Child’s play
Healthy habits in schools
Page 7
In the news

YOUNG WOMEN LACK CONTROL

AN AUSTRALIAN study has revealed that as many as one in eight healthy young women have urinary incontinence.

A Monash University survey of 1000 healthy women aged 16 to 30 years found 12.6 per cent were affected by incontinence, an issue commonly considered to be experienced by older women.

The findings are of particular significance given none of the women had ever been pregnant, a known risk factor for developing urinary incontinence, with previous research showing one in three women who have ever had a baby will wet themselves.

Of the 12.6 per cent of surveyed women who had urinary incontinence, most experienced stress incontinence (6.2 per cent) or urge incontinence (4.5 per cent). About 1.9 per cent of those surveyed experienced both.

“The findings are important as previous studies have shown that urinary incontinence is clearly related to pregnancy and being overweight,” Ms O’Halloran said. “However, the extent to which urinary incontinence affects younger women who have never been pregnant has not been understood until now.”

“We found that women are more likely to have incontinence if they had been sexually active, however, this was 50 per cent less likely amongst this group if they were taking the oral contraceptive pill. Interestingly, women were more likely to experience incontinence if they had a history of bedwetting after the age of five,” said Ms O’Halloran.

This is the first study of its kind to be conducted in women who have never experienced a pregnancy and demonstrates that there is a significant proportion of women who are vulnerable to incontinence irrespective of pregnancy or obesity.

Ms O’Halloran said women experiencing incontinence should seek intervention to manage and treat the problem early and prevent the condition worsening over time.

URINARY PROBLEMS SET TO RISE

A STUDY spanning five continents estimates that by the year 2018, almost half of the world population over the age of 20 (approximately 2.3 billion people) will experience at least one lower urinary tract symptom, an increase of 18 per cent in just one decade. Incontinence will also increase, particularly in Africa, South America and Asia.

The study of more than 19,000 people, co-ordinated by the Department of Epidemiology at the University of North Carolina, USA, predicted that between 2008 and 2018:

• the worldwide prevalence of lower urinary tract symptoms will rise to just under 46 per cent, (47 per cent women and 45 per cent men); and
• overactive bladder will increase by 20 per cent, affecting approximately 546 million people worldwide; and
• urinary incontinence will have risen by 22 per cent, affecting about 423 million individuals.

Lead author Dr Debra Irwin said the study underlined a “clear and urgent need to improve the awareness, prevention, diagnosis and management of these conditions”.

The study was published in the October issue of British Journal of Urology International.
Welcome

Australians are bombarded with health warnings and recommendations through a variety of media, so getting your message heard above all others is no easy task. Complicating the matter is the fact that when it comes to discussing bladder and bowel health, many people prefer to ignore the issue altogether – even when they are the one experiencing the problem.

In fact, 70 per cent of people don’t discuss their bladder or bowel control problems with anyone, including their GP, despite the fact 60-70 per cent of cases can be cured or better managed.

What can no longer be ignored is the number of Australians experiencing incontinence. One in four people over the age of 15 have some form of incontinence, making it more prevalent than mental illness, asthma and arthritis. The problem is growing and forecast to affect 6.5 million Australians by 2030, costing the nation billions of dollars annually.

World Continence Week, June 24-30, is a vital opportunity for the Continence Foundation of Australia to promote our key messages to a wide audience. To do this, we have undertaken our first TV advertising campaign. The advertisement spearheads the Continence Foundation of Australia’s latest awareness campaign. The ad highlights the prevalence of incontinence and aims to dispel the myth that it is a natural part of ageing or an issue restricted to the elderly. Given 4.8 million Australians experience bladder or bowel control problems – at any age or life stage – any one of the characters captured in the street scene could be affected.

“One of our main priorities is to raise community awareness about bladder and bowel health and the prevention of incontinence. Even small lifestyle changes to improve general wellbeing can make a difference.”

With this in mind, the Foundation will launch a Healthy Bladder and Bowel HABITS campaign during World Continence Week, primarily targeting women aged 25-55 years and also men over the age of 50, two key groups shown to be at high risk of becoming incontinent.

Under the slogan, Improve Your Bottom Line, Australians are being asked to adopt these five healthy habits to maintain or improve bladder and bowel control:

- Eat well: consume at least 30g of fibre daily;
- Drink well: limit caffeine, alcohol and fizzy drinks and consume 1.5-2 litres of liquids daily (unless advised otherwise by your doctor);
- Practise good toilet habits: go when you need to and completely empty your bladder and bowel.

Given prevention is the best cure, a major part of the campaign will focus on younger Australians. The Healthy Bladder and Bowel HABITS in Schools project will also be announced during World Continence Week, and promoted to school communities nationally (see page 7).

As part of the project, the Continence Foundation of Australia has developed a Toilet Tactics Kit to raise awareness of healthy bladder and bowel habits within Australian primary school communities, and to improve or maintain the standard of school toilets nationally. The kit has been piloted in seven schools in South Australia and Victoria, in preparation for the national launch.

For more information about World Continence Week or resources, or for a Healthy Bladder and Bowel brochure, go to:
- www.continence.org.au
- T: (freecall™) 1800 33 00 66

© Continence Foundation of Australia

Underpinning this national promotion will be the launch later this month of the Foundation’s Healthy Bladder and Bowel Habits campaign, to be announced by the Minister for Mental Health and Ageing, Mark Butler, during World Continence Week. The launch includes an exciting new health initiative promoting healthy bladder and bowel messages among primary school communities (see page 7).

Finally, this edition of Bridge includes Alison Davies’ story of how she overcame incontinence. We hope readers will be inspired by Alison’s journey to regain her quality of life and feel empowered to include their own story, helping others to know they are not alone. Contact info@continence.org.au.

The Bridge team

Still image from the Foundation’s up-coming TV ad

© Continence Foundation of Australia

Bridge is published by the Continence Foundation of Australia. It is supported by the Australian Government Department of Health and Ageing under the National Continence Program.

The information in Bridge is for general guidance only and does not replace the expert and individual advice of a doctor, continence nurse or continence physiotherapist.

Bridge cannot be reprinted, copied or distributed unless permission is obtained from the Continence Foundation of Australia. No information taken from Bridge can be placed on any website without prior permission from the Continence Foundation.
Incontinence is a complex medical condition with wide-ranging effects. Here, Dr Frances Connor, a paediatric gastroenterologist specialising in gut function, explains the impact of bladder and bowel control problems in school-aged children.

Continence issues and toilet hygiene have been ongoing concerns in schools. Here, South Australian Education Department policy advisor Heather Ashmeade explains how a new initiative is seeking to tackle the problem.

The South Australian Education Department is committed to supporting the health and wellbeing of all students, so we were eager to work with the Continence Foundation of Australia on an exciting new project that aims to raise awareness of healthy bladder and bowel habits in primary school communities.

The Healthy Bladder and Bowel Habits in Schools project is an innovative program, incorporating the Toilet Tactics Kit, currently being trialled in a number of South Australian and Victorian schools. The Toilet Tactics Kit will be launched during World Continence Week (June 24-30), when it will be made available to all Australian primary schools.

The Continence Foundation approached the Department for Education and Child Development to see if the kit could be piloted in some South Australian primary schools. The aim of the kit is to create a healthy bladder and bowel habits of children were seen to complement and link strongly with the department’s aims.

A number of schools invited to participate in the trial expressed an interest in accessing a resource that could assist them to explore and possibly improve the standard of the toilet facilities and hygiene at their schools, and also to take a more active role in improving their toilets. These schools are eager to work with the Continence Foundation on this exciting new initiative.

One school pointed out that the topic of toilet hygiene and bowel control was already on the agenda, and they were keen to explore more about the Continence Foundation’s resources.

The Healthy Bladder and Bowel Habits in Schools project is therefore a major initiative is seeking to tackle the problem.

Nearly one in five Australian primary school students experience some form of incontinence, and about half of those students experience bowel incontinence, as well. While incontinence can be due to an identified medical condition or disease, it more commonly has no obvious cause. Sometimes it follows stressful life events or disruption of normal routine, such as parents separating, moving house or starting kindergarten or school.

Incontinence is stressful at any age, and can be particularly challenging for children and their families. Incontinence is often caused by a lack of support for incontinent children and their carers at school, and can be particularly distressing for children who are excluded from school activities or events.

Most of the new referrals I see in my clinic at Brisbane’s Royal Children’s Hospital are children with faecal incontinence, and about half of those children usually suffer in silence. Many children report that they are excluded from school activities or events, and are often unable to speak up and ask for help. As a result, they may feel isolated and alone, and are more likely to experience bullying.

School camps and sleepovers present extra problems and many children avoid these situations altogether. The Healthy Bladder and Bowel Habits in Schools project is therefore a major initiative is seeking to tackle the problem.

I NCONTINENCE is stressful at any age, but for school-aged children there are unique challenges. Nearly one in five Australian primary school students experience some form of incontinence, and about half of those students experience bowel incontinence, as well. Overall, around 7 per cent of school-aged children have regular urinary and/or faecal incontinence.

The Continent Foundation of Australia’s Healthy Bladder and Bowel Habits in Schools project addresses an urgent need to make school toilets more child friendly and to educate children and their carers on healthy habits.

I NCONTINENCE is stressful at any age, but for school-aged children there are unique challenges. Nearly one in five Australian primary school students experience some form of incontinence, and about half of those students experience bowel incontinence, as well. Overall, around 7 per cent of school-aged children have regular urinary and/or faecal incontinence.

The Continent Foundation of Australia’s Healthy Bladder and Bowel Habits in Schools project addresses an urgent need to make school toilets more child friendly and to educate children and their carers on healthy habits.

Most of the new referrals I see in my clinic at Brisbane’s Royal Children’s Hospital are children with faecal incontinence, and about half of those children usually suffer in silence. Many children report that they are excluded from school activities or events, and are often unable to speak up and ask for help. As a result, they may feel isolated and alone, and are more likely to experience bullying.

School camps and sleepovers present extra problems and many children avoid these situations altogether. The Healthy Bladder and Bowel Habits in Schools project is therefore a major initiative is seeking to tackle the problem.

I NCONTINENCE is stressful at any age, but for school-aged children there are unique challenges. Nearly one in five Australian primary school students experience some form of incontinence, and about half of those students experience bowel incontinence, as well. Overall, around 7 per cent of school-aged children have regular urinary and/or faecal incontinence.

The Continent Foundation of Australia’s Healthy Bladder and Bowel Habits in Schools project addresses an urgent need to make school toilets more child friendly and to educate children and their carers on healthy habits.

Most of the new referrals I see in my clinic at Brisbane’s Royal Children’s Hospital are children with faecal incontinence, and about half of those children usually suffer in silence. Many children report that they are excluded from school activities or events, and are often unable to speak up and ask for help. As a result, they may feel isolated and alone, and are more likely to experience bullying.

School camps and sleepovers present extra problems and many children avoid these situations altogether. The Healthy Bladder and Bowel Habits in Schools project is therefore a major initiative is seeking to tackle the problem.

Nearly one in five Australian primary school students experience some form of incontinence, and about half of those students experience bowel incontinence, as well. Overall, around 7 per cent of school-aged children have regular urinary and/or faecal incontinence.

The Continent Foundation of Australia’s Healthy Bladder and Bowel Habits in Schools project addresses an urgent need to make school toilets more child friendly and to educate children and their carers on healthy habits.

Most of the new referrals I see in my clinic at Brisbane’s Royal Children’s Hospital are children with faecal incontinence, and about half of those children usually suffer in silence. Many children report that they are excluded from school activities or events, and are often unable to speak up and ask for help. As a result, they may feel isolated and alone, and are more likely to experience bullying.

School camps and sleepovers present extra problems and many children avoid these situations altogether. The Healthy Bladder and Bowel Habits in Schools project is therefore a major initiative is seeking to tackle the problem.

Nearly one in five Australian primary school students experience some form of incontinence, and about half of those students experience bowel incontinence, as well. Overall, around 7 per cent of school-aged children have regular urinary and/or faecal incontinence.

The Continent Foundation of Australia’s Healthy Bladder and Bowel Habits in Schools project addresses an urgent need to make school toilets more child friendly and to educate children and their carers on healthy habits.

Most of the new referrals I see in my clinic at Brisbane’s Royal Children’s Hospital are children with faecal incontinence, and about half of those children usually suffer in silence. Many children report that they are excluded from school activities or events, and are often unable to speak up and ask for help. As a result, they may feel isolated and alone, and are more likely to experience bullying.
I Back on course

by Alison Davies

I T’S incredible how a chance conversation or event can change the direction of your life.

A fall down the stairs while rushing to answer the door more than 10 years ago left me requiring surgery on my spine to ensure future movement. The hidden, yet lingering, result of the accident was the effect on my water works. The nerves running from my spine to the bladder had been damaged to such an extent that I was never able to fully empty my bladder and suffered a condition known as urinary retention.

Life became a constant cycle of urinary retention. The “problem” I phone the CFA’s National Continence Helpline for further guidance on safe catheter use. I had a lengthy conversation with a delightful continence nurse on the Helpline, who understood and affirmed my condition and assured me that help was possible. That dialogue was the first positive and encouraging response I had had in years and I hung up the phone in tears of joy and anticipation. She referred me to the Southern Continence Service at the Kingston Centre and made all the arrangements for my first appointment.

At the Southern Continence Service I was under the constant guidance of a wonderful team consisting of a doctor, continence nurse advisor and physiotherapist, who worked collaboratively through all the issues I faced, with care and understanding. Each treated me with incredible dignity and I was blessed to have their amazing support, insight, and patience, and most of all, their tenacious determination to find solutions to ease my continence problems and eradicate the consequent kidney infections.

I never believed that I could have such a successful outcome. The physiotherapist turned out to be my saviour as she instigated the use of a TENS machine, among other things, to try and kick-start the nerves in my bladder. Ten weeks after I began using the TENS machine on a daily basis, I noticed my symptoms had eased and found I no longer required catheterisation.

My family and friends can’t believe the change in me, as it was a well-kept joke in close circles that I would always be rushing to the loo with little or no delay. For me the cure of my incontinence has been overwhelming and life changing. It was something I was resigned to and never believed could be overcome. I can finally play 18 holes of golf without the constant urgency for a pee. Prior to my treatment at the continence clinic I’d be racing behind bushes at least five times during a round of golf.

I can now also go shopping without needing to pee on arrival and before leaving – or at the checkout on occasions! Public transport and going to the theatre or sporting events are now also possible without any overriding anxiety.

For someone who didn’t know there was a continence Helpline or national network of continence clinics a year ago, I am now one of the services’ greatest ambassadors. It was such a positive experience to have the encouragement of my team to guide me through the process of care at the clinic. I am extremely grateful for the support of the fine professionals working on the Helpline and at the Southern Continence Service who worked with me in 2011.

The personal and social ramifications of urinary incontinence are so great that individuals often become withdrawn, develop low self-esteem and shun the society of family and friends.

After arriving in Townsville from the UK in 1997, I have specialised in treating women with urinary incontinence and prolapse, with the aim of restoring their physical and emotional wellbeing. I established the Mater Pelvic Health Research and Education Unit in 2003, (situated at the Mater Misericordiae Hospital in Townsville), which is at the forefront of treatment for continence, prolapse and fistulas.

As well as this, I have toured North Queensland for the past 14 years, educating doctors and the general public and delivering initiatives such as the Beat the Bladder Blues program, based on our research, which has educated thousands of women in remote communities, including indigenous populations.

My passion for the field also sees me travelling regularly to third world countries such as India and Nepal, treating patients, training doctors and helping to establish specialist hospital clinics.

The “problem”

Urinary incontinence is the unintentional loss of urine and occurs more often in women than in men due to contributing factors such as pregnancy, childbirth, and menopause. Weak bladder muscles, overactive bladder muscles and nerve damage may also cause urinary incontinence in women.

There are different types of urinary incontinence in women: stress incontinence; urge incontinence; overflow bladder; functional incontinence; overflow incontinence; mixed incontinence; and transient incontinence.

Diagnosis and treatment options

The first step towards relief is to seek help from a health professional who specialises in urinary and associated pelvic problems in women.

Back on course

by Alison Davies

T Ladder and bowel incontinence affects a reported 4.8 million Australians. Studies suggest 65 per cent of women attending GP surgeries suffer some form of pelvic disorder, but less than half actually report it because the symptoms are of such a personal nature.

Many specialists begin with the patient filling out a questionnaire and bladder diary over several days, as your pattern of voiding and urine leakage may suggest the type of incontinence you have. These diaries can reveal obvious factors that can help define the problem, including straining and discomfort, fluid intake, use of drugs, recent surgery, and illness.

A physical examination will determine possible medical conditions causing incontinence, including treatable blockages from bowel or pelvic growths, or a condition called prolapse, where the vagina or bladder begins to protrude out of your body.

Treatment of urinary incontinence in women may include behavioral or non-pharmacologic treatments, such as bladder training and Kegel (pelvic floor) exercises, medication, biofeedback, neuromodulation (use of nerve stimulation), surgery, catheterisation, or a combination of these therapies. Often you can begin treatment at the first medical visit.

What we do

For patients who do not require a surgical solution, our unit has developed a successful 16 week conservative therapy program, consists of pelvic muscle exercises, bladder retraining and voiding posture. These three measures can be incorporated into daily routines and can be tailored to specific needs.

Our growing patient load – some people were driving for 10 hours for a consultation – has resulted in us expanding our services to Mackay and more recently to Cairns. We now provide sub-speciality services to the whole of north Queensland, from Barama to Mackay and Mt Isa to Townsville. Our clinical caseload has also become more representative with the indigenous population comprising 10-15 per cent of our cases, especially in the public system.

During the past 15 years I have seen the taboos surrounding incontinence gradually erode and, hopefully, through expanding our continence services, the tyranny of distance no longer poses a major deterrent to seeking timely help.

Many specialists begin with the patient filling out a questionnaire and bladder diary over several days, as your pattern of voiding and urine leakage may suggest the type of incontinence you have. These diaries can reveal obvious factors that can help define the problem, including straining and discomfort, fluid intake, use of drugs, recent surgery, and illness.

A physical examination will determine possible medical conditions causing incontinence, including treatable blockages from bowel or pelvic growths, or a condition called prolapse, where the vagina or bladder begins to protrude out of your body.

Treatment of urinary incontinence in women may include behavioral or non-pharmacologic treatments, such as bladder training and Kegel (pelvic floor) exercises, medication, biofeedback, neuromodulation (use of nerve stimulation), surgery, catheterisation, or a combination of these therapies. Often you can begin treatment at the first medical visit.

What we do

For patients who do not require a surgical solution, our unit has developed a successful 16 week conservative therapy program, consists of pelvic muscle exercises, bladder retraining and voiding posture. These three measures can be incorporated into daily routines and can be tailored to specific needs.

Our growing patient load – some people were driving for 10 hours for a consultation – has resulted in us expanding our services to Mackay and more recently to Cairns. We now provide sub-speciality services to the whole of north Queensland, from Barama to Mackay and Mt Isa to Townsville. Our clinical caseload has also become more representative with the indigenous population comprising 10-15 per cent of our cases, especially in the public system.

During the past 15 years I have seen the taboos surrounding incontinence gradually erode and, hopefully, through expanding our continence services, the tyranny of distance no longer poses a major deterrent to seeking timely help.

Making a difference >>>

Townsville Hospital’s Director of Urogynaecology, Professor Ajay Rane, was nominated for Queensland Australian of the Year 2012 for his work in the field of urinary incontinence and fistula repairs. Here, he discusses his work and how he is assisting patients overcome the tyranny of distance.

Picture by Evan Morgan, Townsville Bulletin
Q. My sister gave birth to her first baby four weeks ago. One week after she went home from the hospital she had difficulty passing urine and eventually ended up in the emergency department. When do bladder problems require emergency treatment?

A. BLADDER control emergencies are rare, but they do occur. The problem is the inability to empty the bladder, referred to as retention. A normal bladder fills with urine and sends a message to the brain when it nears half to three quarters capacity, then empties on demand. Most adults should be able to defer going to the toilet for about two to three hours, depending on a variety of factors. Some people can hold for longer, but everyone should be able to initiate the emptying of their bladder at will. Exceptions are people with conditions such as neurological problems — MS, paraplegia — and some surgical complications.

If you are unable to pass urine after six to eight hours, pain and discomfort will most likely occur. Slight emptying of the bladder, dribbling, and a feeling of not fully emptying your bladder are signs the bladder is not functioning correctly. There are many reasons why this happens and it requires investigation, not complacency. In the case of your sister, something happened after the vaginal delivery that shut down the messages between the brain and bladder. Bladder, bladder control and bowel control are incredibly complicated neurological systems that we take for granted until they fail to perform. Your sister’s bladder kept filling and possibly overstretched the bladder muscle.

It is very important to empty the bladder before any complications occur. If severe retention occurs, don’t wait until the doctor’s appointment tomorrow — go to the emergency department tonight.

Q. I have read about women who have problems emptying their bladder after childbirth. Are men susceptible to a similar problem?

A. MEN can also develop problems with retention of urine. In my early days on the Helpline, a bus driver left a lasting impression on me. The driver drove long distances and sometimes he did not pass urine for up to eight hours because he ignored the message. Eventually the driver overstretched his bladder muscle so that it no longer contracted when commanded to empty. He was admitted to hospital and his bladder drained 3.2 litres — a normal adult male bladder holds 350–600ml comfortably. Consequently, this man had to learn to empty his bladder manually, passing a catheter into his bladder four to six times a day, to protect his kidneys from further damage.

The main reason older men develop retention is because of an enlarged prostate, called benign prostatic hyperplasia. Initially, symptoms include dribbling after emptying the bladder, hesitancy starting the flow, going to the toilet frequently during the day and at night, and a sensation of incomplete emptying. As the prostate enlarges, the flow of urine decreases and the symptoms increase. Worst-case scenario is when the bladder muscle overstretches due to enlargement or the prostate totally blocks the flow of urine. Either case might require emergency admission to hospital. Complications from prostate surgery can also cause retention. The nurses on the Helpline can discuss bladder management, good bladder and bowel habits, and where to get help for bladder-emptying problems.

New service

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

Callers who require a translator can access the Helpline through the free Telephone Interpreter Service (TIS). People should phone 13 14 50, state the language they require and wait to be connected to an interpreter, who will then make contact with a National Continence Helpline operator.

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.

Who is the Continence Foundation of Australia?

The Continence Foundation of Australia (CFA) is the peak 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 promoting continence and managing incontinence.

The CFA manages the National Continence Helpline (FREECALL™ 1800 33 00 66), a free and confidential service staffed by continence nurse advisors, on behalf of the Australian Government Department of Health and Ageing under the National Continence Program.
Independence Australia offers the largest range of continence, wound care and related health care products, from the industry’s most recognised brands

Why Choose Independence Australia?

- National, with warehouses in every state
- Opportunity to increase Continence Aids Payment Scheme (CAPS) funding by up to $50*
- FREE product samples for disposable adult continence pads*
- FREE delivery for online orders*

* Conditions Apply

For fast home delivery all over Australia call Independence Australia today on 1300 788 855

T 1300 788 855  F 1300 788 811
E customerservice@independenceaustralia.com
www.independenceaustralia.com