

Institute for Women's Health Research
Putting Women's Health First

April 2010

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- [When cheaper and easier isn't better](#)
"By not studying sex differences, researchers could be missing out..."
- [We've Come a Long Way, Baby.....NOT!](#) Yesterday, I started writing a blog explaining why sex and gender...
- [Vaginal Births after Cesarean Deemed Reasonable](#) This blog is a follow-up to our March 3 blog where we...

We are pleased to send you the April edition of the Institute for Women's Health Research Monthly e-newsletter.

The Institute experienced its own version of 'March Madness' last month when our [Registry](#) marked its third anniversary by reaching the goal of 4,000 women participants! The March edition of the journal *Future Medicine: Women's Health* featured a Special Report titled "The Illinois Women's Health Registry: Advancing Women's Health Research and Education in Illinois" written by registry staff, Sarah Bristol-Gould and Michelle Desjardins in collaboration with Institute director Teresa Woodruff.

Make sure you visit our redesigned [website](#) and our interactive [blog](#).

Sincerely,

The Institute Staff



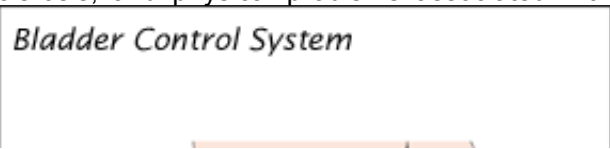
INSTITUTE FOR
WOMEN'S HEALTH
 RESEARCH™
 AT NORTHWESTERN UNIVERSITY

Urinary Incontinence

Urinary incontinence (UI) is the accidental leakage of urine. At different ages, males and females have different risks for developing UI. In childhood, girls usually develop bladder control at an earlier age than boys, and bedwetting - or nocturnal enuresis - is less common in girls than in boys. However, adult women are twice as likely than adult men to experience UI because of anatomical differences in the pelvic region and the changes induced by pregnancy, childbirth, and menopause.

Millions of women experience urinary incontinence (UI). Some women may lose a few drops of urine while running or coughing. Others may feel a strong, sudden urge to urinate just before losing a large amount of urine. Many women experience both symptoms. UI can be slightly bothersome or totally debilitating. For some women, the risk of public embarrassment keeps them from enjoying many activities with their family and friends. But both women and men can become incontinent from neurologic injury, birth defects, stroke, multiple sclerosis, and physical problems associated with aging.

Older women experience UI more often than younger women. But incontinence is not inevitable with age. UI is a medical problem, but most women

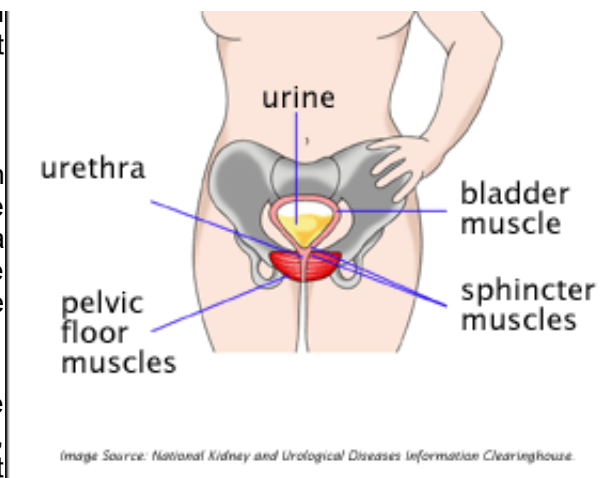


with age. UI is a medical problem but most women live with UI for 6.5 years without getting help. Most UI can be improved and sometimes cured.

What causes UI?

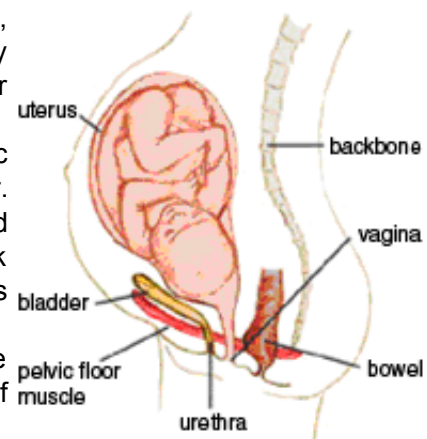
Incontinence occurs because of problems with muscles and nerves that help to hold or release urine. The body stores urine in the bladder, a balloon-like organ. The bladder connects to the urethra, the tube through which urine leaves the body.

Muscles in the wall of the bladder contract to force urine out through the urethra. At the same time, sphincter muscles around the urethra relax to let the urine pass out of the body. Incontinence happens if the bladder muscles suddenly contract or the sphincter muscles are not strong enough to hold back urine.



Causes specific to women include:

- **Pregnancy** - Unborn babies push down on the bladder, urethra, and pelvic floor muscles. This pressure may weaken the pelvic floor support and lead to leaks or problems passing urine.
- **Childbirth** - Labor and vaginal birth can weaken pelvic floor support and damage nerves that control the bladder. Most problems with bladder control during pregnancy and childbirth go away after the muscles have time to heal. Talk to your doctor if you still have bladder problems 6 weeks after childbirth.
- **Menopause** - After menopause, the body stops making the female hormone estrogen. Some experts think this loss of estrogen weakens the urethral tissue.



Causes specific to men are generally related to the male prostate gland. Please visit the [National Kidney and Urologic Diseases Information Clearinghouse](#) for more information.

Other causes of UI that can affect women and men are:

- **Chronic Constipation**
- **Medications** - UI may be a side effect of medicines such as diuretics ("water pills" used to treat heart failure, liver cirrhosis, hypertension, and certain kidney diseases). Hormone replacement has been shown to cause worsening UI.
- **Caffeine and Alcohol**
- **Infection** - Infections of the urinary tract and bladder may cause incontinence for a short time. Bladder control returns when the illness goes away.
- **Nerve damage** - Damaged nerves may send signals to the bladder at the wrong time, or not at all. Trauma or diseases such as diabetes and multiple sclerosis can cause nerve damage. Nerves may also become damaged during childbirth.
- **Excess weight** - Being overweight is also known to put pressure on the bladder and make incontinence worse.

What are the types of Urinary Incontinence?

- **Stress incontinence** - Leakage happens with coughing, sneezing, exercising, laughing, lifting heavy things, and other movements that put pressure on the bladder. This is the most common type of incontinence in women. It is often caused by physical changes from pregnancy, childbirth, and menopause. It can be treated and sometimes cured.
- **Urge incontinence** - This is sometimes called "overactive bladder." Leakage usually happens after a strong, sudden urge to urinate. This may occur when you don't expect it, such as during sleep, after drinking water, or when you hear or touch running water.

- **Functional incontinence** - People with this type of incontinence may have problems thinking, moving, or speaking that keep them from reaching a toilet. For example, a person with Alzheimer's disease may not plan a trip to the bathroom in time to urinate. A person in a wheelchair may be unable to get to a toilet in time.
- **Overflow incontinence** - Urine leakage happens because the bladder doesn't empty completely. Overflow incontinence is less common in women.
- **Mixed incontinence** - This incorporates 2 or more types of incontinence together (usually stress and urge incontinence).
- **Transient incontinence** - Urine leakage happens for a short time due to temporary conditions (such as a bladder infection or pregnancy).

How do I find out if I have UI?

Schedule a visit with your doctor to discuss your concerns. Your doctor will ask you about your symptoms, take a medical history, and do a physical exam to look for signs of health problems that can cause incontinence and do a test to figure out how well your bladder works and how much it can hold. Your doctor also may order other tests such as:

- **Bladder stress test** - During this test, you will cough or bear down as the doctor watches for loss of urine.
- **Urinalysis** - A urinalysis tests your urine for signs of infection or other causes of incontinence.
- **Ultrasound** - Sound waves are used to take a picture of the kidneys, bladder, and urethra.
- **Cystoscopy** - A doctor places a thin tube connected to a tiny camera in the urethra to look at the inside of the urethra and bladder.
- **Urodynamics** - A doctor places a thin tube into your bladder and your bladder is filled with water. The doctor then measures the pressure in the bladder.

How is Urinary Incontinence Treated?

There are many ways to treat UI including:

- Behavioral treatments
- Medications for bladder control
- Devices
- Nerve stimulation
- Biofeedback
- Surgery
- Catheterization

For more information about these treatments, visit womenshealth.gov.

Source: Office on Women's Health in the Department of Health and Human Services.

Images Source: National Kidney and Urologic Diseases Information Clearinghouse

Treatment Resources:

Integrated Pelvic Health Program at Northwestern Medical Faculty Foundation (312-926-4747).

[Urinary Incontinence Treatment Network](#) (UITN) Clinical research studies

The [Women's Health Rehabilitation Program](#) at the Rehabilitation Institute of Chicago

Upcoming Events

April 14, 2010 - Noon - 4:00 PM - University of Illinois at Chicago, Chicago, IL

[BIRCWH Women's Health Research Day](#)

April 20, 2010 Noon-1 pm

IWHR Monthly Research Educational Forum

[Enhancing Surgical Efficacy in Women with Pelvic Floor Disorders](#)

Feinberg Pavilion, 251 E Huron St, 3rd Floor, Conference Room A

MARK YOU CALENDARS - MAY 12, 2010

[Stand up for Women's Health Fundraiser](#)- an evening filled with laughter, good cheer, and Chicago's

funniest comedienne! Chicago Center for the Performing Arts, 777 N Green St, Chicago; 6:00 PM.
Reserve early, this will sell out quickly!

Health Tip:

Urological problems can affect how you feel about yourself and your desire to have sex. It can also impact your sex drive and physical comfort level. Talk to your doctor about these concerns. There are ways to help make sex more comfortable.

Please join the [Illinois Women's Health Registry](#). To date, more than 4,200 female Illinois residents are participating, and 1,028 have been contacted for possible study participation.

Why should you join?

To gain **access** to groundbreaking research studies and clinical trials.

To help improve **prevention** and **treatment** of certain diseases and health conditions.

To **improve** women's healthcare by making you more aware of your own health issues.

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