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Bridge welcomes contributions from you, our readers. Please email your submission to a.tufvesson@continence.org.au

The Continence Foundation of Australia is the peak national body representing the interests of nearly one in four Australians affected by incontinence, their carers, families and clinicians. The Foundation, established in 1989, is a not-for-profit organisation dedicated to improving the quality of life of all Australians affected by incontinence.

The Foundation manages the National Continence Helpline (Freecall™ 1800 33 00 66) on behalf of the Australian Government, a free service staffed by continence nurse advisors who can provide information, referrals and resources. The Helpline is staffed 8am-8pm AEST Monday to Friday.

Incontinence is a global problem. Just as it doesn’t discriminate based on age or gender, bladder and bowel control problems are common the world over. But when it comes to education and treatment, the differences are vast.

In parts of sub-Saharan Africa, a woman has a one in 16 risk of dying during pregnancy and childbirth. Those who do give birth risk being among the millions of women with a condition called obstetric fistula, which causes total incontinence. These women are often ostracised as their families are embarrassed by the condition. This issue, urogynaecologist Professor Judith Goj discusses the challenges facing medical professionals in the delivery of obstetric care in Africa (p.6). Obstetric fistula can be reversed in 90 per cent of cases, but she says most women lack the funds to pay for the surgery.

Closer to home, continence nurse advisor Julie Westaway travels to Elcho Island in the Northern Territory and shares her experiences working with an indigenous community (p.10). Physiotherapist Ester Barter returns from a professional development trip to Denmark and the UK, and is pleased to report that relative to our overseas counterparts, continence care in Australia is of a high standard (p.8). This is especially good news with new research revealing one in eight young women aged 16 to 30 lack control (p.9).

And if you’re wondering what’s next for continence care in your local area, check out our interview with the Minister for Mental Health and Ageing, Mark Butler (p.5).

Until next time,

Angela Tufvesson
Editor

Who is the Continence Foundation of Australia?

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A complex condition

A recent study by Australian National University and The University of Queensland found people with incontinence aged over 75 years who suffer from a complex or chronic illness have a poorer quality of life than people who aren’t affected by incontinence. They are frail, fall more frequently and are more likely to feel depressed and anxious.

DID YOU KNOW?

Incontinence affects nearly 4.8 million Australians. It is more prevalent than asthma (more than two million), anxiety disorders (2.3 million) and arthritis (3.1 million).

5 MINUTES WITH FITNESS GURU MARIETTA MEHANNI

What do you enjoy most about being a Pelvic Floor First Ambassador?

So many people are relieved that my work provides an opportunity for people to improve their health and wellbeing.

Which exercises are pelvic floor safe? Exercising that are pelvic floor safe include walking, stationary bike riding, water exercises and seated resistance exercises such as sitting on an exercise ball and performing upper body exercises. Pilates and yoga are suitable if the instructor has an awareness of pelvic floor and instructs accordingly during the class.

What are your tips for people with pelvic floor problems who want to get fit?

I treat pelvic floor issues in the same way I would an injured knee or back. There are some exercises that are best avoided, others that require modification and many that are perfectly safe. It depends on the severity of the condition. A step class can be appropriate as long as some exercises are modified, just like walking is a modification of running, which can damage the pelvic floor.

Fitness is no longer about big muscles, skinny outfits and people staring at themselves in the mirror. It is about creating a balance that our everyday lives do not have – movement, flexibility, balance, awareness and feeling alive.

How often should we perform pelvic floor exercises?

It depends on your pelvic floor health, which is best assessed by a continence physiotherapist or continence nurse. If you have good pelvic floor health, doing pelvic floor exercises once a day can help maintain a strong pelvic floor.

Is awareness of pelvic floor health growing?

Pelvic floor is becoming a hot topic among the general public and it is certainly a buzz word for the knowledgeable fitness professional. I have been surprised by how many people attend public events that educate people about pelvic floor health. In the future, I believe that pelvic floor issues will no longer be whispered about, but spoken about openly.

For more information about pelvic floor health go to www.pelvicfloorfirst.org.au

We spoke to the Minister for Mental Health and Ageing, Mark Butler, about the challenges facing our ageing population and the importance of preventative health.

The ageing of the population is a wonderful achievement that reflects longer life expectancy, which we’ve striving for many, many decades to achieve. But it does bring about some larger health challenges in areas particularly associated with ageing.

As you age, bladder and bowel control [issues are one of those things that is more prevalent in older age. Four million Australians are now affected by continence issues and that number will grow as the population ages.

The message we are hearing loud and clear from consumers, clinicians and researchers generally about health, particularly health associated with ageing, is that you don’t wait until you are 70 years old to think about good bladder and bowel health – these are the sorts of things you need to think about early in life.

We need to promote good messages and good information to people about bladder and bowel health. There are four million Australians who need a level of support, so providing good information about what’s available to them, making those supports as consumer friendly as possible is the most immediate goal that clinicians have and governments have.

I find that the best way to see progress around stigma is to talk about it. We’ve found that in a whole range of areas of the health portfolio I deal with but I’ve seen a change in my life about the willingness to talk openly about continence issues associated with child-birth, for example. That wasn’t talked about 20 years ago. Now it’s a relatively open book.

Our health system is one of the best in the world but it’s not been well geared to prevention, it’s been fantastically geared to treatment. We only spend about 2 per cent of our national spend on health prevention, on stopping people getting sick in the first place, and we spend all the rest dealing with all the consequences of being unwell, much of which is associated with risky behaviour.

So, seeing our health programs start to give themselves more to health promotion and preventative health, rather than just treatment and supporting people who are already unwell, is a really exciting new direction, and I think that’s what will characterise the health system in Australia over the coming decade.

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Contiency Foundation

The Continece Foundation is a very effective organization. Organisations that are at arm’s length from government have much better connection with the needs of consumers because they have consumer representation and input directly. The membership, clinicians and service providers are able to take account, day by day, of the broad array of perspectives in an area of health such as continence management.

Toilet Tatics Kit

If you want to change an attitude to issues that have traditionally been stigmatised amongst primary school age children, as they grow into adults they will have slightly more progressive and open views about these things than our generation.

That’s why Toilet Tactics is a great idea, not just from a preventative health message point of view, but also dealing with that stigma associated with talking about these sorts of issues.

Mark Butler launched the Continence Foundation’s Healthy Bladder and Bowel Habits in Schools project during World Continence Week in June. Toilet Tactics is a user-friendly kit designed to help promote healthy bladder and bowel habits in primary schools and to improve or maintain the standard of school toilets. Schools can request for a free kit and health professionals can obtain a demonstration copy.

Parents can order a brochure to parents can order a brochure to parents can order a brochure to parents can order a brochure to parents can order a brochure to parents can order a brochure to
Since 1995, Dr Hannah Krause and Professor Goh have travelled to various African countries and Bangladesh to assist women with obstetric fistulas. Continence nurse advisors Christine Murray and Kate Sloane have accompanied them on occasions to upskill local health professionals on catheter care and pelvic floor rehabilitation. Operating theatre scrub nurse Jasinta Suric-Maguire has also travelled to Africa to upskill theatre nurses. Continence Foundation of Australia Queensland Branch has helped to provide funds for operations and assisted in air travel expenses for the nurses. Dr Krause and Professor Goh would like to thank everyone who has assisted their work.

For more information on Professor Goh’s work in Africa or to contribute, go to Projects: Africa Medical Training Projects: Africa Medical Training.

Women living in parts of sub-Saharan Africa have a one in 16 risk of dying during pregnancy and childbirth. Urogynaecologist Professor Judith Goh discusses the challenges of treating a preventable condition in developing countries.

In Australia, we take it for granted that if there is a delay or obstruction during childbirth, the baby’s delivery can be assisted by instrumental deliveries or a cesarian section. However, in many parts of the world, emergency obstetric services are not available. If a woman is unable to deliver her baby in an area where emergency obstetric services are available or if she is unable to afford transportation to a centre that is able to assist her, she will continue to labour. The prolonged obstructed neglected labour will usually result in a stillborn baby and significant maternal morbidity and mortality. The average income in many parts of the developing world is about $2 a day – barely enough to feed a family. Often an ambulance trip of a few hundred kilometres costs a few hundred dollars, which is well beyond the means of many families.

Maternal health

In parts of sub-Saharan Africa, a woman has a one in 16 risk of dying during pregnancy and childbirth. Many more women are seriously injured or disabled during childbirth. Skilled attendants are present in only 5 per cent of deliveries in many rural areas. Traditional birth attendants are present for the rest.

Obstetric fistula is an abnormal communication between the vagina and the lower urinary tract and/or vagina and rectum. Prolonged obstructed labour is the most common cause. The average length of labour for a woman with an obstetric fistula is four days and more than 90 per cent of these babies are stillborn. With the prolonged pressure of the baby’s head in the pelvis, the blood supply to the tissues between the baby’s head and mother’s pelvis is severely compromised. As the tissue dies, abnormal communication (a hole) occurs between the mother’s vagina and pelvic structures. The woman will leak urine and/or faeces continuously through the vagina via this abnormal communication or fistula. Other childbirth injuries not treated at time of delivery include perineal tears, and in particular, third and fourth degree tears. It is not uncommon to see young women with faecal incontinence as a result of this. Ideally, these injuries should be treated at the time of delivery when the tissues are more easily identified and can be sutured together.

Utero-vaginal prolapse (where the uterus slips down from its normal position) is also a common condition in Africa, but in many instances, the woman cannot afford treatment. In some cases, those who are unfortunate enough to give birth without the delivery being assisted or delivered by a skilled person are unable to provide assistance. There are many women, including young women, with large utero-vaginal prolapses.

Social outcasts

The fistula causes total incontinence. If the fistula is between the lower urinary tract and vagina, the woman will leak urine all the time, even in bed. A fistula between the vagina and rectum will cause faeces to leak through the vagina. Continence devices are not an option for these women due to the costs. Most of the fistulas occur during a woman’s first delivery, and the fistula will continue until it is treated surgically. These women are very ashamed of their condition as they leak urine or faeces uncontrollably. They are often outcasts as their families are also embarrassed by their condition.

Currently, there are several million women with obstetric fistulas. Successful closure may be achieved in up to 90 per cent of cases in specialised fistula units. As these women cannot afford to pay for their surgeries (it often costs as little as $200 for the total cost of the surgery), funds need to be provided for them. Unfortunately, post-fistula complications such as pelvic organ dysfunction, mental health issues, and reproductive and sexual dysfunction may occur and are often neglected.

Obstetric fistula is unfortunately still common in many parts of the world. As demonstrated in countries such as Australia, it is preventable with the easy access and availability of emergency obstetric services. Women in developing countries who have suffered these injuries are poor and can’t travel to a hospital, let alone pay for the surgery.

Professor Goh is a visiting medical specialist at the Pinjarra Hospital and Greenslopes Hospital in Brisbane. As a subspecialist urogynaecologist, she provides services in female urinary incontinence and pelvic organ prolapse.

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Same, same but different

As the recipient of a prestigious fellowship, Brisbane physiotherapist Ester Barter travelled to Denmark and the UK to study innovative care models for incontinence. She shares an international perspective on bladder and bowel health.

Incontinence has a significant impact on health and wellbeing. It affects self-esteem, social mobility and limits the ability to live independently. With research showing incontinence affects one in four Australians over the age of 15 and has a similar impact globally – it also imposes huge challenges on the delivery of health care.

These challenges are something I experience on a daily basis in my role as the manager of a multidisciplinary continence service with Mater Health Services, and inspired me to apply for The Peter Mitchell Winston Churchill Fellowship. The fellowship is awarded to Australians for overseas travel to meet leaders in their field, learn new approaches and return home with innovative ideas.

My six-week trip to Denmark and the UK helped me to gain knowledge and experience from international centres of excellence about different models of care for the delivery of continence services. A world of difference

The UK is similar to Australia, but there is a greater awareness in the community setting. Posters highlighting continence care fill the walls in healthcare centres and GP surgeries, and continence services are integrated into many community services. Denmark and the UK face similar challenges to Australia in terms of providing access to services for rural communities. I visited several centres of excellence, but often patients had been extensively through the system to get to these tertiary referral centres to see the teams who could actually help them.

The UK promotes similar messages to Australia, including the importance of an active lifestyle and pelvic floor health. In acute services, both countries promote a multidisciplinary and multispecialty approach, with doctors from different specialties, physios and nurses working together to achieve successful continence outcomes for their patients. Denmark employs a different model that is often single specialty and medical led.

Both Denmark and the UK have invested in community services for continence. All continence products for people affected by long-term incontinence are supplied by government, and there is a wide variety of continence products on the market.

Compare and contrast

My experiences overseas have reinforced my view that physiotherapists who specialise in continence and pelvic floor health in Australia are exceptionally well trained and leaders in evidence-based health care.

Benchmarking with centres of excellence has shown me that our multidisciplinary continence service in Brisbane is operating pretty close to the gold standard, which is very reassuring. The majority of my colleagues in the continence and women’s health network in Queensland have comparable training and expertise to the physiotherapists I met in tertiary centres in London.

I learnt so much from my colleagues in Denmark and the UK, and I know that the ongoing exchange of knowledge and experience between us at this international level will ensure an improved standard of care for the 4.8 million Australians affected by incontinence.

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Women and incontinence

Despite common belief, more than half of Australian women living with incontinence are under 50 years of age (1.7 million). Women are more likely to be incontinent than men, with the life stages of pregnancy and menopause a major contributing factor.

One in three women who have ever had a baby will wet themselves.

By 2020 the prevalence of incontinence is estimated to increase to 6.5 million people, equating to 27 per cent of the population aged 15 years and older.

Incontinence is traditionally considered an older women’s problem, but new research suggests it is prevalent among young, childless women.

Study co-author Professor Susan Davis says the extent to which urinary incontinence affects younger women who have never been pregnant has not been well understood until now.

“An embarrassing problem, urinary incontinence is actually very common, affecting around 40 per cent of Australian women, but is usually attributed to past pregnancy, obesity or ageing,” Professor Davis said.

“Our study is the first to look at incontinence in young women who have never experienced a pregnancy. We found that one in eight young women are vulnerable to incontinence irrespective of common risk factors such as pregnancy or obesity.”

Urinary incontinence is associated with a sense of shame and fear of humiliation in women of all ages. However, younger women have been shown to be subject to greater distress and restriction in activities from urinary incontinence than older women.

The research found women with urinary incontinence had diminished overall wellbeing and were more likely to suffer from anxiety, depression and a lack of self-control.

“We also found that urinary incontinence for young women can have adverse effects on behaviour and general wellbeing,” Professor Davis said. “Women experiencing incontinence had lower wellbeing, greater levels of anxiety and were more likely to have a depressed mood.”

Professor Davis said symptoms of urinary incontinence interfered with the normal activities of everyday life, with half of the women reporting they worried about odour and restricted their fluid intake. More than one third of the women with urinary incontinence sometimes wore pads to keep dry.

We found that one in eight young women are vulnerable to incontinence.

For young and old

There was no association between urinary incontinence and age, weight, physical activity or past urinary tract infections. Importantly, the study found sexually active women were more likely to report incontinence, and in this group the likelihood of incontinence was halved for those women using the oral contraceptive pill.
M y interest in indigenous cultures stems back to my childhood. I was born in Cairns, which is home to a large population of diverse cultures. My dad worked alongside Torres Strait Islanders and Aboriginal elders, facilitating growth in industry and harmonious relationships. More than 40 years ago he was involved in the initiation of a program to assist Aboriginal and Torres Strait Islanders manage a co-operative fishing industry.

Thanks to my dad and my upbringing in Cairns, I have been fortunate to have had a number of opportunities that have heightened my awareness of the importance of understanding indigenous cultures. These experiences also highlighted how little I knew about indigenous cultures as an Australian from a European background.

On the island

Recently I spent time working at the Galiwin’ku community on Elcho Island, in the Cadell Strait north east of Darwin. Elcho Island is the birthplace of singer Gurruumal Yunupingu. Elcho Island has a population of approximately 2500 people. About 70 people are non-indigenous, and women represent less than half of this group – so I was very much in the minority. The islanders speak their native language, Yolngu, or one of 22 dialects. Traditional values remain an integral part of everyday life on the island, which was an enlightening experience, especially because I am often guilty of taking modern life for granted.

My work on the island was vastly different to my role as a continence nurse advisor in Queensland. Where I now live, I developed education on continence care messages requires cultural sensitivity. Continence nurse

advisor Julie Westaway shares her experiences working with an indigenous community.

where children presented frequently with middle ear infections, tonsillitis, skin infections, diarrhoea and vomiting. Diarrhoeal disease is more prevalent in indigenous communities than some developing countries, and the threat is a constant source of concern for families and health professionals.

Cultural norms

It was crucial to negotiate cultural differences to make a valuable contribution to the community’s health services. Children have traditional names that I had a lot of trouble spelling or pronouncing. The family lines are very complicated to an outsider, so it was especially important for me to treat people with discretion. Communication and rapport with the women is critical, especially as my Yolngu vocabulary is limited to about 10 words.

Tribe law is still highly regarded, a mother who is deemed to have neglected her child will be reprimanded by the elders or given firm guidance. Social etiquette dominates and understanding social rules is imperitive in the clinics.

When family groups were involved in a consultation, it was important to be sensitive to cultural rules. For example, a person must not directly address their mother-in-law – indirect communication is used instead. Households don’t have ready access to computers, electronic media, PowerPoint presentations or photocopiers. Consequently, health education is simplified, involving felt boards, picture cards, role modelling and drawing pictures in the dirt. An elder relays information each morning on a community loudspeaker. Sending out mail is not particularly useful as many of the population are illiterate or unable to speak fluent English.

Caring for the community

During my placement on Elcho Island, I provided education on the management of children with diarrhoea, improved the management of constipation and treated older people with poor skin integrity related to incontinence.

Timeliness and schedules can be very foreign and restricting to groups. Scheduling should be relaxed to allow for different learning styles, varying levels of literacy and the time people take to absorb information. Many community members were very reticent to speak out. Communication and rapport with the women is critical, especially as my Yolngu vocabulary is limited to about 10 words.

Working with the Galiwin’ku community was very rewarding. I expect that I have learnt more from them than they have from me. I have tried bush medicine, participated in a smoking ceremony and a traditional ceremony for women who have delivered a baby. On Elcho Island health professionals are called pigeons because we “fly in, fly out”. The experience I had working on the island was humbling and I look forward to working with indigenous communities again soon.

Spreading continence care messages requires cultural sensitivity. Continence nurse advisor Julie Westaway shares her experiences working with an indigenous community.
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