



Ending | the embarrassment

Despite the stigma, incontinence is something that affects a huge number of Australians. Luckily, there's a lot you can do to fix it, experts say.

Words **RACHEL SMITH**

W

ETTING YOURSELF IN FRONT of thousands of people might sound like your worst nightmare, yet unbelievably, it's something that used to happen to former athlete Dr Jana Pittman every time she ran a race.

"My first experience with incontinence happened when I was young and had just had a baby," the two-times 400m hurdles world champion turned hospital doctor explains. "I'd just hide it and pretend it wasn't happening. Or, before the race I'd pour a bottle of water over myself pretending I was hot but knowing it would cover up the incontinence at the end of the race."

Dr Pittman didn't tell her sports doctor or coach at the time – in fact, for many years she didn't tell anyone. "I was doing a speaking gig with a women's group when I spoke openly about my experience with incontinence for the first time, and a couple of women – some who'd watched me win years before – came up to me saying how grateful they were that I'd shared that message."

And as Dr Pittman and other experts confirm, urinary incontinence is more common than you'd think, affecting one in four Australians, according to the Continence Foundation of Australia – up to 10% of men and 38% of women. It can also get more prevalent with age. "It's not an age-related issue, but as you age you often end up with more health issues, or you might be on medications that contribute to you ending up with incontinence," says Janie Thompson, National Continence Helpline manager and a nurse continence specialist.

Menopause can play a role, as can excess weight putting pressure on the bladder, Dr Pittman adds. "Poorly controlled diabetes can also contribute to incontinence, and high blood pressure can cause a weaker pelvic floor."

WHAT TYPE DO YOU HAVE?

There are different forms of incontinence and some people suffer from multiple types at the same time, says Dr Pittman. "Urge incontinence is one of the most common forms, when you have that sudden or strong urge to urinate and unexpected urination occurs," she says.

"Stress incontinence happens when small amounts of urine leaks out during activities that often impact your pelvic floor, such as coughing,

sneezing, laughing, lifting or exercising. A mixed form of both is common."

Other types include functional incontinence, which is often disability related. And one type common for men is post-micturition incontinence, the 'after-dribble' that occurs when you leak a small amount of wee after emptying the bladder.

"Also, from the ages of 45-55, most men's prostate increases in size, which can make them rush to the toilet or maybe go more often," adds Janie. >

SUFFERING IN SILENCE

Sadly, a whopping 70% of people suffering from incontinence never seek help due to the stigma around it, or because they're too embarrassed to bring it up to loved ones or health professionals. That all needs to change, says Dr Pittman.

"In 2021, I experienced postpartum incontinence on a national scale – on an episode of *SAS Australia*. I'd given birth five months prior to filming and following a hard 5km run, burpees, squats and jumps, I felt myself just unable to hold onto my bladder."

When the episode aired, Dr Pittman admits she was surprised by the response. "There was a lot of support and championing of my experience in the media and on social media. I was worried at the time that I'd be judged, but it actually opened up a huge conversation about incontinence in women."

WHAT CAN YOU DO?

There's a lot of help out there. "There are exercises you can do and workout routines like pilates to help strengthen your core and pelvic muscles, and there are products like Modibodi [leakproof underwear] to help support you on a day to day basis, but it's important to speak to a health professional to assist with managing it," says Dr Pittman.

Janie adds that your first port of call

THE EXPERTS



DR JANA PITTMAN
Hospital doctor

.....



JANIE THOMPSON
National Continence Helpline

.....

could be your GP, who can do tests and give you a referral to a continence healthcare professional for an assessment.

"They'll ask you about your medical history, surgical history, birth experiences – if that's your gender – and your medications. They'll also do various tests like check your urine and do an ultrasound to make sure you empty your bladder properly. They may also do an examination

to determine a continence diagnosis, which informs the treatment you need to have."

Treatments are typically non-invasive at first, such as bladder retraining, looking at your lifestyle and diet, doing pelvic floor exercises correctly. "However, you need to do the right exercises for the type of incontinence you have," Janie says. "For example, if you have an overactive bladder, often seen with urge incontinence, you need to learn to do pumping type pelvic floor squeezes when you feel the need to rush to the toilet."

"There's good evidence these exercises work well, when you work with a continence healthcare professional who can teach you the right exercises and treatment for your situation. Also the techniques are a bit different for men and women."

There are also surgical pathways for fixing incontinence too – such as if you're a woman with a severe prolapse – but these are options to discuss with a specialist.

"Above all, it's not normal or something to ignore," Janie says. "You don't need to think about it like, 'Oh, I'm getting older, I just need to live with it', because there are lots of pathways to improve it." ●

For more advice, call the National Continence Helpline on 1800 330 066.



- Be prepared for unexpected medical
- expenses with **Seniors Health Insurance**.
- Call 1300 936 012 or go to seniors.com.au

CASE STUDY

"It was the fear of embarrassment that was the worst"

LUCY, 64

I have three daughters and developed incontinence in my mid 40s. It was embarrassing and stressful; I was in a high-profile job at the time, went to lots of meetings, travelled a lot, and suddenly I had to start thinking twice about that extra glass of wine, making sure I knew where the toilet was, or if I'd leave a wet patch on my chair or airline seat when I got up.

Ultimately, it was the fear of embarrassment that was the worst. I've never been a fan of surgery if there is a natural solution (I however did have a fibroid removed, which helped temporarily with the incontinence). What I do swear by is exercise. I try not skip my morning pelvic floor exercises because at my age any gains get lost very quickly.

The other thing that helped me more than anything was a pelvic floor exerciser, a low-cost contraption that you slide between your legs and squeeze with your buttocks. I don't have buns like Arnie, but they're better than they were and I don't wet myself any more! My advice would be to be vigilant with your pelvic floor exercises, even if you're unable to do other activity, and even if you don't suffer from incontinence (yet). It just makes sense.