



THE PROFESSIONAL ASSISTANT LEARN & ADVISE



Bladder weakness

Some conditions are easy to identify, but others can remain hidden, often because the sufferer is too embarrassed to discuss their symptoms. One example is bladder weakness

To understand how bladder weakness occurs, it helps to consider how the urinary system functions. This system consists of a number of interconnected structures whose job it is to make, store and excrete urine, one of the body's waste products.



OBJECTIVES After studying this module, assistants will:

- Have a basic understanding of the structure of the urinary system
- Be familiar with common types of bladder weakness
- Know what treatment options are available and what lifestyle advice may help.

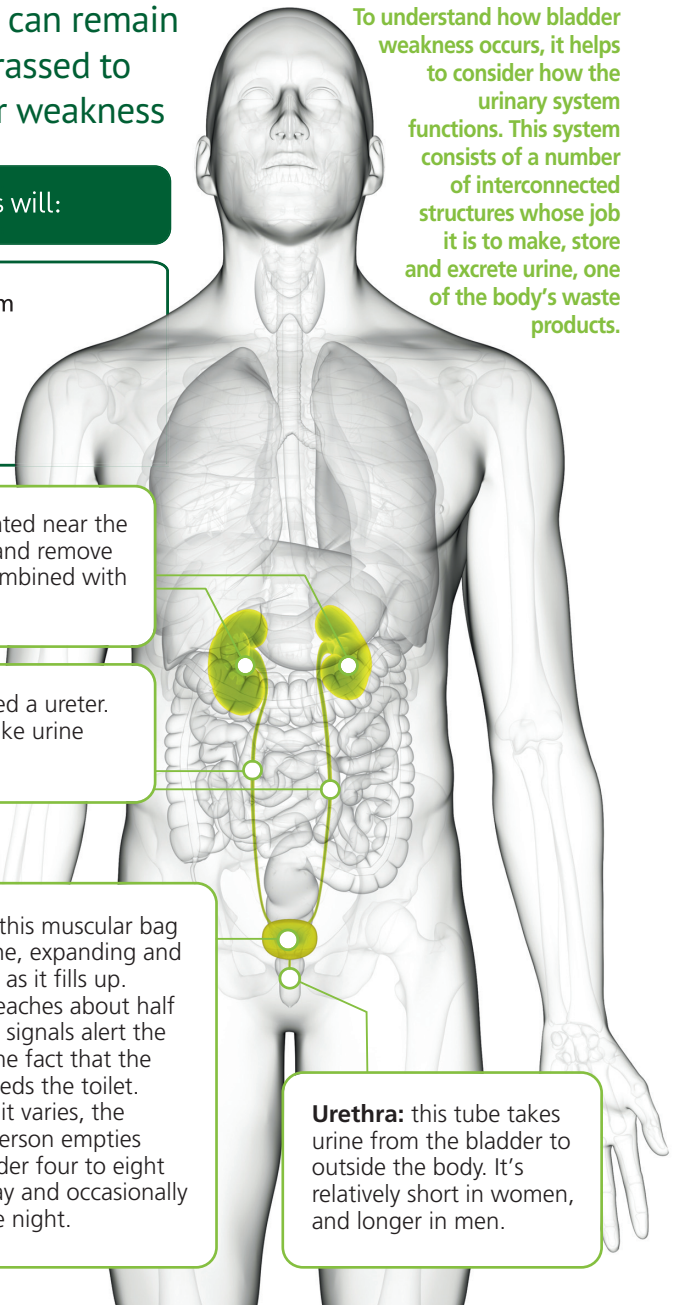
Kidneys: two bean-shaped organs, each about the size of a fist, located near the middle of the back, just below the rib cage. The kidneys filter blood and remove urea, a chemical produced when certain foods are digested. Urea, combined with water and other waste substances, forms urine.

Ureters: each kidney is connected to the bladder via a thin tube called a ureter. Muscles in the walls of the ureters constantly contract and relax to take urine from the kidneys to the bladder.

- **Sphincter** – a circle of muscle around the opening of the bladder. Keeps urine inside and prevents leaks.
- **Pelvic floor muscles** – surround and support the bladder and urethra. A strong pelvic floor helps prevent leaks.
- **Prostate gland** – a small gland located between the penis and the bladder in men. It is involved in semen production, but if it becomes enlarged, it presses on the bladder and urethra, affecting urination.

Bladder: this muscular bag stores urine, expanding and stretching as it fills up. When it reaches about half full, nerve signals alert the brain to the fact that the person needs the toilet. Although it varies, the average person empties their bladder four to eight times a day and occasionally during the night.

Urethra: this tube takes urine from the bladder to outside the body. It's relatively short in women, and longer in men.



This module is suitable for all members of the pharmacy team who wish to increase their knowledge of common conditions and their treatment options. This module has been endorsed with the NPA's Training Seal as suitable for use by pharmacy teams as part of their ongoing learning. This module can also form part of your Team Tuesday training.



DID YOU KNOW?

Normal urine should be clear and a light yellow/straw colour. Darker yellow urine may be a sign of dehydration.

Understanding the problem

Bladder weakness is relatively common – NHS Choices estimates that between three and six million people in the UK experience some degree of bladder weakness. And figures from bladder weakness brand TENA suggest that the condition affects one in four women and one in eight men at some time in their lives.

Types of bladder weakness

- 1 Stress incontinence**
The most common type in women, this occurs when the bladder is put under sudden, additional pressure (e.g. during exercise, coughing or laughing). If a woman has a weakened pelvic floor, this extra pressure means that her bladder can't hold urine and small amounts may leak. Changes resulting from pregnancy, childbirth and the menopause are common causes of stress incontinence.
- 2 Urge incontinence**
This is a sudden, intense need to pass urine – so much so that the person may be unable to delay going to the toilet. It is thought to occur when the muscles in the bladder become overly sensitive or overactive. While the exact cause is unclear, it may be linked to things like uncontrolled diabetes, diuretics, anxiety, excessive alcohol or caffeine, or urinary tract infections.
- 3 Overflow incontinence**
Less common, but more likely in men, this occurs when the bladder is obstructed in some way (e.g. by an enlarged prostate gland or urinary stones) and cannot be emptied completely. Small trickles of urine may leak at intervals.

Other, less common types of bladder weakness include:

- **Mixed incontinence** – occurs when a person has symptoms of both stress and urge incontinence
- **Transient incontinence** – a temporary condition linked to a cause that will pass (e.g. infection, taking a new medication)
- **Functional incontinence** – symptoms result from an illness (e.g. Alzheimer's) or a physical disability that makes it difficult to reach the toilet in time.



Common causes

While the exact cause varies depending on the type of bladder weakness, there are factors that increase a person's chance of experiencing the condition.

- These factors include:
- Pregnancy and vaginal birth
 - Menopause
 - Obesity
 - Family history
 - Strenuous exercise, heavy lifting
 - Age
 - Medical conditions (e.g. diabetes, stroke, dementia, frequent bladder infections, constipation). In men, an enlarged prostate gland (known as benign prostatic hyperplasia or BPH) can cause symptoms. As the prostate gets larger, it puts pressure on the bladder and the urethra, making it difficult to start urination or to empty the bladder fully. It can also lead to a sudden urge to urinate or the need to urinate frequently at night. BPH affects around 40 per cent of men over the age of 50 and 75 per cent of men in their 70s
 - Neurological damage (e.g. Parkinson's disease, multiple sclerosis, spina bifida, brain injury)
 - Certain medications (e.g. diuretics, ACE inhibitors, some antidepressants, hormone replacement therapy (HRT), sedatives).



DID YOU KNOW?

Up to 70 per cent of mild to moderate cases of stress incontinence may be improved by regular pelvic floor exercises over a period of three to six months.



Don't forget...

Sanitary towels are not recommended for bladder weakness. Instead, direct customers towards brands that offer products specifically designed to absorb urine and control the associated odour.

Management advice

People who experience bladder weakness should not suffer in silence, particularly if symptoms affect their self-esteem or impact on daily activities. It is important to seek medical advice for a correct diagnosis and help with treating and managing the condition. Management products are available from the pharmacy, and you can offer the following advice:

1 Symptom diary

A useful first step is to keep a diary of symptoms. Customers should record what they drink, when they go to the toilet, and any episodes of urine leakage.



2 Pelvic floor exercises

Strengthening the pelvic floor muscles helps support the bladder and provides control during urination. These muscles can be felt when we stop the flow of urine when going to the toilet – although it's not a good idea to do this regularly.

To exercise these muscles, customers should practise squeezing them 10-15 times in a row. This should be done without holding the breath or using other muscles in the stomach, buttocks, etc. The number of squeezes and the length of time they are held for should be gradually increased. When performed regularly over three to six months, these exercises should have a beneficial effect on stress incontinence.

3 Bladder weakness management products

Specially designed protection pads and pants, in a range of sizes and absorbencies, are available for both men and women. Available brands include TENA, Always Discreet and Depend.

Discourage women from buying sanitary towels for their bladder weakness symptoms. Urine is thinner and released in larger quantities than menstrual discharge so a pad designed specifically for incontinence is more beneficial. Also, bacteria in urine can release ammonia, creating a distinctive smell that requires specific odour control.

4 OTC tamsulosin

Men aged 45-75 who go to the toilet frequently because of an enlarged prostate may be able to self-medicate with OTC tamsulosin (e.g. Flomax Relief MR). Customers who request this product for the first time should be referred to the pharmacist. If appropriate, they will be able to buy a two-week trial pack and, after this, a further four-week supply. Men taking OTC tamsulosin should see a doctor within the first six weeks for a full prostate check, after which they may continue to self-medicate, provided they see a doctor annually and/or if their symptoms change or worsen.

Added advice

- **Drink plenty of fluid (six to eight glasses a day)** – some people limit their fluid intake thinking it will help their symptoms. However, this only makes urine more concentrated and can irritate the bladder
- **Avoid caffeine and alcohol** – caffeine can irritate the bladder, while alcohol is a diuretic and increases urination
- **Eat a healthy diet** – adequate fibre intake helps reduce the risk of constipation, while losing any extra weight can benefit symptoms. It's also a good idea to avoid spicy and acidic foods, which may irritate the bladder
- **Exercise appropriately** – some high impact, strenuous forms of exercise, such as jogging and weight training, may increase the risk of urine leakage. Instead, customers should focus on stretching and strengthening core muscles (e.g. Pilates, yoga)
- **Quit smoking** – this helps avoid excessive coughing, which can put strain on the pelvic floor muscles.

When to refer

Refer to the pharmacist anyone who:

- Has symptoms for the first time
- Has symptoms that have changed or worsened
- Has pain or discomfort on urinating
- Has urine that is cloudy or has blood in it
- Has repeated episodes of urinary tract infections (e.g. cystitis)
- Is male and requests OTC tamsulosin for the first time
- Is taking prescribed medication.



SIGNPOSTING

For more information, you can:

- Use your *Counter Intelligence Plus* training guide
- Visit NHS Choices: www.nhs.uk
- See The Continence Foundation: www.continence-foundation.org.uk
- Look up TENA: www.tena.co.uk for pharmacy support.

TEST YOURSELF ONLINE

GOOD PRACTICE KNOWLEDGE IS IMPORTANT WHEN ADVISING CUSTOMERS



Questions

1) Which statement is TRUE?

- a) The kidneys are designed to store urine until the person can go to the toilet
- b) An average person empties their bladder four to eight times a day and occasionally at night
- c) The sphincter is a bean-shaped organ
- d) The prostate gland filters urea from the blood to make urine

2) Weakened pelvic floor muscles in a post-menopausal woman are MOST likely to be a cause of which type of incontinence?

- a) Stress incontinence
- b) Urge incontinence
- c) Overflow incontinence
- d) Functional incontinence

3) Which of the following may increase a person's likelihood of experiencing bladder weakness?

- a) Pregnancy
- b) Obesity
- c) Enlarged prostate gland
- d) All of the above

4) Which statement is FALSE?

- a) A symptom diary is a useful start when tracking bladder weakness symptoms
- b) Pelvic floor exercises should be performed regularly over a number of months
- c) Sanitary towels can be recommended as a suitable product for bladder weakness
- d) The use of tampons to help with stress incontinence shouldn't be recommended

5) Which of the following tips will NOT help symptoms of bladder weakness?

- a) Restricting daily fluid intake
- b) Reducing caffeine and alcohol intake
- c) Losing weight if overweight
- d) Quitting smoking

6) Which one of these male customers can self-medicate with OTC tamsulosin?

- a) A customer who was approved by your pharmacist two weeks ago and who reports improved symptoms after taking his first pack of OTC tamsulosin
- b) An elderly man with symptoms suggesting urge incontinence
- c) A male customer with BPH who hasn't seen his doctor for a check up in two years
- d) A customer who reports that his previously manageable symptoms have recently become much worse

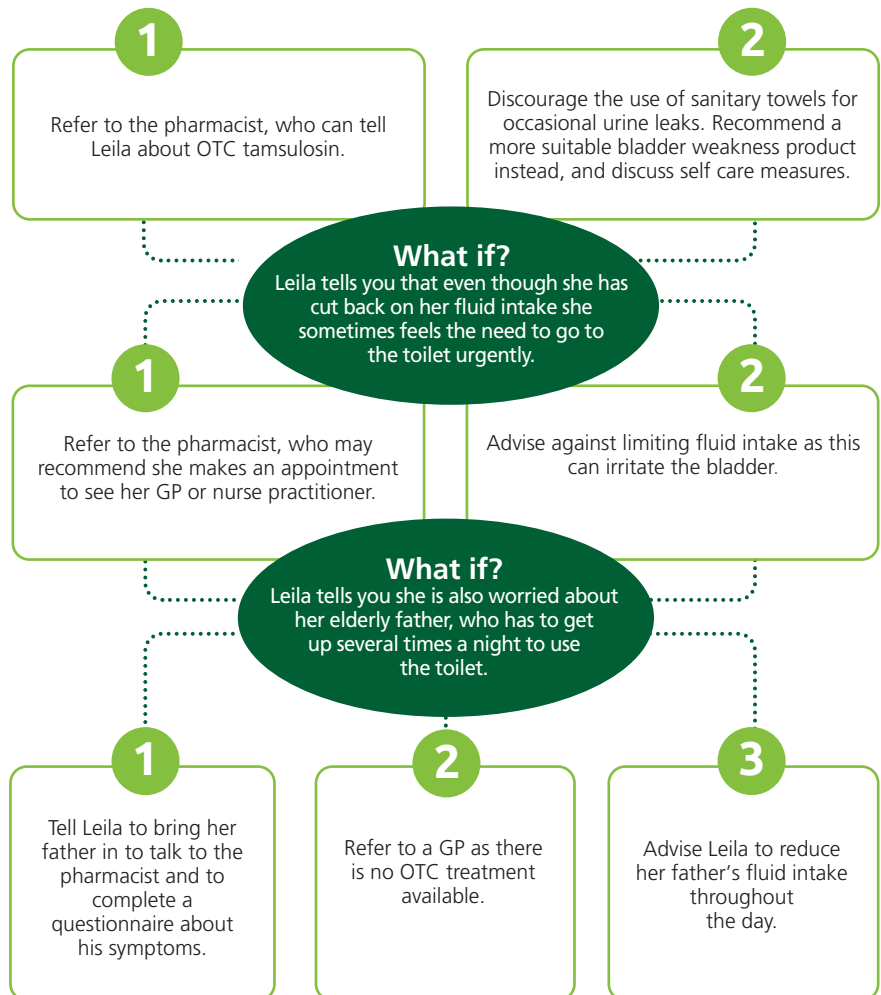


Scenario

Leila is a mother of three who purchases large packs of sanitary towels when she visits your pharmacy. When the shop is quiet, you are able to ask her discreetly if everything is OK. She tells you that she has been taking aerobics classes to get in shape after her last pregnancy, but finds that she sometimes "leaks a little" while exercising.

What would you recommend?

For each part of this scenario, think about the decision you would make and, importantly, why you would choose that option. Think about how you would talk to the customer and provide the necessary advice. You can discuss this with your team and pharmacist.



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