Welcome

“They are normal bodily functions and we shouldn’t be embarrassed by them.” Noeline Brown is right of course (see page 4).

Our bladder and bowel are a normal and very essential part of our bodies. However, when something goes wrong with either, people are reluctant to seek medical or emotional help to address the problem. In fact, an estimated 70 per cent of people affected by bladder or bowel problems do not discuss the issue with anyone, including their GP. Yet, up to 70 per cent of cases can be cured or better managed.

With one in four people struggling with continence issues, it’s time people started talking about it, particularly as an estimated 6.5 million Australians – of all ages and life stages – are expected to experience urinary and/or faecal incontinence by 2030. This number is even greater given the impact on their families or carers.

Talking about it is the first step to recovery. Bladder and bowel problems will not get better on their own. Altering your lifestyle or adopting avoidance behaviour to hide the problem can result in heightened anxiety, as discussed by clinical psychologist Dr Heather Siddons on page 6.

The National Continence Helpline (Freecall™ 1800 33 00 66) is staffed by continence nurse advisors who provide confidential information and advice about bladder and bowel control problems, as well as referrals to specialist clinics. The CFA website (continence.org.au) is another great starting point.

Naturally, prevention is the best cure, and one of the reasons the CFA has adopted the Healthy Bladder and Bowel Habits theme for World Continence Week in June.

Part of the week focuses on promoting healthy bladder and bowel habits to school-aged children through the CFA’s Toilet Tactics Kit. This exciting project is currently being pilot by a number of primary schools, and will be rolled out nationwide later this year.

Finally, remember you can access Bridge online. The CFA is committed to supporting the environment and sustainable practices by reducing consumption of print and paper products. Reducing our environmental footprint also saves on print and paper costs, enabling the CFA to redirect funds to our vital education program. Supporting the environment and sustainable practices by reducing consumption of print and paper products. Reducing our environmental footprint also saves on print and paper costs, enabling the CFA to redirect funds to our vital education program.

The Bridge team.

Sharing your experiences with bladder and bowel problems lets others know they are not alone. If you would like to share your experiences in Bridge, please send your story (up to 650 words) to info@continence.org.au, along with your contact details. If you prefer to remain anonymous, you can use your first name only.

CFA CONTACTS

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MORE INFORMATION ON THE INTERNET:

www.pelvicfloorfirst.com.au
For advice about exercising while protecting your pelvic floor and exercises to strengthen your pelvic floor muscles

www.careersaustralia.com.au
A government accredited website providing access to information about a range of health topics and organisations

www.healthsite.gov.au
A government accredited website providing access to information about a range of health topics and organisations

www.bladderbowel.gov.au
A government accredited website providing access to information about a range of health topics and organisations

www.toiletmap.gov.au
The National Public Toilet Map shows the location of more than 14,000 public and private toilet facilities across Australia. This online map helps you plan your journeys and toilet stops.

Update

WORLD CONTINENCE WEEK
JUNE 24-30, 2012

World Continence Week (WCW) is an important campaign by the CFA to raise awareness of the importance of bladder and bowel health. This year’s theme is Healthy Bladder and Bowel Habits, promoting simple steps to take to the health of your insides. All bladder and bowel problems can be prevented, better managed or cured.

In addition, the theme will also be promoted to Australian school communities to support an important initiative currently being piloted by Victorian and South Australian schools. This initiative aims to raise awareness of healthy bladder and bowel habits among Australian primary schools through the Toilet Tactics Kit. The kit highlights the need for healthy bladder and bowel habits in schools and the associated benefits of improving or maintaining the standard of school toilets across Australia. The kit will be launched during WCW, when it will be made available to all Australian primary schools.

If you are interested in finding out more about the Toilet Tactics Kit, go to continence.org.au and click on the link under “Hot Topics”, or phone the National Continence Helpline on Freecall™ 1800 33 00 66.

SHARE YOUR STORY

Despite the fact 4.8 million Australians experience bladder or bowel control problems, many people are reluctant to discuss continence issues, even with their GP. In light of this, the CFA has developed the Continence Support Forum, a confidential online chat site for people experiencing continence problems or caring for someone with incontinence. The forum is moderated by consumers, as well as continence health professionals who can answer questions in a private and timely manner.

“Individuals can talk openly about the issues surrounding incontinence and ask questions in an anonymous and safe environment,” CFA chief executive Barry Callah said. “The forum enables people to share their experiences with others to gain peer support and advice. In turn, these same stories provide support to others, as reading them can lessen their own feelings of isolation.”

Is the Continence Support Forum right for you?
• Are you a parent toilet training your child? Share your tips for success or find support if you’re having difficulty.
• Have you, or someone you know, recently become incontinent? You are not alone. The forum can connect you with others in similar situations, so you can provide each other with emotional support.
• Have you been dealing with issues relating to incontinence for some time? It is likely your experiences will help provide support to help others.

Go to: www.continence.org.au/forum to share your story.

Beth Wilson

What is your role as Victorian Health Services Commissioner?
My role is to receive and resolve complaints from people who use our health services in an impartial, fair and accessible manner.

Many complaints resolve in ways that lead to improvement in the quality of services.

What is the most satisfying aspect of your role?
The most satisfying part of my role is assisting people who are struggling with the complexities of our health services. When people are ill, in an unfamiliar setting such as an Emergency Department, or are facing devastating news about the illness of a loved one, communication can become extremely problematic. Adding to this mix under- resource and over-worked health services staff, and misunderstandings and mistakes are made. Being able to unravel this intricate web and assist people is often difficult but also rewarding.

What should people expect from their health service?
Legislation makes it clear that every Victorian has the right to receive high-quality health services that are timely, considerate and respectful of privacy and dignity. People should be provided with adequate information to allow them to participate in health care decisions to make informed choices about which health services they will or will not accept.

You have spoken publicly of your diagnosis with breast cancer. Do you think more people should be open about their personal experiences to reduce the stigma of health conditions such as incontinence?
Everyone’s health story is different and some people want – and are entitled to – privacy. It was my choice to “go public” and I do so because I didn’t want people to feel they had to whisper about it; I wanted to encourage people to get early screening that could save their lives. I think more people should be open about their personal experiences to reduce the stigma of health conditions such as incontinence and have a lot of fun doing so. The best way to reduce stigma is to have a good laugh about it together.
Noeline Brown has worked with Australia’s theatre and TV greats, but it is her role as an ambassador for ageing that she counts as one of her great career highlights.

Ms Brown was appointed by the Australian Government as Ambassador for Ageing in 2008, and has since travelled the country speaking to community groups about the importance of healthy living, as well as promoting positive messages about ageing.

When initially approached about the role, Ms Brown, 73, admitted to being “a bit mystified”.

“I thought it wasn’t a job for an actor, but the more I thought about it, the more I thought it was, especially in terms of talking to the media. It’s my job to put positive stories out there. We are not all living in residential care. In fact, only 6 per cent of the population is,” she said.

“I love being an ambassador. You learn so much from people and I can give them some knowledge as well.”

Ms Brown attributes her positive attitude to ageing to family role models, most of whom still live independent, active lives.

“I remember speaking to my grandmother when I was younger and her saying, ‘but I still feel 14’. That’s always stayed with me,” she said.

“When I am talking to groups, I ask at the end of my speech if there are any questions. That’s when I ask about incontinence – ‘how are your waterworks’?”

Ms Brown said one of the most important aspects of her role was advocating on behalf of the ageing population “to let the wider community know they are not a drain on the community and they are actually a resource because of all their knowledge”.

“They have made Australia what it is today and they still have a lot to offer, particularly in terms of volunteering,” she said.

Ms Brown said while she had always understood the importance of a good diet and regular exercise, her ambassador experience had highlighted other qualities essential to healthy ageing: a desire to learn new and challenging things, and remaining connected to the community.

The advent of computers was now a vital tool for older people, particularly those who face distance or mobility issues, she said.

Ms Brown acknowledged that continence was another major factor in healthy ageing, with 40 per cent of people aged over 75 affected by bladder and bowel control problems.

“Nothing is written about this and we need the media to bring it out into the open. They are normal bodily functions and we shouldn’t be embarrassed by them,” she said.

Ms Brown said incontinence issues were faced by people of all ages and a light-hearted approach was a useful tool in lifting the lid on an often hidden problem.

“A lot of people deal with it (incontinence) in their own way,” she said. “Humour is important, because everyone has been caught short, even people with normal bladder control.”

“When I am talking to groups, I ask at the end of my speech if there are any questions. That’s when I ask about incontinence – ‘how are your waterworks’? Nobody (in the audience) ever asks that question. It gets a few giggles but then it prompts some discussion.”

Ms Brown said continence resources and products were extremely popular among attendees at ageing expos she visited, and reflected the many options people now had to help manage continence issues.

Ms Brown was appointed by the Australian Government as Ambassador for Ageing in 2008, and has since travelled the country speaking to community groups about the importance of healthy living, as well as promoting positive messages about ageing.

While I cover a large area and see people with a high burden of chronic disease and suffering, there is a lot of generosity, forbearance and humour in day-to-day interactions. Knowing Central Australians is a privilege.

More recently, I received a CFA scholarship to attend its National Conference on Incontinence in Melbourne, which comprised workshops and lectures by leaders in their field. I was also able to spend two days at the Southern Continence Service (Kingston Centre) and the Western Continence Service (Sunshine Hospital).

It was a privilege to see how other practitioners worked – albeit in a very different environment – and observe their hands-on skills, what questions they asked and what they advised, and how they followed-up, recorded and structured their consultations.

Being relatively new to the continence field and from Central Australia, it was a wonderful opportunity to learn and be supported, and reinforced how satisfying it is to be doing something so fundamental.

Tale of two cities

Jenny Pechey’s Northern Territory “office” is larger than some countries, so it was something of a culture shock when the continence nurse advisor recently undertook work experience at two Melbourne continence clinics. Here, she provides an insight into her rather unique workplace.

Health practice in Central Australia is characterised by vast distances – an area of about 1,000,000sq km – and a small, dispersed mobile population with complex health needs.

The Aboriginal population is about 30 per cent in urban centres and about 85 per cent in remote settlements.

Such a diverse demographic has diverse needs: continence assessments in town camps, reviewing the bowel care of a ventilated quadriplegic living in the community, liaising with the local primary school to support a severely incontinent student, and teaching pelvic floor exercises.

There are a lot of gaps to fill and limited resources, but the Central Australian context is always thought-provoking and never boring.

Cross-cultural relationships are really possible here and are probably what I value most about living in Central Australia. As you would expect in a small community, referrals are often informal and friendly.

A recent example was for a 57-year-old woman who speaks Ngaanyatjarra and some English, “sleeping outside house 15, Old Timer’s Camp”.

I started with a household I knew in Old Timer’s Camp, got directions three more times and progressively made it to where the patient was sitting with some other women, under a dead corkwood tree on the side of the highway with her dogs, Bluey and Whitefoot and four puppies.

As we hadn’t met before, we talked generally and respectfully, finding who we knew in common and establishing our connections and my business being there. These “consultations” are always nuanced interactions and often very funny. They are the times I can’t believe how much I love living here and doing what I do.

I was able to provide her with products fairly immediately, but built on our relationship over several subsequent interactions.

As I am a sole practitioner — my closest counterpart is 1500km away — my role is broad and requires generalist knowledge, typical for practitioners in rural and remote locations. Distance from specialist centres often means travelling interstate to upskill, such as attending a pelvic floor workshop in Newcastle, NSW, because currently there isn’t a women’s health physiotherapist in Central Australia.

Noeline Brown has worked with Australia’s theatre and TV greats, but it is her role as an ambassador for ageing that she counts as one of her great career highlights.

FAST FACTS

• Around 77 per cent of nursing home residents in Australia are affected by incontinence

• Incontinence is one of the principal reasons for entry to an aged care residential facility

• 70 per cent of people affected by incontinence do not discuss the issue with anyone, including their GP

• 60-70 per cent of people affected by incontinence can be cured or better managed
Post prostate blues

Each year, about 20,000 Australians are diagnosed with prostate cancer. It is the most commonly diagnosed cancer in men. Although treatments may be curative, they can result in sexual, urinary and bowel dysfunction. Here, clinical psychologist Dr Heather Siddons explains how to manage such issues.

In my role as a psychologist with the Royal Melbourne Hospital urology department, I commonly see the psychological impact of incontinence, ranging from slight to severe, with degrees of annoyance, frustration, shame, embarrassment and anxiety. Men often rate their incontinence as a bigger concern than their erectile dysfunction, particularly in early stages of recovery from surgery. Feeling “dirty”, out of control, and emasculated are common experiences and can lead to irritability and apprehension with others, anxiety and depression.

As men are often less likely to talk about their need for help, they instead exhibit avoidance behaviour, avoiding physical exertion, sexual contact or social situations for fear of wetting themselves. This can result in social isolation and restricted activities, which exacerbates anxiety and lowers confidence and mood, making it harder to engage in life.

Reducing incontinence anxiety

The following techniques have been adapted from Below the Belt: Talking About Life After Prostate Cancer, a treatment manual developed by the Royal Melbourne Hospital urology department, which deals with each stage of the anxiety-avoidance cycle to minimise the negative impact of incontinence and improve psychological health and quality of life.

Relaxation

Relaxation can help to counteract physical symptoms of anxiety, including increased breathing or heart rate, sweaty hands and muscular tension. To relax quickly, take a slow, deep breath through your nose, imagining all of the tension from your body collecting in the air that fills your lungs. As you exhale slowly through pursed lips, imagine the tension blowing away. Repeat twice and notice the difference in your body.

Automatic Thought Assessment

Identifying and challenging unhelpful and unrealistic thoughts may help reduce anxiety, improve mood and confidence, and re-engage in life.

Unhelpful thoughts:

“If I wet my pants I’ll smell like a dirty old man.”

“If I wet my pants my friends will laugh at me.”

Helpful thoughts:

“If I wet my pants it probably won’t smell straight away and I will have time to go to the bathroom and wash myself.”

“If I wet my pants my friends might be concerned about me, or I will probably just go to the bathroom without anyone noticing or making a fuss.”

Risk Assessment

People who worry a lot often overestimate the amount of risk involved in the situation. A risk assessment involves asking oneself the following questions:

“What is the worst thing that could happen?”

“What is the likelihood of that happening?” (Rate out of 100)

“What are other possible outcomes?”

“What is the likelihood of them happening instead?” (Rate out of 100)

“What are some things I could do if the worst thing did happen?”

When you compare your probability ratings for the worst outcome and other outcomes, you usually find that it’s more likely that the worst won’t happen, and that you actually know how to cope with the situation if it does happen.

Worry Exposure

Worry exposure can be carried out in two ways. One way is to imagine the worrying situation happening repeatedly, thereby gradually getting used to it so that associated anxiety lessens. This can be done by taking a few minutes each day to visualise oneself in the feared situation (e.g. wetting yourself in public when laughing hard at someone’s joke), taking note of thoughts and anxiety level, then imagining the scene again and again. After a couple of sessions of doing this, anxiety ratings are likely to drop significantly.

Alternatively, facing the feared situation in real life will allow one to test worries and gain experience of coping with whatever happens.

Use of relaxation techniques, challenging unrealistic thoughts and risk assessment are important tools to help cope with exposure to feared situations.

When to ask for help

If you or someone you know needs support in coping with the emotional impact of incontinence, contact your GP for a referral to a qualified mental health practitioner. The National Continence Helpline is also a great source of information.

Q. My five-year-old daughter started school this year but still isn’t toilet trained, despite many attempts. She is wetting her pants during the day and I am worried she will be teased by the other children. She also wets the bed two or three times a week. What can I do to toilet train her quickly?

A. As bladder control during the day occurs before night control, toilet training is the priority of these two issues.

Toilet training is about teaching a child who has reached a certain developmental stage to understand the messages their bladder is sending, and then to use a toilet appropriately. It refers to children when they are awake and therefore conscious of their bladder.

Toilet training commences when a child shows an interest. Girls tend to be toilet trained earlier than boys, but all children should have bladder control between 2½ to 3½ years. Toilet training cannot be done quickly because each child develops at their own pace and is ready to be dry in their own time. For a child not to be able to use a toilet appropriately at age five, for both bladder and bowel, indicates that there may be a problem and a referral to a paediatrician may be appropriate. This is important as self-esteem can be affected when a child learns that they are different from other children. Other possible strategies and advice about where to seek help can also be discussed further with CFA helpline continence nurses.

Day wetting after a child is toilet trained needs to be investigated, unless the child is wetting because they are ignoring the message from their bladder and leaving things till the last minute (i.e. behavioural). Sometimes young girls get “giggle” incontinence (leak urine when they laugh/giggle) but are dry the rest of the time.

Bedwetting is a common problem but the majority of children are dry at night by age five. Basic investigations should be done by a GP if a child is still wetting at age six, and considered given to using a bedwetting alarm. For older children, referral to a paediatrician or bedwetting service may be appropriate. Remember, each child is an individual and will become dry in their own time. About 0.5 per cent of the population may still have an episode of bedwetting as an adult.

The Helpline can supply contact details for your local continence clinic. Continence clinics are usually self-referring, i.e. you won’t need a GP’s referral before making an appointment with a continence nurse advisor. However, it can be helpful if you’ve spoken to your doctor first.

Need help for bladder and bowel control?

Talk about it with:

• Your GP – Your family doctor will know your health history and can advise you on treatment options.

• National Continence Helpline (FREECALL 1800 33 00 66) – Perhaps you’ve already spoken to your GP? Maybe you were too nervous to mention your incontinence? You can talk confidentially to one of the continence nurse advisors on this Helpline, from the comfort and convenience of home. They can also refer you to other continence experts, such as:

  • Continence clinics - Staffed by Continence Nurse Advisors (CNA), nurses with specialist training in incontinence (the National Continence Helpline’s advisors are continence nurses), or

  • Continence physiotherapists – Physiotherapists with a postgraduate qualification in pelvic floor rehabilitation.

• Dietitian – Specialises in foods and nutrition and can help with diet and fluid intake advice to improve digestive function, bladder and bowel control and weight.

• Pharmacist – Can advise on medicines taken for other health conditions linked to incontinence.
Independence Australia offers the largest range of continence, wound care and other health care products, from the industry’s most recognised brands.

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