Now you’re talking
Boost your confidence and seek help
Like fashion and food, taboos are a sign of the times. These days, we’re just as comfortable wearing skinny jeans and chowing down on international cuisine as we are discussing a recent diagnosis of type 2 diabetes or a friend’s struggle with mental health issues. Contrast that with the closed doors, shrimp cocktails and flared jeans of the 1970s.

Yet despite our increasingly open society, the taboo of incontinence persists. Why? Many of us see bladder and bowel control as the ultimate expression of self control, rather than one aspect of our overall health that, like diabetes or mental health problems, is often beyond our control.

In this issue, psychologist Lisa Jarman looks at the origins of our embarrassment and shares practical solutions for boosting your confidence to seek professional help (p.7). Professor Nick Haslam offers his tips for shifting shame and approaching awkward situations with humour (p.3), and National Continence Helpline Coordinator Stephen Marburg discusses how the Helpline can provide confidential support (p.11).

If you’re confused about the clinician best suited to helping you, meet the continence professionals that look after each aspect of care (p.4). We’ve also spoken to three country clinicians about accessing care in regional areas (p.8) and the Pharmacy Guild of Australia about the active role of community pharmacies in continence care (p.6). For extra inspiration to seek help, check out one reader’s success story courtesy of regular pelvic floor exercises (p.10).

Until next time,

Angela Tufvesson
Editor
Why does the taboo of incontinence persist?
Pretty much everything connected with excretion is still taboo and incontinence is no exception. The taboo surrounding sex has diminished substantially but excretion remains a bodily function that people prefer not to talk or think about. The taboo on incontinence persists for two reasons: it is associated with disgust and with shame. People feel disgust towards the body’s wastes, and they see incontinence as a humiliating and immature failure of self control. Disgust and shame make people want to avoid the topic, and to judge people who experience incontinence negatively.

Why is incontinence more embarrassing than other common conditions such as diabetes and mental health problems?
People worry about how others will perceive them. Because incontinence is still associated with disgust and with being a child, people who experience it worry that others will be judgmental about it.

Part of the problem is that unlike diabetes and other physical conditions, many people think that incontinence is something that is or should be under the person’s voluntary control. Unlike someone who suffers from a purely physical problem, people who experience incontinence are often seen as at least partly responsible for their problem and therefore blameworthy.

What are some practical strategies for overcoming embarrassment?
It’s not always easy to reduce embarrassment, but there are a few things people can do. First, rather than keeping incontinence hidden from loved ones, it often helps to disclose it in a way that presents it not as an appalling secret but as an everyday problem to be dealt with. Often people worry about what others will think about their problem in a way that magnifies their embarrassment. There is a dread that others will find out and react negatively, and usually these fears are greatly exaggerated.

Second, try to find some humour in the problem. One of the good things about embarrassment, as distinct from shame, is that awkward social situations can be rescued by a joking remark. Being light-hearted about the situation drives away the embarrassment.

Third, people can reduce their embarrassment by reminding themselves that their problem is not under their control, that it is not a sign of personal weakness and that it is a common condition.

ARE YOU PELVIC FLOOR SAFE?
Research shows some exercises, such as running, push-ups and sit-ups, can stress the pelvic floor muscles and cause long-term bladder and bowel control problems. Walking, swimming and seated exercises such as shoulder presses and bicep curls are better options. To learn more about pelvic floor safe exercise, go to pelvicfloorfirst.org.au

5 minutes with Nick Haslam

Nick Haslam is a professor of psychology at the University of Melbourne and author of Psychology in the Bathroom

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SCHOOL STRUGGLES

PROBLEM: Almost one in five Australian primary school children wet their pants and about 7 per cent of primary school aged children have regular incontinence.

SOLUTION: The Toilet Tactics Kit contains resources for students, teachers and parents, and aims to engage the whole school community in promoting good bladder and bowel habits.

For more information about the Toilet Tactics Kit, and to encourage your school to take up the initiative, go to continence.org.au or phone the National Continence Helpline (freecall™) 1800 33 00 66.

MAKE A CHOICE

Many cases of urinary incontinence are often treated with a daily dose of an anticholinergic medicine that alters the action of certain nerves. Botox injections are another popular option. But which is best? New research published in The New England Journal of Medicine found that both treatments are equally effective in reducing the frequency of incontinence episodes.
Meet your continence professionals

Many different continence professionals work to help improve bladder and bowel health. We meet the clinicians best placed to aid your continence care.

The continence and women’s health physiotherapist
EMMA BOUCHER

Who they are: Continence and women’s health physiotherapists (CWHP) are physiotherapists who have undergone post-graduate education in the assessment and treatment of bladder and bowel incontinence. They also specialise in treating other pelvic floor conditions such as pelvic organ prolapse, pelvic pain, pain with intercourse and problems during pregnancy and after childbirth.

How they can help: CWHPs are specially trained in the assessment and treatment of incontinence throughout all life stages. Most commonly, pelvic floor exercises need to be specific for each person and a CWHP will be able to guide you through the most effective treatment program for you. Ultrasound and other special devices are often used to help teach a correct contraction. A CWHP may also help guide a general exercise program that is safe for the pelvic floor.

How they differ: Some general physiotherapists assess and teach pelvic floor exercises, often using ultrasound, which may assist learning correct pelvic floor exercises. However, a CWHP has in-depth knowledge of pelvic floor problems, for which solutions usually involve more than pelvic floor exercises alone.

Common myths: Many people think that the only thing a CWHP does is teach pelvic floor exercises, which is untrue. A CWHP can also help to educate people about healthy bladder and bowel habits and general exercise patterns.

“Many people think that the only thing a continence and women’s health physiotherapist does is teach pelvic floor exercises, which is untrue.”

The dietitian
NATASHA MURRAY

How they can help: An accredited practising dietitian looks at what you are eating and drinking and how changes can be made to assist with continence management, digestive function and maintaining a healthy weight.

What you can do: Including enough fibre in your diet is an important part of continence management. Fibre adds bulk to stools and can make them softer and easier to control, and is important for managing diarrhoea and constipation. Adults should aim to include 30g of fibre a day in their diet.

Diet advice is tailored to each individual to help create new and healthy habits.

Fibre is often included on the nutrition information panel of foods, and choosing foods that have more than 5g of fibre per serve or that are labelled high in fibre will also help you to meet your fibre requirements more easily.

Common myths: A number of people think that cutting down on how much fluid they are drinking will help with bladder control. In fact, it is recommended you drink six to eight glasses of water each day (unless advised otherwise by your doctor), as cutting down fluids may actually cause more problems by concentrating the urine and further irritating the bladder.

“Adults should aim to include 30g of fibre a day in their diet.”

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The continence nurse

HOLLY ROBINSON

How they can help: The role of a continence nurse is very diverse – it involves preventative support and education, as well as supporting patients who suffer from incontinence and making sure they receive all aspects of care that helps them understand, improve or manage their condition.

Continence nurse duties include clarifying patients’ conditions, helping them find support, helping them gain access to other health professionals or organisations, and helping them find a particular product or aid and demonstrating how to use it.

How they complement your GP: Continence nurses often have more time to answer questions, explain the use of products and to help search for services the patient may need. Unless you have specifically requested a longer consult with your GP, you may not get the time you need to ask awkward or embarrassing questions.

When to make an appointment: Along with your GP, a continence nurse is often the first point of contact if there is a change in your normal toileting habits. If there is any change, whether it’s getting up at night to use the bathroom, rushing to the toilet or leaking when you cough, laugh or sneeze, it’s worth making an appointment. If a continence nurse can’t provide you with the service you need, they will refer you to someone who will.

The fitness professional

LISA WESTLAKE

How they can help: Improved awareness of the important issues surrounding exercise and the pelvic floor has greatly increased over the past two years in Australia. Fitness professionals who understand and prioritise the pelvic floor will not only prescribe pelvic floor exercises as part of a client workout and daily routine, they will also help to educate clients in regards to monitoring their pelvic floor and selecting exercises and programs that are right for them.

They will include pelvic floor muscle strengthening in exercise programs and emphasise the importance of pelvic floor safe exercise.

Be pelvic floor safe: Fitness professionals can identify which exercises are pelvic floor safe and which are stressing the pelvic floor.

This can differ from person to person. For example, abdominal curls and weights might be fine for one person but inappropriate for another.

How they can assist new mums: Women are often in a hurry to get back in shape and lose weight after having a baby, but focusing on the pelvic floor and core first is like attending to good foundations before you rebuild your house. Fitness professionals can help new mums gradually progress with low-impact and low-load exercise, which will protect the pelvic floor and lead to a healthier and fitter mum in the long run. This does not mean forgoing exercise; rather, a fitness professional will help you take it slowly and listen to your body.

Urogynaecologists provide drug or surgical treatment for people with severe incontinence-related issues

Who they are: Urogynaecology is a surgical sub-specialty of urology and gynaecology. Urogynaecologists provide drug or surgical treatment for people with severe incontinence-related issues.

By the time a urogynaecologist has completed their subspecialty training, he or she has spent three or more years following general obstetrics and gynaecology specialist training in managing and being involved in research with respect to pelvic floor dysfunction. The majority of this deals with urinary incontinence and pelvic organ prolapse.

How they can help: A urogynaecologist uses a medical approach in terms of history taking, clinical examination and investigations, and always works as part of a team that includes a continence nurse and continence physiotherapist.

Referral from a medical practitioner is required. The main tertiary and teaching hospitals in each major city will usually have a urogynaecology or pelvic floor unit.

Focus on the pelvic floor first is like attending to good foundations before you rebuild your house

www.continence.org.au
Community pharmacies are a helpful first point of contact and source of ongoing support for continence care. The Pharmacy Guild of Australia’s Kelly Gourlay outlines how your local can help.

Community pharmacies can be a key source of information and advice to assist you in managing continence issues. As Australia’s most visited health service provider, with nearly 400,000 people visiting the nation’s 5200 community pharmacies each day, community pharmacies are in an ideal position to offer support to people with bladder and bowel control problems, and those who are yet to seek diagnosis, advice or any treatment.

The aim is to assist people with continence issues to continue living independently in the community.

Your local community pharmacy can help with:

- Continence products that can be discussed and discreetly demonstrated;
- A range of continence-related products that may be purchased under the Continence Aids Payments Scheme (go to www.bladderbowel.gov.au for eligibility information). If you prefer a particular product, your community pharmacy may be able to order it in for you;
- Advice on skin care issues related to incontinence;
- Referrals to local continence nurse services and physiotherapists; and
- Medicine review programs, which may assist people with medication-induced incontinence.

Of particular importance are the often forgotten groups that community pharmacies can support, including new mothers, people who are post-operative (including men who have had prostate operations) and people suffering from chronic conditions that also impact on continence.

To find a pharmacy near you and be advised of the opening hours, services provided and a map with directions, go to findapharmacy.com.au

Your questions answered

You can chat to your community pharmacist about any aspect of bladder and bowel health. Here, two pharmacists share their experiences helping people manage the effects of incontinence.

> > >

“We had a consumer who had continence issues. He had stopped playing golf. He was very reluctant to talk about the issue as he found it very embarrassing. As a result of the advice and support we were able to provide, he is now playing golf again.”

“We have found a lot of consumers have skin irritations. Our advice is helping people manage these irritations more effectively and feel a lot more comfortable.”
Let’s talk about it

Why don’t we like to talk about incontinence?

Psychologist Lisa Jarman investigates the reasons for our embarrassment.

Often the first recommendation you read in pamphlets or magazines about addressing incontinence is to talk to a health professional. But how comfortable does it feel to discuss this topic?

It might be routine for doctors and other continence professionals to discuss the finer details of wees and poos, elderly to say nothing in this situation rather than speak up because that would involve talking about private bits.

A private matter

Most of us can’t remember the time when we were learning to control our bladder and bowel. This learning occurred during your early developmental period – one of the critical early life stages when you learned to walk and talk and generally gain control of your body.

Socially, we were mostly encouraged by our family to learn to use the toilet as a way of showing we were grown up and thus able to cope on our own. Some of you may remember feeling ridiculed in early school life if you had a brief relapse in control and wet your pants. As a result, you learned that continence is a private matter, rarely to be discussed with others.

So what happens when, as teenagers or adults, we wet our pants? Unless you’re fortunate to have a close friend or family member who you can confide in, most people don’t discuss it. Being asked a question about your continence can provoke anger, evasion or denial.

Instead, we find ways to change our lives so as to manage our continence.

Reducing those sensations of embarrassment or shame?

Essentially, it’s about gaining a better perspective of yourself in your life. Try writing down the answers to these questions.

1. How would you describe yourself as a person? For example, funny, loving, handsome, capable, organised, a good cook.
2. What do you do well? What are you proud of? What do you value?
3. In the grand scheme of who you are as a person and all the things you do every day, what proportion of your life does the issue of your continence realistically take up? Do you plan your day around it? And if so, does it deserve this amount of time and energy? Write down the actual minutes each day you spend managing your continence compared with how much time you spend worrying about it and working around it.
4. If you see yourself as a regular, reasonable person, does it seem rational to you to get so worried about telling someone you have an issue?

These questions are intended to provide you with perspective on your continence issues. When you take a big picture view in the face of who you are as a person, is there any real need to be embarrassed?

When you feel ready to speak about your continence, identify someone you feel you can talk to in confidence; someone who will take what you say seriously, and can assist in seeking help. This is a very important part of building your confidence and it may be a friend, partner or health professional who is best placed to help you in the first instance.
IN THE COUNTRY

Rural communities face longer waiting lists and travel times, but help is available to those in need. We chat to three health professionals about accessing continence care services in regional areas.

What services are available in rural areas?

LOUISE LINKE: The continence care services that are available to rural people can vary between the different areas. Local health districts employ continence nurse advisors and doctors, such as general practitioners, urologists and rehabilitation physicians. Physiotherapists can also see people with incontinence to help them with pelvic floor training.

RACHEL HOLLINGWORTH: The availability of services depends on how isolated the area is. For example, in a regional area such as Townsville, the general hospital has one full-time continence physiotherapist and a handful of continence nurses to deliver care to the Townsville region. Other hospitals within the region may also have some part-time professionals delivering continence services.

How do rural services compare to those in cities?

ANGELINA LEE: There’s no doubt rural services are more difficult to access, are very sporadic and often have a long waiting lists. Plus, in some small communities, people do not want to see a clinician that they see every day when they pick up the children from school, particularly for such personal problems.

LOUISE: Rural health workers have a good understanding about the resources and services available to their clients. They also have good working relationships with other continence care services because there are so few of them. Rural clients don’t always have access to specialist services such as urodynamic testing, which is more accessible to city clients.

RACHEL: We have fewer staff to deliver quality continence care to large regions. This creates longer waiting lists for our services than a lot of metropolitan areas. I would like to think, however, that the calibre of our services is similar to that provided in city centres.

How far do people need to travel to access continence care?

LOUISE: People living in rural areas often have to travel to the larger regional centres to access specialist services. The distances can vary but it would not be unusual for people to travel more than 300km to and from these centres.

RACHEL: Due to the sparsity of continence professionals, a lot of people living outside regional centres have to travel for a few hours to access services.

What are the major barriers to accessing continence care?

RACHEL: The stigma of incontinence still prevails in rural areas and I believe the only way we can address these issues is to have professionals already working in the community encourage patients to feel comfortable talking about incontinence. Once the issue becomes more normalised and people are more open discussing it, they will seek out services.

LOUISE: Living in small communities can make some people nervous about seeking advice about incontinence from their local health workers as they may know them socially or through other community activities. There is also a lack of specific continence care services and health professionals in rural areas, plus the distance and cost of travelling to specialist services can also prevent people from attending their appointments.

What’s your advice to people seeking continence care services in rural areas?

RACHEL: Discuss your concerns with your local health practitioner as they should be able to connect you with hospital-led services, community...
services or private services. If you do not get the information you want, keep looking.

LOUISE: If people are experiencing bladder or bowel control problems, they need to seek advice from their health care worker. While incontinence is more common as people age, it is not normal to be incontinent and people need to seek advice rather than just put up with it – regardless of where you live.

ANGELINA: Contact the National Continence Helpline (freecall™) 1800 33 00 66 for advice and to find out where services are located in your area.

Louise Linke
Continence nurse practitioner, Bathurst Community Health Care, New South Wales

Rachel Hollingworth
Continence and women’s health physiotherapist, Townsville Hospital, Queensland

Angelina Lee
Continence and women’s health physiotherapist, PhysioForward Queenstown, Tasmania

Living in small communities can make some people nervous about seeking advice about incontinence from their local health workers as they may know them socially or through other community activities.
Many women struggle with bladder and bowel control issues, and pregnancy can exacerbate the problem. Priya Davidson shares her experiences pre and post-birth and reveals how pelvic floor exercises have helped improve her quality of life.

IN THE BEGINNING

As a child, I suffered from severe constipation, which continued even after I changed my diet and exercise regime. During my teenage years, I started experiencing urinary leakage while sneezing or coughing and accepted it as normal.

The constipation continued, with regular episodes of anal fissures with blood and pain. To avoid both problems, I started taking laxatives that I bought from the local supermarket. At the age of 28, I discussed these health issues with my GP. I was referred to a gastroenterologist, who performed a food transit study and colonoscopy. I hoped that finding the cause would lead to a cure.

The gastroenterologist diagnosed lazy bowel function, for which the only cure is a healthy diet and active lifestyle – but I was already doing that. Despite being on the right track with this approach, my condition was not improving so I continued to take the laxatives. I also wanted to consult a continence nurse specialist about the urinary leakage but felt too embarrassed and just hoped my problems would go away.

THE FAMILY WAY

I fell pregnant a year later and learned a lot about bladder and bowel health during the initial stages of my pregnancy. I discovered that I needed to be extra cautious given my history with constipation. My red blood cell count was very low and I needed to take iron tablets, which again made the constipation worse. My gynaecologist advised me to take lactulose syrup. She said that lactulose is based on a type of sugar and behaves like a laxative – and it’s not considered harmful during pregnancy.

It wasn’t until five months into my pregnancy that I got the chance to see a continence physiotherapist as part of my childbirth education. I also built up the courage to see a continence nurse advisor and discussed my history. The continence nurse advisor asked me questions to assess my situation: Did I wet the bed when I was a child? How long had I suffered from constipation? How much fluid did I usually drink? How physically active was I?

After the consultation, I was horrified to discover that I could prevent my problem was not easy. After a long labour, I had an episiotomy and still ended up with a third-degree tear. It was more than a year before I didn’t feel any pain or discomfort around the scar tissue. During this time, I was also trying to come to terms with becoming a new mum.

After the birth, I had a vaginal examination by a continence physiotherapist, who identified tight pelvic floor muscle syndrome with weak muscle strength. She explained that my pelvic floor muscles were strong, but had very little endurance. So the exercises recommended to me were specific to my condition and different to the exercises I was doing previously.

By that stage I had comparatively better knowledge of pelvic floor exercises but felt strongly that consulting with a specialist was very important. The results were almost immediate – I noticed a difference one week after starting the exercises. This also helped relieve the constipation.

MOVING FORWARD

Two years after the birth, I still experience lack of control of my pelvic floor muscles, especially after having intercourse. However, regular pelvic floor exercises seem to help and provide me with better control.

I used to find that the exercises were very easy but remembering to do them was a challenge. Now, I include them in my daily routine – when brushing my teeth, while cooking dinner, at my desk at work, at a red light while driving or even while travelling on public transport. Without anyone noticing, I can exercise my pelvic floor muscles.

I’m not ashamed of my situation anymore and I’ve gained confidence to talk openly about it. While I’m not totally cured, I now feel more in control, and it’s reassuring to know that there are specialists out there who can help me and others like me.

I’m especially grateful for the support of my husband, who is so caring and understanding. He supported me during the tough times and still encourages me today.
Q. Why do people get so embarrassed about bladder and bowel control problems and what’s the best way to overcome the awkwardness?

A. Incontinence is socially difficult to accept. Anything to do with bladder or bowel health can be a sensitive, confronting or taboo issue. Continence is what we all strive for, but sometimes our bodies do not co-operate. In young children, learning to use the toilet is one of the most important skills to master, and the pressure to be socially continent lasts a lifetime.

The Federal Government funds the National Continence Helpline as a first point of call for your questions about bladder and bowel control problems. The continence nurse advisors who man the phones can access an Australia-wide service directory to direct you to your nearest continence service. Once you have made that first huge step by accepting there is a problem and seeking a solution, the people we refer you to will provide support and a service that will help your continence problem.

Q. When will my four-year-old son learn to do a poo on the toilet? I’ve tried a potty and sitting on the toilet, but he still insists on a nappy.

A. Toilet training seems to be starting later in life than when our parents taught us. This is probably due to a number of factors, including the increased use of disposable nappies, busier lifestyles, smaller family sizes and more kids attending day care. Plus, because many children at this age are constipated to some degree, toilet training can be difficult. Constipation affects up to 30 per cent of children, and it can also impact on day and night wetting. Almost 20 per cent of Australian primary school children have wet their pants at school and about 7 per cent have regular incontinence.

Fortunately, your son should grow out of his problem with the right advice and support. Importantly, remember that it’s better to poo in a nappy than not to poo at all. So it is ok to use a nappy, but explain to your child that as poo goes in the toilet, every nappy change happens in the bathroom – not the bedroom or lounge room.

Once your son understands this, suggest sitting on the toilet with the nappy on, remembering to support his feet. Eventually, you can cut a hole in the nappy or your son may realise that it’s easier without the nappy.

Ultimately, the aim is to prevent constipation and ensure soft, regular bowel motions. To help your son, one of the best things you can do is promote good bladder and bowel habits. Encourage your son to drink plenty of fluids, especially water, and eat a healthy diet with sufficient fibre.

If for some reason your son doesn’t improve, talk to your GP and seek help from a health professional who specialises in children’s continence. Continence nurse advisors manning the National Continence Helpline can also put you in touch with services in your local area.
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