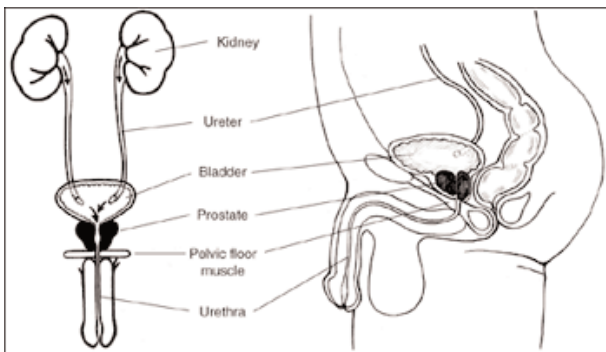


Urinary Incontinence in Men

Urinary incontinence (UI) is the accidental leakage of urine. At different ages, males and females have different risks for developing UI. In childhood, girls usually develop bladder control at an earlier age than boys, and bedwetting - or nocturnal enuresis - is less common in girls than in boys. However, adult women are far more likely than adult men to experience UI because of anatomical differences in the pelvic region and the changes induced by pregnancy and childbirth. Nevertheless, many men do suffer from incontinence. Its prevalence increases with age, but UI is not an inevitable part of aging.

UI is a treatable problem. To find a treatment that addresses the root of the problem, you need to talk with your health care provider. The three forms of UI are:

- **Stress incontinence**, which is the involuntary loss of urine during actions—such as coughing, sneezing, and lifting—that put abdominal pressure on the bladder.
- **Urge incontinence**, which is the involuntary loss of urine following an overwhelming urge to urinate that cannot be halted.
- **Overflow incontinence**, which is the constant dribbling of urine usually associated with urinating frequently and in small amounts.



Male urinary tract, front and side views.

What causes UI in Men?

For the urinary system to do its job, muscles and nerves must work together to hold urine in the bladder and then release it at the right time.

Nerve Problems

Any disease, condition, or injury that damages nerves can lead to urination problems. Nerve problems can occur at any age.

- Men who have had diabetes for many years may develop nerve damage that affects their bladder control.
- Stroke, Parkinson's disease, and multiple sclerosis all affect the brain and nervous system, so they can also cause bladder emptying problems.

• Overactive bladder is a condition in which the bladder squeezes at the wrong time. The condition may be caused by nerve problems, or it may occur without any clear cause. A person with overactive bladder may have any two or all three of the following symptoms:

- *Urinary frequency* - 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* - urine leakage that follows a sudden, strong urge to urinate

• Spinal cord injury may affect bladder emptying by interrupting the nerve signals required for bladder control.

Prostate Problems

The prostate is a male gland about the size and shape of a walnut. It surrounds the urethra just below the bladder, where it adds fluid to semen before ejaculation.

• *BPH*: The prostate gland commonly becomes enlarged as a man ages. This condition is called benign prostatic hyperplasia (BPH) or benign prostatic hypertrophy. As the prostate enlarges, it may squeeze the urethra and affect the flow of the urinary stream. The lower urinary tract symptoms (LUTS) associated with the development of BPH rarely occur before age 40, but more than half of men in their sixties and up to 90 percent in their seventies and eighties have some LUTS. The symptoms vary, but the most common ones involve changes or problems with urination, such as a hesitant, interrupted, weak stream; urgency and leaking or dribbling; more frequent urination, especially at night; and urge incontinence. Problems with urination do not necessarily signal blockage caused by an enlarged prostate. Women don't usually have urinary hesitancy and a weak stream or dribbling.

• *Radical prostatectomy*: The surgical removal of the entire prostate gland - called radical prostatectomy - is one treatment for prostate cancer. In some cases, the surgery may lead to erection problems and UI.

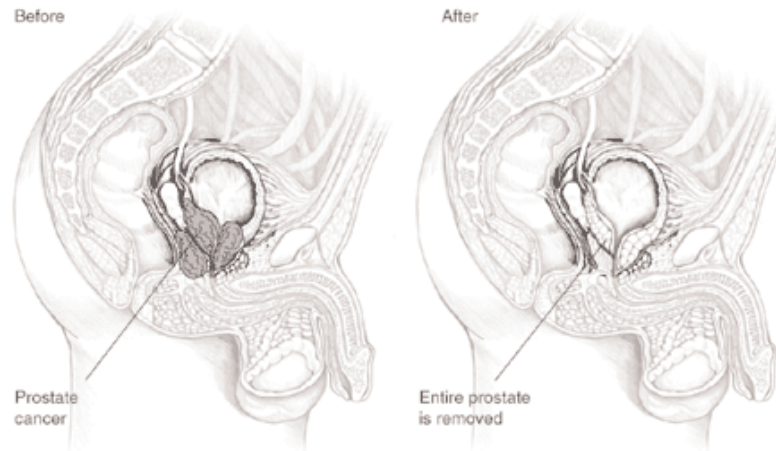
• *External beam radiation*: This procedure is another treatment method for prostate cancer. The treatment may result in either temporary or permanent bladder problems.

Prostate Symptom Scores

If your prostate could be involved in your incontinence, your health care provider may ask you a series of standardized questions, either the International Prostate Symptom Score or the American Urological Association (AUA) Symptom Scale. Some of the questions you will be asked for the AUA Symptom Scale will be the following:

- Over the past month or so, how often have you had to urinate again in less than 2 hours?
- Over the past month or so, from the time you went to bed at night until the time you got up in the morning, how many times did you typically get up to urinate?
- Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
- Over the past month or so, how often have you had a weak urinary stream?
- Over the past month or so, how often have you had to push or strain to begin urinating?

Your answers to these questions may help identify the problem or determine which tests are needed. Your symptom score evaluation can be used as a baseline to see how effective later treatments are at relieving those symptoms.



Radical prostatectomy

How is UI treated?

No single treatment works for everyone. Your treatment will depend on the type and severity of your problem, your lifestyle, and your preferences, starting with the simpler treatment options. Many men regain urinary control by changing a few habits and doing exercises to strengthen the muscles that hold urine in the bladder. If these behavioral treatments do not work, you may choose to try medicines or a continence device—either an artificial sphincter or a catheter. For some men, surgery is the best choice.

Behavioral Treatments

For some men, avoiding incontinence is as simple as limiting fluids at certain times of the day or planning regular trips to the bathroom—a therapy called timed voiding or bladder training. As you gain control, you can extend the time between trips. Bladder training also includes Kegel exercises to strengthen the pelvic muscles, which help hold urine in the bladder. Extensive studies have not yet conclusively shown that Kegel exercises are effective in reducing incontinence in men, but many clinicians find them to be an important element in therapy for men.

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