



Overview of Urinary Continence & the Older Adult

Education for Health Care Professionals

Part 1: Incidence and Impact of Urinary Incontinence



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Normal Bladder Function and Voiding

- Under normal conditions, there is coordinated activity between the urinary tract and the brain.
- The bladder stores urine because the smooth muscle (detrusor muscle) relaxes and the bladder neck and urethral sphincter mechanism are closed.
- During urination, the bladder neck opens, the sphincter relaxes and the bladder muscle contracts.
- If the muscles do not work properly, such as inadequate closure of the bladder neck or the bladder muscle is overactive and contracts involuntarily, there can be urine leakage.

(CCF, 2017)



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Types of Urinary Incontinence >>

Stress Incontinence

- Stress incontinence refers to the leakage of urine when coughing, sneezing, laughing, lifting, jogging, or doing anything that causes the leakage.

Urge Incontinence

- Urge incontinence is caused by sudden involuntary contraction of the bladder muscle and is associated with a strong desire to urinate and the inability to delay voiding long enough to get to a toilet. There is usually a small amount of urine loss at one time.

(CCF, 2014)

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Types of Urinary Incontinence

Overflow Incontinence

- Overflow incontinence is the frequent leakage of urine without the urge to void or the inability to urinate normal volumes. It is urine that exceeds the bladder's capacity that leaks out leaving the bladder full.

Total Incontinence

- Total incontinence is the complete absence of control, either continuous leakage or periodic uncontrolled emptying of the bladder's contents.

Overactive Bladder:

- Is the medical term denoting a group of symptoms that is a combination of stress and urgency incontinence resulting from involuntary bladder spasm that includes frequency of urination especially at night, urgency at times with involuntary leakage.

Functional:

- Affects those who are immobile and not originally incontinent who fail to get to the toilet on time and are placed in absorbent products and therefore are considered incontinent

(CCF, 2014)

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UI Frequency

Incontinence Rates in Men

- Urinary incontinence occurs in 11 to 34 percent of older men. 2-11 % of older men report daily UI.
- Although more women than men develop UI, the chances of a man developing UI increase with age because he is more likely to develop prostate problems as he ages.

Incontinence Rates in Women

- Research shows that 25 to 45 percent of women have some degree of UI.
 - 9-39 percent of women older than 60 report daily UI.
 - Women experience UI twice as often as men.
- Pregnancy, childbirth, menopause, and the structure of the female urinary tract account for this difference

(NIDDK N.D.)



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UI Prevalence in Canada

Urinary Incontinence: Prevalence by Age & Gender, 65 or older, 2014 estimate

Age Cohort	Population with UI	%	Females	%	Males	%
65-74	208,000	8.2	130,000	9.8	78,000	6.4
75-84	222,000	14.4	143,000	16.6	79,000	11.6
85 and older	108,000	21.0	76,000	22.3	34,000	18.7
total	538,000	11.7	348,000	13.8	190,000	9.2

This data is derived from combining the 2005 and 2008/2009 study results and applying it to Canada's population in 2014. Although statistically this is not totally reliable, with only a 3 year gap in data collection this probably creates the best picture available for the current prevalence of UI in Canada.

(CCF, 2014)



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Burden of Incontinence



Incontinence impacts quality of life:

- **Physically:** increases risks of falls, fractures, skin breakdown, and perhaps infection
- **Emotionally:** depression, embarrassment, loss of intimacy, caregiver burden and stress
- **Financially:** Average personal cost is \$1000 to \$1500 / year
- **Health care system:** the estimated direct and indirect costs associated with UI in 2014 in Canada would be \$5.13 billion in total, or \$6,263 per incontinent individual per annum.

(CCF, 2014)

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