The Observer

Health & Fitness

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MEDICAL BRIEFS

Holistic medicine

Saint Joseph Mercy Health System will present "Navigating Health, Wellness and Disease: The Mind-Body Connection," a lecture on holistic medicine 7-8:30 p.m. Monday, May 22 at St. Joseph Mercy Hospital, 5301 East Huron River Drive, Ann Arbor.

The presenter is Dr. Mehmet Oz, a prominent heart surgeon from Columbia-Presbyterian Medical Center in New York and a leader in holistic medicine. Dr. Oz is the author of *Healing From the Heart* and has appeared on CBS Evening News, The Today Show, Good Morning America, Dateline and the Oprah Winfrey Show. He also has been featured in The New York Times, Readers' Digest and Good Housekeeping.

To register, please call Saint Joseph Mercy HealthLine at (800) 231-2211.

What did you say?

Although hearing loss affects more than 25 million Americans of all ages, many hearing-impaired people do not get the proper help.

Marquette House, 36000 Campus Drive, between Wayne Road and Newburg in Westland will sponsor a "Better Hearing Day" 10 a.m. to 2 p.m. Saturday, May 20. Audiologists and assistive technology experts will be on hand, along with members of Self Help for Hard of Hearing People (SHHH), an international support group.

Presentations include information on assistive hearing products, tinnitus therapy and developing a wellness lifestyle.

For more information, call Personalized Hearing Care at (734) 467-5100 or (800) 411-7847.

Stroke awareness

Many people never give stroke a second though until it is too late. In the United States, someone suffers a stroke every 53 seconds.

Life Line Screening, a national provider of preventative health screenings, will offer stroke screenings at two locations: Tuesday, May 16 at the Summit on the Park, 46000 Summit Parkway in Canton and Wednesday, May 17 at the Civic park Senior Center, 15218 Farmington Road in Livonia.

The stroke screening consists of three primary tests to detect the risk of stroke and vascular disease: carotid artery screening test, abdominal aortic aneurysm test, and an ankle brachial index. Bone density screening for early detection of osteoporosis also will be available for women.

A board-certified physician reviews the results of each test to ensure accuracy before the findings are mailed to each individual. Individuals whose screenings suggest further evaluation are encouraged to seek appropriate follow-up care with their own physician.

The tests are offered for $35 each. Anyone interested in either the vascular or osteoporosis screenings **must register at least 24 hours in advance.** Call 1-800-407-4557.

We want your health news

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Datebook (upcoming calendar events); Medical Newsmakers (appointments/new hires in the medical field); and Medical Brief's (medical advances, short news items from hospitals, physicians, companies).

We also welcome newsworthy ideas for health and fitness related stories.

To submit an item to our newspaper you can call, write, fax or e-mail us.

CALL US:
(734) 953-2111

WRITE US:
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THE SILENT SHAME

WOMEN DEFER ASKING DOCTORS ABOUT INCONTINENCE

By Renée Skoglund
Staff Writer
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It's time to talk about leaky bladders, ladies. Or, to put it more discreetly, female incontinence.

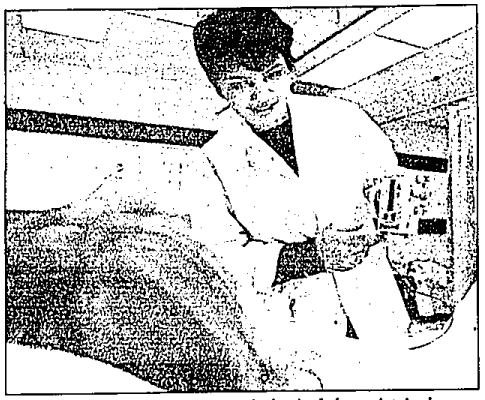
Simply put, urinary incontinence is the involuntary release of urine at a socially unacceptable time. It affects more than 11 million women in the United States. Although it most *often manifest itself in the middle to* later years, it affects all ages.

"Incontinence could be described as an epidemic," said Dr. Denise Howard, a specialist who treats incontinent woman in the University of Michigan's Obstetrics and Gynecology Department. "About 35 percent of all women have some form of urinary incontinence, and as many as one in nine of those women undergo surgery for it."

"It is a quality of life issue. It affects your dignity, how you see yourself in the world," said Dr. Veronica Mallett, a subspecialist in urogynecology with the Oakwood Healthcare System.

Yet, most women don't talk about urinary incontinence in spite of acute embarrassment, curtailment of sex and cessation of physical activities. In fact, most women wait two- and-a-half years after the onset of symptoms before consulting a doctor, said Mallett.

"No one wants to talk about this because it's not sexy."



Providing help: *St. Mary Hospital physical therapist Archana Uppal shows a patient how the strength of pelvic floor muscle contractions are measured through surface electrodes placed near the perianal region.*

Treatment options

That's a shame, because there are several treatment options: exercise and physical therapy, medications, and surgery. Mallet currently is one of the few physicians in the state to perform a new procedure called the Tension-Free Vaginal Tape System for women with stress urinary incontinence, the most common form of incontinence.

The procedure allows for placement of a mesh tape close to the high-pressure zone of the urethra, providing tension-free support of the inner urethra and bladder neck. It is done on an outpatient basis under local anesthesia with sedation and takes about 30 minutes to perform.

(Traditional vaginal sling surgeries are performed under general anesthesia and require a hospital stay.)

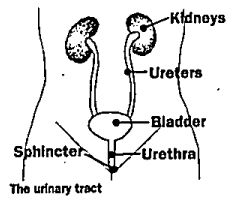
"It has the advantage over the traditional sling of the patient being able to urinate right away, whereas the traditional sling patient may not urinate for several weeks. And unlike previous synthetic slings, the TBT sling doesn't erode through the vaginal skin," said Mallett.

Understanding incontinence

Before women start talking about urinary incontinence and its possible treatments, they must understand what it is ... and isn't.

While many women don't manifest symptoms until their mid-40s, incontinence is not about aging. Young women involved in strenuous activities such as weightlifting, during which they bear down to the pelvic floor muscles, can develop stress incontinence.

"In fact, while the severity of this problem can increase with age, it should not be considered a normal part of aging. There is help available," said Howard.



The urinary tract

Incontinence is a problem of the urinary system, which consists of two kidneys, two ureters, a bladder and a urethra. The kidneys remove waste products from the blood and produce urine, which travels to the bladder through the ureters. The bladder stores the urine until it flows out of the body through the urethra.

The sphincter, a circular muscle that controls the activity of the urethra, is not part of the urinary system but can play a role in incontinence.

Many conditions act as precursors to incontinence: weak pelvic floor muscles; previous bladder or vaginal surgeries; pregnancy and childbirth; menopausal loss of estrogen, which affects mucus membranes and weakens vaginal muscles; urinary tract abnormalities; brain and spinal cord injuries; and diseases such as diabetes, MS and Parkinson's.

There are several forms of urinary incontinence:

■ *Stress urinary incontinence* - The most common form, SUI causes women to lose urine when they laugh, sneeze or cough; walk or exercise; or get up from a seated or lying position. SUI has two basic causes: weak pelvic muscles that don't hold the urethra in place and dysfunctional sphincter muscles that fail to hold the urethra closed.

■ *Urge incontinence* - Unlike SUI, urge incontinence results from overactive bladder muscles rather than weak pelvic muscles. A woman may feel she can't get to the bathroom in time. This can be more devastating than SUI since women can lose the entire contents of their bladder, said Mallett.

■ *Mixed incontinence* - A combination of stress and urge incontinence.

■ *Overflow incontinence* - Women with overflow incontinence feel as if their bladder is never completely empty. The nerves to the bladder are no longer working, and the bladder spills over. This condition may be due to neurological diseases such as MS or Parkinson's.

Treatments

According to the National Association for Continence, urinary incontinence has an approximately 80-percent cure or improvement rate. In addition to X-rays and cystoscopic examinations, special diagnostic tests to determine bladder capacity, sphincter condition, urethral pressure, and the amount of urine left in bladder may be required.

There are three major treatment categories: behavioral/muscle therapy, pharmocologic and surgical. However, surgery -- and there are many types, including the new Tension-Free Vaginal Tape System -- should be considered only after all non-surgical procedures have been tried.

Archana Uppal, a physical therapist with St. Mary Hospital's Physical Medicine and Rehabilation Department, specializes in treating incontinence. Most of her female patients are 65-85 years old. Some are as young as 20.

For stress urinary incontinence, Uppal suggests her patients practice "Kegels" – exercises that contract the pelvic floor muscles. "Normally, in about six to eight weeks most patients improve. Sometimes patients have been cured completely."

To get results, Uppal recommends 10 sets of eight to 10 repetitions a day. "A muscle doesn't strengthen overnight. It takes a few weeks. Patients are so motivated when they see results after they have worked hard."

In addition to pelvic floor muscle exercises, Uppal uses other behavioral treatments, including bladder retraining, vaginal weights, biofeedback (externally placed electrodes that measure muscle contraction strength), and electrical stimulation of pelvic floor muscles.

While stress urinary incontinence does not usually respond to medication, SUI associated with estrogen deficiency may be treated with hormone replacement therapy, such as vaginal cream or estrogen patches. Medications also are used to treat infection, stop abnormal bladder muscle contractions or to tighten sphincter muscles.

Caution

Uppal cautions women not to bear down strenously when lifting. Learning to contract or pull the pelvic floor muscles upward (kegels) while lifting can be a helpful countermove.

However, perhaps the best advice is seeking help when the first symptoms of urinary incontinence appear. Unfortunately, although obesity is a risk factor for incontinence, many doctors will advise an overweight woman to "lose 20 pounds and than come back," said Mallett.

"I think that's so unfair," she said. "That person is seeking care. That's unfortunate because there may be things we can do from a physical therapy standpoint."

Mallett's greatest reward as a physician comes in helping women who have severely altered their lifestyle because of urinary incontinence. "I like the idea of putting things back into place," she said. "I like restoring function and the quality of life.

10 warning signs of bladder problems

1. Leakage of urine preventing activities.
2. Leakage of urine causing embarrassment.
3. Leakage of urine that began or continued after an operation, hysterectomy, Caesarean section, prostate surgery, etc.
4. Inability to urinate (retention of urine).
5. Urinating more frequently than usual without a proven bladder infection.
6. Needing to rush to the bathroom and/or losing urine if you do not arrive on time.
7. Pain related to filling the bladder and/or pain related to urination (in the absence of a bladder infection).
8. Frequent bladder infections.
9. Progressive weakness of the urinary stream with or without a feeling of incomplete bladder emptying.
10. Abnormal urination or changes in urination related to a nervous system abnormality (stroke, spinal cord injury, MS, etc.).

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Bladder Irritants

Urge incontinence, the urgent need to empty the bladder frequently, is often worsened by foods that irritate the bladder.

These foods cause worsening of symptoms in most people:
Coffee (even decaffeinated for some people)
Tea
Caffeinated soda
Alcoholic beverages
Medicines with caffeine
Chocolate
Smoking

These foods cause worsening of symptoms in some people:
Milk and milk products
Artificial sweetener
Citrus juices and citrus fruits
Tomatoes and tomato-based products
Highly spiced foods
Sugar and honey
Corn syrup

These foods do not often irritate the bladder:
Grape juice
Cranberry juice
Cherry juice
Apple juice
Prunes
Plums
Cherry juice

Kegel exercises

Identify the muscles located around the bladder opening by starting and stopping your urine stream. Use this technique only for identifying the muscles used for Kegel exercises. Do not perform Kegels while urinating.

Another way to identify the muscles used for Kegel exercises is to tighten the rectal muscles (as when holding back gas or completing a bowel movement). Because they are part of the same muscle group, the rectal muscles always work with the muscles located around the bladder opening.

Try not to use your stomach, buttock or leg muscles when practicing Kegels. Do not hold your breath.

There are *quick* and *slow* Kegels. In performing quick Kegels, rapidly tighten and relax the muscles. For slow Kegels, tighten muscles for three to 10 seconds and then relax for the same time. Increase the time the muscles are tightened and relaxed for maximum effectiveness.

Most people start by completing a set of 10 Kegels four times a day.

Each week, the number of contractions and relaxations – and the length of time contractions are held – are increased.

Kegel exercises may be done with other activities, such as watching television, ironing or when relaxing. Because it may take several weeks to notice an improvement, it is important to continue doing the exercises.

If your symptoms do not improve, ask your physician, nurse or therapist to help you. Many individuals need a healthcare professional's help to identify the correct muscles to use.

Source: "Working with the Incontinent," a community education program sponsored by Depend and Poise absorbent products.