

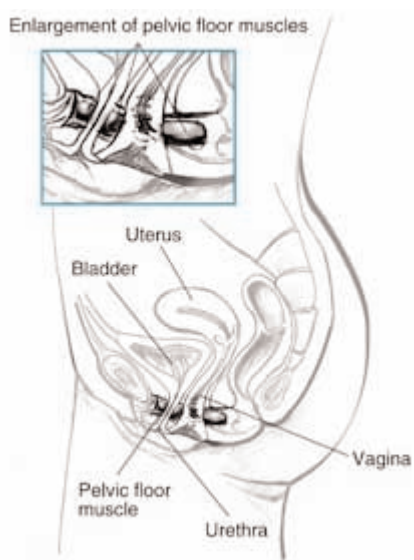
# Types of Incontinence

## Stress Incontinence

If coughing, laughing, sneezing, or other movements that put pressure on the bladder cause you to leak urine, you may have stress incontinence. Physical changes resulting from pregnancy, childbirth, and menopause often cause stress incontinence. This type of incontinence is common in women and, in many cases, can be treated.

Childbirth and other events can injure the scaffolding that helps support the bladder in women. Pelvic floor muscles, the vagina, and ligaments support your bladder (see below). If these structures weaken, your bladder can move downward, pushing slightly out of the bottom of the pelvis toward the vagina. This prevents muscles that ordinarily force the urethra shut from squeezing as tightly as they should. As a result, urine can leak into the urethra during moments of physical stress. Stress incontinence also occurs if the squeezing muscles weaken.

Stress incontinence can worsen during the week before your menstrual period. At that time, lowered estrogen levels might lead to lower muscular pressure around the urethra, increasing chances of leakage. The incidence of stress incontinence increases following menopause.



## Urge Incontinence

If you lose urine for no apparent reason after suddenly feeling the need or urge to urinate, you may have urge incontinence. A common cause of urge incontinence is inappropriate

bladder contractions. Abnormal nerve signals might be the cause of these bladder spasms.

Urge incontinence can mean that your bladder empties during sleep, after drinking a small amount of water, or when you touch water or hear it running (as when washing dishes or hearing someone else taking a shower). Certain fluids and medications such as diuretics or emotional states such as anxiety can worsen this condition. Some medical conditions, such as hyperthyroidism and uncontrolled diabetes, can also lead to or worsen urge incontinence.

Involuntary actions of bladder muscles can occur because of damage to the nerves of the bladder, to the nervous system (spinal cord and brain), or to the muscles themselves. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, stroke, and injury - including injury that occurs during surgery - all can harm bladder nerves or muscles.

## Overactive Bladder

Overactive bladder occurs when abnormal nerves send signals to the bladder at the wrong time, causing its muscles to squeeze without warning. Voiding up to seven times a day is normal for many women, but women with overactive bladder may find that they must urinate even more frequently.

Specifically, the symptoms of overactive bladder include

- urinary frequency - bothersome urination eight or more times a day or two or more times at night
- urinary urgency - the sudden, strong need to urinate immediately
- urge incontinence - leakage or gushing of urine that follows a sudden, strong urge
- nocturia - awaking at night to urinate

## Functional Incontinence

People with medical problems that interfere with thinking, moving, or communicating may have trouble reaching a toilet. A person with Alzheimer's disease, for example, may not think well enough to plan a timely trip to a restroom. A person in a wheelchair may have a hard time getting to a toilet in time. Functional incontinence is the result of these physical and medical conditions. Conditions such as arthritis often develop

with age and account for some of the incontinence of elderly women in nursing homes.

## Overflow Incontinence

Overflow incontinence happens when the bladder doesn't empty properly, causing it to spill over. Your doctor can check for this problem. Weak bladder muscles or a blocked urethra can cause this type of incontinence. Nerve damage from diabetes or other diseases can lead to weak bladder muscles; tumors and urinary stones can block the urethra. Overflow incontinence is rare in women.

## Other Types of Incontinence

Stress and urge incontinence often occur together in women. Combinations of incontinence, and this combination in particular, are sometimes referred to as mixed incontinence. Most women don't have pure stress or urge incontinence, and many studies show that mixed incontinence is the most common type of urine loss in women.

Transient incontinence is a temporary version of incontinence. Medications, urinary tract infections, mental impairment, and restricted mobility can all trigger transient incontinence. Severe constipation can cause transient incontinence when the impacted stool pushes against the urinary tract and obstructs outflow. A cold can trigger incontinence, which resolves once the coughing spells cease.

### Key Points to Remember:

- Urinary incontinence is common in women.
- All types of urinary incontinence are treatable.
- Incontinence is treatable at all ages.
- You need not be embarrassed by incontinence.

## The Types of Urinary Incontinence

Stress	Leakage of small amounts of urine during physical movement (coughing, sneezing, exercising).
Urge	Leakage of large amounts of urine at unexpected times, including during sleep.
Overactive Bladder	Urinary frequency and urgency, with or without urge incontinence.
Functional	Untimely urination because of physical disability, external obstacles, or problems in thinking or communicating that prevent a person from reaching a toilet.
Overflow	Unexpected leakage of small amounts of urine because of a full bladder.
Mixed	Usually the occurrence of stress and urge incontinence together.
Transient	Leakage that occurs temporarily because of a situation that will pass (infection, taking a new medication, colds with coughing).

Adapted from The National Diabetes Information Clearinghouse (NDIC), a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. This publication is not copyrighted.

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