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The loss of bladder control known as urinary incontinence (UI) is not easy to talk about, and the effects can be overwhelming.

More than 25 million adults in the U.S. experience UI. However, because two-thirds have never discussed it with their doctor, we do not have an accurate count of how many women suffer from this condition.

UI occurs twice as often in women than in men. Although 25 to 55 percent of women experience it during their lifetime, most will wait about six and a half years after experiencing symptoms before seeing their physician.

With so many effective treatments available, it's unnecessary to suffer from UI.

Why Does UI Occur?

Urination is controlled voluntarily by our conscious thinking as well as involuntarily by the

"automatic" functions of the brain and spinal cord.

In these structures, disease caused by diabetes, stroke or spinal cord injuries can lead to UI.

Problems with the muscles necessary for controlling urination can also trigger UI. Urine is expelled from the bladder through the urethra, a small tube controlled by the pelvic floor muscles and "gatekeeper" muscles called sphincters. Disease or abnormal functioning of these muscles can cause UI.

Stress incontinence is the most common type of UI in women and can occur when pelvic floor muscles relax excessively.

Urge incontinence happens when the muscle surrounding the bladder (the detrusor) becomes overactive because of bladder infection, stress or disease.

Mixed incontinence is a combination of stress and urge incontinence. When the bladder does

not completely empty, overflow incontinence can occur, resulting in leaking. Finally, UI can be caused by a neurogenic bladder, in which the bladder is unable to receive brain signals because of nerve damage.

Factors that increase a woman's risk of incontinence include age, pregnancy, childbirth, menopause, hysterectomy, obesity, smoking, cognitive impairment and chronic disease, such as diabetes mellitus.

Maintaining Quality of Life

In women, the occasional leaking of urine is normal. However, if you often experience leaking or increased urinary frequency, see your doctor who will listen to your symptoms and perform a physical exam.

Your physician may also test for a urinary tract infection, which can cause temporary incontinence, or perform a cystometrogram (CMG) to monitor bladder behavior during filling and emptying.

To treat urge incontinence, patients often maintain a urinary diary to better document the pattern of UI and normal urination; perform exercises to strengthen the bladder muscles; and/or take medications.

Many people with continence issues withdraw from daily activities. However, urinary incontinence doesn’t have to affect your quality of life.

Don’t be afraid to talk with your doctor about UI. Simple and effective treatment is available.

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