

EXAMINING ATTITUDES TOWARDS CONTINENCE – POINTS FOR REFLECTION AND DISCUSSION

1. Urinary incontinence is a normal part of ageing

A normal adult bladder can hold approximately 600mls during the day and 800mls at night, but you normally go to the toilet before your bladder reaches this capacity. Older people are less likely to be able to hold this amount of urine in their bladder, as bladder capacity can reduce with age.

Older people produce urine consistently during the 24 hour period, regardless of when they drink, so are more likely to need to pass urine at least once or twice per night.

Most people pass approximately 250 - 350mls at each void. Some older people will not be able to hold this amount of urine.

The pelvic floor muscles also tend to become weaker with age.

Does this mean urinary incontinence is a normal part of aging? NO!!

There are lots of ways to maintain a healthy bladder into old age.

Many urinary symptoms can be helped or cured with simple changes.

A bladder diary can help with understanding a bit about the bladder and what an individual's bladder habits are. This diary will give important information about how much the bladder holds, how often the bladder is emptied, and any leakage. The diary should be kept for three days and three nights (ideally in a row).

Making Changes

- **Change the type of fluids consumed** (see question 3 below)
- **Change the amount of fluid consumed**

An adequate amount of fluids should be consumed daily. This can include liquid foods like soup, ice cream and the milk in cereal. Please see our self-managing guides for a table of recommended fluid intake according to body weight. Please remember that some medical conditions that result in fluid retention may increase the body weight, so be careful when using the fluid calculation (30mls fluid per kilogram of body weight) for older people with multiple chronic health conditions as their weight might include water retention and you run the risk of overloading the body and putting a strain on the heart. ALWAYS DISCUSS WITH A NURSE OR DOCTOR FIRST.

- **Change the timing of drinks**

People who are bothered by the need to get up at night to pass urine may benefit from stopping drinking after a certain time at night, ideally 2-3 hours before bed, but this is not always effective with older people. Some people stop drinking an adequate amount of fluids, which can lead to dehydration and constipation and make the mouth dry and sore. It might be better to sip small amounts of fluid rather than stop all fluids after a set time in the evening – ice cubes and ice lollies can be refreshing without too much fluid.

Putting legs up in the afternoon and evening may help – legs should be raised above the level of the heart to allow leg swelling to drain, reducing the amount of fluid in the body that needs to drain overnight – and this may help to reduce the need to get up for the toilet.

Support stockings may also be used to help with drainage and stop leg or ankle swelling during the day – discuss with doctor.

- **Get a good night's sleep**

One of the main reasons people get up at night is because of disturbed sleep. This can be because they are too cold, hot, uncomfortable or in pain, so it is worthwhile paying attention to sleep comforts, making sure the person is comfortable in bed and not disturbed by noise. Ear plugs can help, dark curtains are good.

- **Avoid constipation**

Having a full bowel can put pressure on the bladder which can make it difficult to empty the bladder properly. This can lead to a frequent urge to pass urine. It can also mean that the bladder doesn't empty properly. Maintaining a good bowel routine can help urinary symptoms. Fluid intake as discussed above. Encourage the individual to eat more fibre by increasing fruit and vegetable intake and eating wholegrain cereals, porridge, wholemeal bread and pulses. The recommended daily intake of fibre is 25-30 grams.

Gently increasing physical activity can be beneficial in avoiding constipation. The recommended amount of daily activity is 30 minutes of moderate physical activity. This does not have to be one half hour session, it can be built up in 5 or 10 minute bouts of increased physical activity, several times each day.

Laxatives may help if necessary. If constipation is a change from normal bowel habits this should be discussed with the doctor.

- **Empty the bladder fully**

If an individual is not emptying their bladder completely, have a weak urine flow, stop and start several times, have to strain to pass urine or have a small leak after the main flow, this should be reported to the doctor. There are other ways to help these symptoms:

Double Voiding

Women (and men who sit): after passing urine, try rocking gently backwards and forwards while sitting on the toilet. If more urine is then passed that is fine. If not, stand up, count slowly to 20 and sit back down on the toilet and attempt to urinate again.

Men: after finishing passing urine sit down for a slow count of 20, stand up and attempt to pass urine again.

Milking: push the last few drops from the penis by squeezing with fingers before the final shake.

Bladder Trigger Points

Stroking inner thigh or tapping over the bladder can help with emptying. Gentle pressing with both hands may also help.

It is important to feel comfortable and safe on the toilet so the muscles can relax properly – women should not hover or squat over the toilet. Straining to pass urine should also be avoided.

- **Review medications**

Many medications can cause bladder and bowel symptoms or make existing symptoms worse. Any changes in bladder or bowel habits after starting new medications should be discussed with the doctor.

- **Train the bladder to hold more urine and empty less often**

Many people develop urinary symptoms of urgency and frequency as a result of long term habits such as rushing to the toilet as soon as the urge is felt and going to the toilet 'just in case', when they don't have a full bladder. The bladder then becomes used to holding smaller amounts of urine and because it is not being stretched it will

shrink. The bladder can be trained to hold more urine. Training the bladder can take time and needs determination, but it can be very successful.

There are three parts to bladder training:

1. Becoming aware of bladder patterns and habits by keeping a bladder diary for 3-5 days and nights.
2. Learning techniques to distract from the feelings of urge to use the toilet, e.g. reciting times tables or a favourite poem; doing Sudoku or singing. Standing on tiptoes or sitting on a hard surface can also help. Doing 5 quick pelvic floor squeezes can also calm the urge.
3. Extending the times between using the toilet. Set a target based on usual pattern. Start by holding off for 5-10 minutes when the urge comes on (using distraction techniques to help with this). When a few days have passed holding on for 5-10 minutes the interval can be increased, maybe up to 20-30 minutes. It is a trial and error process and tends to be easier to do in the morning than evenings. The aim should be to use the toilet every 3-4 hours during the day, however if fluid intake is 2 litres, 2-3 hourly is more likely.

- **Strengthen pelvic floor muscles** (see question 7 below)

Other Factors

There are other factors that may be important to consider in relation to urinary symptoms. Medical input is needed if any of the following are present: -

- Pain when passing urine
- Blood in the urine

2. Wearing incontinence pads is the best way to manage urinary incontinence

Wearing pads is useful in maintaining social continence – i.e. the person's incontinence is contained within a pad so there is no outward sign of incontinence. This can be useful while someone is receiving treatment. If the pad is used correctly nobody should be able to see or hear the pad or smell the urine contained within it.

Pads should never be used as a substitute for assisting to the toilet. Everyone who uses a pad should be assisted to use the toilet regularly according to their individual needs.

In order to maintain social continence it is important to assess the type of pad or pads that best suits the individual's needs. The pad/s will then be prescribed. As they are a prescribed item, pads must only be used for the person they were prescribed for.

Wearing fixation pants or the client/patient's own close fitting underwear is very important when using Form (shaped) pads, as the pad need to fit snugly to the shape of the body to work effectively.

See also information sheet: Continence Pads

3. What you drink can contribute to urine leakage

Drinks with caffeine in them, such as soft fizzy drinks, energy drinks, tea and coffee can irritate the bladder and the body may produce more urine. This can make an individual want to pass urine more often and more urgently, including during the night. Caffeine reduction should be done over a few days to avoid caffeine withdrawal headaches. Non-caffeine drinks, e.g. decaffeinated tea or coffee, fruit teas, water or fruit juice (not cola or irn bru) can be used to replace caffeinated drinks. This should be done for at least two full weeks to see

if any changes are evident.

See also information sheet: Impact of Fluids on the Bladder

4. Making simple lifestyle changes, like reducing your intake of caffeine, spicy foods or fizzy drinks can reduce urine leakage

Caffeine is covered above (question 3), but some people find the carbon in any type of fizzy drink, including water, can irritate the bladder.

It is widely known that spicy foods can irritate the bowel, but the same is true of the bladder, so avoiding spicy food might alleviate the symptoms.

5. Promoting continence is time consuming

Promoting continence actually saves time – if a person can get to the toilet at the right time and avoid using pads at all, then it saves time by avoiding the need to change pads and wash the pad area.

People will be less likely to have distressed behaviour that can accompany intimate personal care if they are not needing intimate care so often if at all.

6. Promoting continence and managing incontinence is the same thing

Promoting continence and managing incontinence are different and can be used together as part of a treatment plan.

Promoting continence is all about using a bladder diary to assess bladder patterns and habits and using this information to put in place a voiding schedule for the individual. Consider all of the lifestyle factors that contribute to bladder health as indicated above (question 1).

Managing incontinence relates to containment – using pads or urosheaths to achieve social continence, but it is important to look for the cause of the incontinence and establish a treatment plan.

7. Exercising pelvic floor muscles can help control urine leakage

Pelvic floor muscles hold the bladder, womb (in women) and bowels in place. They can become weak after having a baby or because of lack of exercise and can also become weaker with age.

Weak pelvic floor muscles may cause urine leakage.

It is never too late to start doing pelvic floor exercises and exercising these muscles regularly may improve urine leakage. It may be necessary to exercise these muscles for 3-6 months before a change is noticed.

See also information sheet: Pelvic Floor Muscle Exercises

8. Bowels work best if they are in a good routine, i.e. every day after breakfast

Many people find that they need to have a bowel movement within half an hour of meals and it can be beneficial to allocate extra time after meals to allow this. It is helpful to

establish a routine of going to the toilet at a particular time of day to open the bowels. It is important not to delay going to the toilet when there is an urge to have bowels open.

More information about the bowel can be found in our self-help booklet [Maintaining a Healthy Bowel](#)