Incontinence, anxiety and depression

Anxiety and depression are common in people with incontinence. The good news is that there are effective treatments both for incontinence and for anxiety and depression. With careful management, the symptoms of anxiety and depression can be treated along with those of incontinence so they do not interfere with life.

This fact sheet has been developed for people with, or at risk of developing, incontinence and anxiety or depression. It explains why incontinence can increase a person’s risk of developing anxiety and/or depression and provides information about treatment and management strategies.

What is incontinence?

Incontinence is defined as the accidental or involuntary loss of urine or faeces, and can range in severity from a small leak to total loss of bladder or bowel control.

While incontinence isn’t life threatening, it can have a huge impact on a person’s physical and mental health. In some cases, this can lead to additional issues such as low self-esteem, social isolation, anxiety and depression.

The emotional impact of incontinence

Incontinence can trigger a range of emotions, which can vary from person to person.

Some common emotions include:

- embarrassment and denial at having little control over what is considered a basic bodily function
- anger and frustration about why this has happened to you or someone close to you
- grief about the changes that incontinence has caused to your life and what you think you, or someone close to you, can no longer do
- anxiety about not being able to go out in public in case of unexpected accidents
- fear about being out of control and concern about whether the condition will worsen.

Many people experience negative emotions associated with being incontinent. For most, these feelings can be worked through over time. However, some people cope differently and may go on to experience anxiety and/or depression.

What is anxiety?

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually pass once the stressful situation has passed, or the ‘stressor’ is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily.

Anxiety can be a serious condition that makes it hard for a person to cope with daily life. There are many types of anxiety and many people with anxiety experience symptoms of more than one type.

Living with incontinence is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety.

Anxiety is common and the sooner a person gets help, the sooner they can recover.

Signs of anxiety

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxious feelings, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person’s life. There are many types of anxiety, and there are a range of symptoms for each.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.
There are effective treatments available for anxiety. For more information on anxiety and treatments see the beyondblue Understanding anxiety fact sheet or visit www.beyondblue.org.au/anxiety

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it’s a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is, just like a physical condition, depression is treatable and effective treatments are available.

Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time for more than two weeks and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the list below.

It’s important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

• not going out anymore, loss of interest in enjoyable activities
• withdrawing from close family and friends
• being unable to concentrate and not getting things done at work or school
• feeling overwhelmed, indecisive and lacking in confidence
• increased alcohol and drug use
• loss or change of appetite and significant weight loss or gain
• trouble getting to sleep, staying asleep and being tired during the day
• feeling worthless, helpless and guilty
• increased irritability, frustration and moodiness
• feeling unhappy, sad or miserable most of the time
• thoughts such as, “I’m a failure”, “Life’s not worth living”, “People would be better off without me”.

As with anxiety, there are effective treatments available for depression. For more information on depression and treatments see beyondblue’s Anxiety and depression: An information booklet or visit www.beyondblue.org.au/depression

What are the links between anxiety, depression and incontinence?

Research indicates there is a link between anxiety, depression and incontinence. Incontinence is a common condition that affects more than 4.8 million Australians1, and almost 3 million Australians are living with depression or anxiety.2 One in five women and one in eight men will experience depression at some time in their life.2 On average, one in four people will experience anxiety.2

Depression is even more common among people living with incontinence.3 This is further compounded by the fact that incontinence is often linked to chronic conditions such as diabetes, arthritis or stroke – which also increase a person’s chance of developing anxiety and/or depression.

Some people find it difficult to determine if their negative feelings relate to their incontinence or to their depression. Incontinence, anxiety and depression, if untreated, can impact greatly on a person’s ability to keep active and enjoy life.

There are several reasons why people who are incontinent are more likely to have depression than those who are not.

Social factors

Having incontinence can mean people restrict their everyday activities because they’re afraid to leave their home in case of leakage. This can result in a loss of relationships, independence, work and income, mobility and flexibility. These losses are risk factors for experiencing anxiety and depression and can also make recovery difficult.

Vulnerable life stages

Incontinence often occurs during life stages or events in which people are already at greater risk of depression. For example, there are higher rates of both depression and incontinence in:

• some groups of older people
• men with prostate cancer
• women who are pregnant
• women who have recently had a child
• women who are experiencing menopause.

Psychological factors

Incontinence can lead to a sense of powerlessness, lack of control and lowered self-esteem, which can put a person at greater risk of anxiety and depression.

What are the treatments for anxiety and depression?

There is no one proven way that people recover from anxiety or depression and it’s different for everybody. However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety, depression and incontinence can do to help themselves to recover and stay well. The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety or depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety and depression, through to psychological and...
medical treatment for more severe episodes. The treatment for anxiety and depression in someone with incontinence involves a coordinated approach that monitors and treats the symptoms of anxiety, depression and incontinence.

Finding the right treatment may also require some trial and error, as the effectiveness of a treatment can vary from one person to the next. It’s important to discuss treatment options with a doctor or qualified health professional, so that the treatment is tailored to a person’s needs and is closely monitored.

**Psychological treatments**

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

- **Cognitive behaviour therapy (CBT)** is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their thought patterns and the way they react to certain situations.

- **Interpersonal therapy (IPT)** is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

**Medication**

Antidepressant medication, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions.

Making a decision about which medication is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, with a doctor’s recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

**Who can assist?**

A **General Practitioner (GP)** is a good first step to discuss your concerns. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments
- if appropriate, work with the person to draw up a Mental Health Treatment Plan so they can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

Make sure that the doctor managing your incontinence knows if you have anxiety or depression. It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

**Psychologists** are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT).

Psychologists are not doctors and cannot prescribe medication in Australia.

**Psychiatrists** are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person’s treatment.

**Mental health nurses** are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person’s mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

**Social workers in mental health** are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

**Occupational therapists in mental health** help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.

**Aboriginal and Torres Strait Islander mental health workers** understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they may also get part or all of the consultation fee subsidised when they seek a mental health professional for treatment of anxiety or depression. See beyondblue's Getting help – How much does it cost? fact sheet at www.beyondblue.org.au/resources.
To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the beyondblue Support Service on 1300 22 4636.

National Continence Helpline (1800 33 00 66) staff are continence nurse advisors who can provide advice, referrals to local services and resources. This free service is confidential and a helpful tool for people too embarrassed to discuss their symptoms with their doctor or other health professionals. The helpline is staffed 8am–8pm (AEST) Monday to Friday, and managed by the Continence Foundation of Australia on behalf of the Australian Government. Anxiety, depression and incontinence are common conditions and people shouldn’t feel ashamed to seek support.

Helpful strategies and tips

- Learn about anxiety, depression and incontinence and how these conditions interact.
- Develop a mental health plan with your doctor.
- Visit your doctor regularly to review your incontinence and mental health management.
- Use your incontinence medicine as prescribed. Talk to your doctor about possible barriers to taking medicine, such as cost, organisation or planning, as well as what to do if your incontinence worsens.
- Get help, support and encouragement from family and friends and have them help you to follow your incontinence and mental health plans.

- Learn relaxation techniques.
- Get involved in social activities.
- Stay active and exercise under the supervision of your doctor or health care professional.
- Eat healthily and include a wide variety of nutritious foods.
- Limit your substance use (including alcohol, tobacco and caffeine).

How family and friends can help

- When a person has incontinence and anxiety or depression, it can affect family and friends. It’s important for family and friends to look after their own health as well as looking after the person who has incontinence.
- Learn about incontinence, anxiety and depression and their symptoms to help you recognise warning signs.
- Encourage the person to go to the doctor if their incontinence, anxiety or depression gets worse. Make sure you seek help if you think you need it, too.
- Support the person by helping them to follow their incontinence and mental health plans. Gently remind the person to take their incontinence, anxiety and depression medication regularly and to attend all their medical appointments.
- Encourage the person with incontinence to do things that they would normally enjoy.
- Look after your own health by eating well, exercising regularly, getting enough sleep and doing things that you enjoy, too.

References


Where to find more information

beyondblue
www.beyondblue.org.au
Learn more about anxiety and depression, or talk it through with our support service.
1300 22 4636
Email or chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect
www.mindhealthconnect.org.au
Access to trusted, relevant mental health care services, online programs and resources.

Continence Foundation of Australia
1800 33 00 66 (Monday – Friday, 8am to 8pm AEST)
www.continence.org.au
Free, confidential information and advice about incontinence and local services.

Donate online www.beyondblue.org.au/donations