinary incontinence is generally perceived to be an affliction of elderly women, it occurs in both sexes, and even relatively young women may suffer from it.

Many patients, especially the elderly, avoid seeking medical help, and many primary care physicians feel uncomfortable or unsure about how to deal with such patients, or may even be unsympathetic about symptoms which are, after all, not life-threatening. However, urinary incontinence should not be regarded as an inevitable consequence of aging, since various successful treatment modalities are available.

The term "overactive bladder" (OAB) has been coined to encompass the symptoms caused by unstable or uninhibited contractions of the detrusor muscle during bladder filling. Patients with an overactive bladder are defined as suffering from "urgency, with or without urge incontinence, usually with frequency and nocturia". The concept of overactive

bladder is intended to replace older terms such as "urgency-frequency syndrome", "unstable bladder" or "detrusor instability". The latter, by definition, requires objective demonstration of uninhibited detrusor contractions during an urodynamic study (cystometrogram), whereas the term OAB promises to be more "user-friendly" for patients as well as practitioners.

Many sufferers from urinary incontinence and overactive bladder assume that their symptoms are a normal and unavoidable part of ageing, therefore they do not go for treatment and may simply withdraw from social life, reluctant to discuss their problem with their physician, family, or friends. Because conditions affecting the bladder and micturition have often been considered sensitive or even "taboo" subjects in the past, urinary incontinence and overactive bladder have been under-reported and under-diagnosed. Surveys have shown that more than 60% of persons with urinary incontinence never mention their problem to a doctor or nurse.

Individuals suffering from overactive bladder often simply limit their social activities as a result of their condition. Planning ahead to locate accessible public toilets, a behaviour called "toilet mapping," becomes a source of major anxiety. It is also believed that overactive bladder may increase the risk of falls in elderly persons, with the attendant high morbidity and even mortality of fractures.

Primary care practitioners may feel daunted by the complexity of conditions affecting bladder function, or confused by the (often conflicting) experts' advice on the best treatment, or they may be unaware that effective treatment modalities are

available. Even though ambulatory and primary care settings are ideal for screening, basic evaluation and initial management of urinary incontinence and overactive bladder, many clinicians do not ask patients about the problem and, if it is detected, are unaware of interventions that can be successful. Many primary care practitioners feel overwhelmed by their daily clinical workload and view implementation of behavioural interventions for urinary incontinence and overactive bladder as too time consuming.

However, the primary care practitioner can play an important role in helping patients, their family and caregivers to cope effectively with the physical, psychological, social, and economic consequences of urinary incontinence and overactive bladder. In July 2001 a committee consisting of urologists, gynaecologists, surgeons, general practitioners and pharmacologists was convened to recommend guidelines for the treatment of urinary incontinence and overactive bladder.

The guidelines in this issue were designed to assist the general practitioner to develop a time- and cost-effective approach towards evaluating patients, and to acquire clinically relevant knowledge of the ways in which urinary incontinence and overactive bladder may be treated. Hopefully, these guidelines will ensure that, without too much effort, the practitioner can obtain the necessary information to develop a sympathetic and effective approach towards patients with urinary symptoms and incontinence.

Chris Heyns
 Department of Urology
 University of Stellenbosch