

BEHAVIORAL MODIFICATIONS FOR URINARY SYMPTOMS

Behavioral modifications may be appropriate for many patients with urinary symptoms. Initial management will include discussion with the patient about options available for treatment of her symptoms. Behavioral modifications can be recommended to women with symptoms of stress and urge incontinence, or both.

Behavioral modification is a general term, which encompasses several approaches to symptom management, with an emphasis on patient participation. For this reason, the patient's motivation and the clinician's enthusiasm and support are the keys to success. These techniques do not necessarily produce "cures" in totally resolving all incontinent episodes. However, for women with mild to moderate symptoms, these options may provide sufficient improvement that other therapy is not necessary. This session will focus on fluid management, avoidance of bladder irritants, scheduled voiding, and pelvic muscle exercises.

FLUID MANAGEMENT

Patients are instructed to keep a fluid and voiding diary for one week to bring to the office visit for the clinician to review. This diary can provide important information about fluid intake and types of fluids, habits, and patterns related to urinary symptoms.

Some women with urinary incontinence will markedly restrict their fluid intake in an attempt to decrease urinary leakage. This results in production of concentrated urine in low volumes, which can aggravate urgency symptoms. For women without other medical reasons for fluid restriction, there is a recommended intake of at least 6 glasses of fluid (approximately 48 ounces) per day. In general, ask women to refrain from drinking fluid after their evening meal. However, for some women with nighttime urgency symptoms, recommend a glass of water at bedtime so urine produced overnight is dilute.

AVOIDANCE OF BLADDER IRRITANTS

Particularly for women with urgency symptoms, avoidance of bladder irritants is a key step in behavioral modification. As noted above, adequate fluid intake to avoid concentrated urine is important. As a next step, recommend that women avoid all potential irritants. This includes foods high in acid such as citrus fruits, caffeinated and alcoholic beverages. (See the following list). Later, when symptoms have improved, women may add back items one by one to determine which items do or do not contribute to their symptoms.

SCHEDULING VOIDING or "BLADDER DRILL"

There are at least two goals of scheduled voiding for women with urge incontinence. First, in the woman with detrusor instability, timed voiding, as opposed to voiding in response to urgency, seeks to re-establish cortical control over the uninhibited bladder, and regain the pattern of bladder control learned early in childhood but subsequently lost. Second, times voiding will tend to keep bladder volumes lower and may decrease the amount of urine lost with leak episodes. Based on published literature; expected results include initial improvement in symptoms in up to 90% of women. Relapse or recurrence of symptoms may occur in 40-50% of

women, so long-term support and follow-up is important. The single most important factor predicting successful resolution of symptoms is patient compliance with the treatment regimen.

The patient is instructed to begin voiding during the day on a fixed schedule, whether she feels the urge to urinate or not. If urgency occurs between scheduled voiding, she should resist the urge to void using distraction techniques. Based on current voiding patterns, choose an interval with which the patient will be comfortable. For example, if her current daytime frequency is every two hours with frequent urgency episodes, then begin her timed voiding at an interval of one hour. After her symptoms have improved, instruct her to gradually increase the interval time between voids, for example, by 15 minutes. As long as the symptoms continue to improve, continue to increase the interval with changes once a week. The goal is a 3-4 hour voiding interval, or an interval at which the patient does not experience urgency episodes.

PELVIC MUSCLE EXERCISES

Pelvic muscle exercises are generally recommended for women with stress (rather than urge) incontinence. Kegel is credited with the first systematic investigation of pelvic muscle exercises, and he reported their use not only in the treatment of urinary incontinence but also for anterior vaginal prolapse (cystocele) and enhancement of sexual friction.

The effect of pelvic muscle exercises on continence and incontinence is not completely understood, but the mechanism may involve greater strength of the levator muscle, thereby improving support of the urethra and anterior vagina, and possibly strengthening any striated muscle component of the urethra itself. In addition, pelvic muscle exercises may enhance or restore reflex contraction of the pelvic muscles at times of stress such as cough or sneeze. Of the few studies that used Urodynamic evaluation before and after pelvic muscle exercises, (Kujansuu, Tchou, Tapp) only one showed significant changes in maximal urethra closure, pressure, and functional urethra length (Benvenuti 1987).

FLUID INTAKE WHEN URINARY LEAKAGE (INCONTINENCE) OCCURS

Urinary leakage (incontinence) is the uncontrolled loss of urine. Often people with urinary leakage drink only very small amounts of liquids to lessen the leakage. However, cutting back on the amount of liquids you drink will not help your leakage; instead it will concentrate your urine, making it more irritating to the bladder and increasing your chances for a urinary tract infection.

Even though you have urinary leakage, you should drink a normal amount of liquids each day. Drink about 1,500ml (1 ½ quarts) each day.

The types of fluids you choose to drink may affect the likelihood of urinary leakage. Avoid drinking only carbonated beverages and those with caffeine. Some people with urinary leakage notice more bladder irritation when they drink citrus juices, and others do not notice any effect. You should try these fluids one at a time to see how they affect your leakage. Many people drink several glasses of liquid with a meal and may go without drinking between meals. Others drink immediately before going to bed. These habits will make you more likely to leak urine. It is best to spread your intake of liquids throughout the day and to limit the amount you drink with meals to 8 ounces (240 ml). Sip water or a clear liquid from a squeeze bottle or tumbler. Limit fluids to sips (2-3 ounces) for 2 hours before going to bed at night. Be sure that you drink a total of 1,500 ml (1 ½ quarts) to 2,500 ml (2 ½ quarts) each day.

If you have a problem with urinary infection, leakage of urine, or stones in the kidney or bladder, your doctor may advise you to change the amount or type of fluids you drink, or the time you drink them. The following guidelines will help you change your fluid intake.

FLUID INTAKE WHEN A URINARY TRACT INFECTION OCCURS

A urinary tract infection (cystitis, urinary tract infection) is an infection of your bladder that may involve your kidneys or urethra. When you have a UTI, your doctor or nurse will probably advise you to “force fluids” which means to increase the amount of liquids you drink each day. The average-sized adult should drink 1,500 ml (1 ½ quarts) to 2,500 ml (2 ½ quarts) when forcing fluids.

The type of fluids you drink is important, also. Certain types of beverages may increase feelings of pain or urgency to urinate, and others are likely to lessen these feelings. It is best to avoid carbonated beverages or those containing caffeine. Citrus juices may irritate the bladder in some people. You may want to try eliminating these fluids one at a time to see how they affect your bladder. Clear liquids and water are excellent liquids when forcing fluids.

*From the Emory Continence Center, Atlanta, Georgia