

Physiotherapy and incontinence

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A path to better care

What is incontinence?

Incontinence is the sudden and unplanned loss of urine or faeces. It is more common in women than in men, and occurs for more people as they age.

There are two main types of urinary incontinence (bladder leakage):

- Stress incontinence – leakage occurring during activities that put pressure on the bladder, such as coughing, sneezing, laughing or exercising
- Urge incontinence – leakage following a sudden and intense urge to urinate (i.e. not getting to the toilet in time). It is commonly triggered by the sound of running water, putting a key in the door, or anxiety.

Less common is anal incontinence, which is the involuntary loss of flatus (wind) or faeces (poo).

Symptoms and causes

There are many reasons why incontinence symptoms and severity may increase with age:

- The walls of your bladder become less elastic and the volume it can hold decreases
- The pelvic floor muscles, which support the bladder and bowel, may become weaker and less able to stop leakage
- Some medications can affect the bladder and the bowel

- Conditions such as diabetes, Parkinson's disease and multiple sclerosis can affect nerves vital for bladder and bowel control
- Changes in mobility and dexterity (e.g. due to arthritis) may make it difficult to get to the bathroom and get clothes undone in time
- During menopause, the vaginal walls become thinner, blood supply decreases and pH changes
- Changes to, or removal of the prostate can contribute to incontinence in men
- Postural changes due to osteoporosis can put greater pressure on an already weakened pelvic floor.

When urinary incontinence happens with other symptoms, such as frequency (emptying your bladder more than six times per day) and nocturia (emptying your bladder more than twice overnight), it may be related to an overactive bladder (OAB). For people with an OAB, the bladder contracts before it is full, and often before you have prepared yourself to go to the toilet.

There are serious risks of not treating incontinence. As well as affecting quality of life, mental health and social activities, older people with incontinence have a higher risk of falls, fractures, depression, skin breakdown and infection.

Incontinence is one of the main reasons for older people moving into residential aged care.



Postmenopausal women with untreated incontinence have a higher risk of falls and fractures.

40%
of women

40% of women over 70 years old report incontinence.



87% of people going into a residential aged care facility list incontinence as a deciding factor for the move.



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How can physiotherapy help?

An experienced pelvic health physiotherapist is trained to assess your condition, your circumstances and your current level of function. There are often many factors to incontinence, so your physiotherapist will work with your GP and/or specialist doctor, to ensure your whole health is taken into consideration when providing a treatment plan.

A physiotherapy assessment for incontinence may include:

- A detailed history, including questions about your bladder and bowel, your general physical and mental health and any medications you are taking
- A bladder and/or bowel diary, where you record your bladder/bowel habits (e.g. how often you use the toilet and how much urine you pass)
- A physical examination, which may include an internal examination of your pelvic floor muscles with your consent
- An ultrasound to ensure you are emptying your bladder fully
- A test to rule out a urinary tract infection.

Treatment

There are many factors that can be part of incontinence, so there is no 'one size fits all' approach to treating it.

Research shows incontinence can be decreased or eliminated, even in older people, through tailored and individual management. Pelvic health physiotherapists assess the whole person (not just the bladder) to find the treatment that best suits you.

Physiotherapy treatment may include:

- Pelvic floor muscle training (improving the strength and function of these important muscles, which support the bladder and bowel)
- Bladder training (teaching strategies to help control strong bladder urges)
- Teaching you techniques and positions to ensure you empty your bladder and bowel fully
- Lifestyle advice (e.g. modifying fibre intake to prevent constipation, modifying fluid intake, avoiding smoking)
- Advice on containment products (e.g. pads or absorbent underwear) and assessing your eligibility for funding to assist with the cost of these products
- Fitting a pessary (a device inserted into the vagina to help support the pelvic organs)
- Mobility, strength and balance training.

What next?

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