
Incontinence: A Woman's Little Secret

If you think urinary incontinence only affects older women, think again. Bladder control issues affect younger, active women, too -- are you one of them?

Often, it starts after the baby's born: You head to aerobics class, ready to shed those extra pounds, and in the middle of the workout...*an accident.*

This embarrassing little problem is urinary incontinence, and lots of women -- regardless of age -- are secretly dealing with it. More than 13 million Americans have incontinence, and women are twice as likely to have it as men, according the Agency for Healthcare Research and Quality.

"It's embarrassing, and it can really affect your quality of life - your emotional state, body image, sexuality," says Linda Brubaker, MD, MS, professor of female pelvic medicine at Loyal University Chicago Stritch School of Medicine.

Yet many put up with incontinence needlessly, Brubaker tells WebMD. "People don't realize it's a medical condition, and that there's help. Many women think it's normal, part of having children or going into menopause."

Though incontinence is "more common than you might think," it's not normal says Brubaker, who sees teens, and women in their 20s, 30s, or older with this issue. "You don't have to put up with it. There are often simple solutions that work."

4 Types of Urinary Incontinence

When you can't control the release of your urine, you have urinary incontinence. For some the problem can be as minor as the rare dribble, for others as problematic as wetting your clothes. There are four kinds of these plumbing problems, according to the Mayo Clinic:

- **Stress incontinence** is that little leak that happens when you cough, laugh, sneeze -- any motion that stresses the bladder.

Stress incontinence can result from pregnancy and childbirth, when pelvic muscles and tissues can get stretched and damaged. It can also occur from high-impact sports, as a result of aging, or from being overweight.

- **Urge incontinence** aka "overactive bladder," is a bit different - it's the urgent need to go, followed by an involuntary loss of urine -- with anything from a few seconds to a minute's warning.

Conditions such as multiple sclerosis, Parkinson's disease, or a urinary tract infection can cause urge incontinence.

- **Mixed incontinence** means you have more than one type of incontinence, with stress and urge incontinence being the typical mix.

"I think most women have both types," adds Brubaker. "I don't believe there's as much distinction between the two types as we might think."

- **Overflow incontinence.** If you can't empty your bladder every time you go to the bathroom and experience a frequent or constant dribbling of urine, you have overflow incontinence.

Certain medications can cause this problem, and people with nerve damage from diabetes or men with prostate issues can also experience this type of incontinence.

Incontinence a Big Problem for Young Women

Among teens and young women, incontinence problems are typically related to sports injuries, says Pamela Moalli, MD, a professor of urogynecology at the University of Pittsburgh Magee-Womens Research Institute. "About 20% of college athletes report leakage of urine during sports activities," she tells WebMD.

"Women in high-impact sports are at highest risk -- parachuters, gymnasts, runners," says Moalli. "In these sports, you're hitting the ground hard, which can damage pelvic muscles and connective tissue that support the bladder."

Many young women have pre-existing biological reasons putting them at higher risk, says Niall Galloway, MD, FRCS, professor of urology and director of the Emory Continence Center at Emory University School of Medicine in Atlanta.

"It runs in families," he tells WebMD. "Just as bad eyesight runs in families, so can weak pelvic muscles. It's not that they've been overdoing it with exercise. It's just that they've reached the tolerance of their own tissues."

For these girls and women, simply wearing a tampon or pessary -- a device similar to a diaphragm -- during exercise is a good solution, says Galloway. "They just need a little something to support those pelvic tissues, something to put pressure on the urethra."

Coping With Incontinence: Lifestyle Changes

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But for most women, a little absorbent pad is their first weapon, a lifestyle change their second.

For many women the change may be as simple as drinking less water.

"You can't drink two big bottles of water at one time, because it comes through your system as one big [wave] of fluid," says Brubaker. "If you have a little at a time, it's much easier for the bladder."

"Also, caffeine is a diuretic, so Cokes, coffee, any drink with caffeine make you leak more," Brubaker explains. "You need to cut back."

Perhaps you just need to urinate more frequently - especially before getting onto the tennis court, for example.

You may also simply learn to brace yourself when you laugh or cough, tightening your pelvic muscles to prevent leaks.

"Women are smart..." says Brubaker. "They try a bunch of things on their own before they get the gumption to talk to someone about it."

Incontinence Treatments

When basic changes aren't enough, several treatments are available. "Start with the most conservative, least-expensive treatment," Galloway tells WebMD. Options include:

Muscle training: For stress incontinence, learning muscle control can help manage leakage. That means regularly practicing pelvic muscle (Kegel) exercises, says Brubaker.

"You learn to feel the muscle that controls the bladder, and build strength in that muscle," says Brubaker. "If you're going to play tennis, and it's your backhand that makes you leak, you learn to tighten those muscles at that instant."

There's also a traditional Chinese therapy involving vaginal weights, which Galloway says are very effective.

"They are a means to strengthen muscles in the pelvis that control urination. The patient puts the egg in her vagina, and works to hold it there without dropping it," he says. "As her pelvic muscles strengthen, she uses a heavier weight to increase that strength."

Bladder training: By lengthening the time between trips to the bathroom, bladder training can help women with urge incontinence.

You start by urinating frequently -- every 30 minutes or so -- and increasing the time gradually until you're going every three to four hours.

Relaxation exercises -- breathing slowly and deeply when the urge strikes -- may also help. Once the urge passes, wait five minutes and go to the bathroom even if you don't feel like you need to anymore. Slowly increase the amount of waiting time.

Electrical stimulation: This can be used to strengthen muscles with stress incontinence or calm overactive muscles with urge incontinence.

A small probe inserted in the vagina gives quick doses of electrical stimulation to the vaginal wall, Brubaker explains. "It has the same effect as Kegel exercises... and it works as well as medication but without side effects."

Biofeedback: This involves becoming attuned to your body's functioning, to gain control over muscles to suppress urges.

[Biofeedback](#) typically involves wearing sensors to track certain bodily functions such as muscle tension, then learning how to control those functions. It can be very effective in controlling bladder muscles, says Brubaker.

Hormone Creams: Estrogen creams are intended to restore the tissue of the vagina and urethra to their normal thickness, says Galloway - but they don't really help incontinence.

"Hormone creams are more effective with vaginal dryness than they are with resolving incontinence," he tells WebMD. "Some [studies] demonstrate significant improvements using hormone creams and others have not shown a benefit."

Bladder Training With Scheduled Toilet Trips: With this technique the clock dictates your toilet visits, not your bladder. Using this method you take routine, planned bathroom trips, usually every two to four hours.

Implants: When collagen or other materials are injected into tissues around the urethra, it provides pressure that helps prevent leakage.

"These injectables have significantly lower side effects and complications compared to medications," Brubaker explains. "The injection needs to be repeated every 12 to 18 months. Some insurance covers injectables, depending on the material used."

Amping Up Your Treatment: Medications and Surgery

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When more conservative measures have failed, medications - then surgery - are the alternatives, says Galloway.

Medications: No drug helps with stress incontinence, but a class called anticholinergics does help with urge incontinence.

These drugs include Detrol, Ditropan, and Sanctura -- all with similar effectiveness and similar side effects, like dry mouth and constipation, says Galloway.

Newer drugs like Enablex and Vesicare are more effective in controlling the bladder, but don't cause constipation, he adds.

A transdermal patch called Oxytrol has also been effective, says Galloway, who adds that skin irritation at the patch site does occur in some patients.

Surgery: There are 300 surgical options to treat incontinence, says Brubaker.

"The hard part is picking the surgery that has the best chance of working well for that woman long-term," he says. "Surgery can create problems. It can cause difficulty in urinating, worsen an urge incontinence problem, or it can do nothing to solve the problem."

A large NIH study is examining the use of a [sling](#) -- a medical device that is surgically inserted into the vagina and positioned underneath the urethra, says Brubaker.

"It helps the urethral sphincter remain closed when abdominal pressure tries to open it. At least, we think that's how it works," he says. "We have only five-year outcomes on one group of these devices. But they look promising."

"Before having any surgery, ask your doctor for names of other patients who have had the procedure in question," says Galloway.

"Talk to them, find out how it worked. You'll be in a much better position to decide what to do."

SOURCES: Linda Brubaker, MD, MS, professor of female pelvic medicine, Loyola University Chicago Stritch School of Medicine. Pamela Moalli, MD, a professor of urogynecology, University of Pittsburgh Magee-Womens Research Institute. Niall Galloway, MD, FRCS, professor of urology; and director, Emory Continence Center, Emory University School of Medicine, Atlanta. National Association for Continence. National Kidney and Urologic Diseases. The National Women's Health Information Center. American Academy of Family Physicians. Information Clearinghouse: "Urinary Incontinence in Women." National Kidney and Urologic Diseases Information Clearinghouse: "Bladder Control for Women." WebMD Medical News: "[Outpatient Procedure Eases Stress Incontinence.](#)" The Mayo Clinic: "Urinary incontinence: Signs and Symptoms." The Mayo Clinic: "Urinary incontinence: Treatment."