

# Daily Habits and Urinary Incontinence

## ***Effects of Daily Habits on the Bladder***

Many aspects of our daily life influence bladder and bowel function. Sometimes our daily habits may not be in the best interest of the bladder. A number of surprisingly simple strategies can improve bladder and bowel function.

## ***Fluid Intake***

Many people with incontinence reduce fluid intake to reduce the severity of incontinence. This practice causes more harm than good. Adequate fluids are vital to normal function of the urinary tract and to the prevention of kidney and bladder stones and urinary tract infection. About 1,500 ml to 2,500 ml (1-1/2 to 2-1/2 quarts) of fluid are needed each day, more during hot weather or exercise.

Inadequate fluid intake results in concentrated urine with a strong odor. This urine is very irritating to the bladder and leads to urgency, frequency of urination, and urge incontinence.

Dilute urine will not irritate the bladder, and the bladder will hold larger amounts comfortably.

When you gradually increase fluid intake by several ounces each day, taken between meals, you can help the bladder adjust to increased amounts. It can be helpful to fill a water bottle or pitcher in the morning and refrigerate it so that you can take small amounts from the pitcher throughout the day. The goal is to drink the entire pitcher by late afternoon.

The amount in the pitcher is determined by the amount you usually take at meals, subtracted from the daily amount needed (1,500 to 2,500 ml). The majority of fluids should be taken before 7 p.m. to avoid night-time bathroom visits.

***Fluid Intake,  
continued***

Water is believed to be best for the bladder. Between 6 to 8 glasses a day is recommended. The flavor of water can be improved with a twist of lemon or lime. Other fluids that are non-irritating to the bladder include grape juice, cranberry juice, and apple juice.

***Toileting Habits***

Good toileting habits are necessary for preventing bladder problems. Chronic holding of urine can be an occupational hazard for truck drivers, factory workers, teachers, nurses, and others who repeatedly delay voiding. The chronic holding of urine results in an over-stretched bladder that may lose elasticity and tone in later years. This may predispose you to bladder infections and poor bladder emptying.

On the other hand, emptying your bladder too often may eventually decrease the amount of urine the bladder can comfortably hold. In later years, your bladder may be unable to stretch to hold normal amounts of urine, and you become, in effect, a prisoner of the bathroom because frequent voiding is habitual. In many cases, bladder training can help restore a healthy voiding pattern.

Good toileting habits include using the bathroom on a regular basis, every 3 to 6 hours, with the urine volume no greater than 400 to 600 ml. Most people feel strong urges to void at about 400 ml and should respond to this urge. More frequent voids may be necessary if you increase your fluid intake or take medications such as diuretics (water pills).

Older persons typically have a slightly smaller bladder capacity due to normal aging changes. For this reason, bathroom visits every 2 to 3 hours are more reasonable.

**Bladder Irritants**

Certain foods and beverages may irritate the bladder and result in urgency, frequency of urination, and urge incontinence. Sensitivity to any of these products is not common, but some individuals report that eliminating such foods improves bladder symptoms and incontinence.

Potential bladder irritants include milk and milk products, citrus juice and fruits, tomato-based products, highly spiced foods, sugar, honey, corn syrup, and artificial sweetener. Carbonated beverages, even those that are caffeine-free, can increase bladder symptoms.

In addition to being a bladder irritant, alcohol in hard liquor, beer, and wine increases urination and decreases your awareness that you need to urinate until your bladder is full. This increases the risk for incontinence because the urge to void can be more intense and unmanageable.

**Caffeine**

While fluid intake is important, caffeinated drinks can provoke urgency, frequency of urination, night-time urination, and urge incontinence. Coffee, tea, and many soft drinks contain caffeine in varying amounts. Chocolate contains caffeine, as do some medicines that are available for headache or sinus and allergy symptoms. It is important to read labels to note caffeine content.

For some individuals, reducing or eliminating caffeine resolves urge symptoms and incontinence. If you are a heavy caffeine user, you can avoid caffeine withdrawal symptoms, such as fatigue and headache, by gradually reducing caffeine intake over several weeks. If you are sensitive to the effects of caffeine, you may need to eliminate all coffee and tea completely. Even decaffeinated

***Caffeine,  
continued***

coffee and tea usually contain small amounts of caffeine (3% to 7%). There are many excellent varieties of herbal teas and grain beverages that may be substituted for coffee.

***Smoking***

Incontinence is one of the health dangers associated with smoking. One of the consequences of smoking includes an increased risk of damage to the urinary sphincter at the base of the bladder due to chronic coughing. This sphincter controls urination and is necessary for preventing urine leaks. Chronic coughing can weaken and damage the sphincter and result in incontinence.

A second consequence of smoking is irritation to the bladder by the by-products of tobacco. The result is urgency and frequency of urination.

A third consequence is a marked increase in the risk of bladder cancer. A sudden onset of bladder urgency and frequency of urination or blood in the urine should be investigated promptly.

By giving up smoking, you may be more likely to avoid incontinence and can recover more easily from incontinence-related problems.

***Chronic Cough***

Conditions that are associated with a chronic cough, such as lung disease or seasonal allergies, may provoke stress incontinence as a result of recurrent vigorous coughing. Some individuals may become incontinent only during flu season. It is important to protect the pelvic floor muscles by tightening the muscles just before the cough or sneeze. Pelvic muscle exercises should be practiced on a daily basis by individuals, especially women, who

***Chronic Cough,  
continued***

have chronic cough. Optimal management and prevention of the cough symptoms may improve incontinence and prevent further damage to the pelvic floor muscles.

***Chronic  
Constipation***

Chronic constipation can contribute to incontinence, bladder urgency and frequency, problems with bladder emptying, and increased risk for urinary tract infection. Constipation is defined as the difficult, sometimes painful, passage of hard, dry stools. You can most effectively correct constipation with a diet that is high in fiber and fluids and with adequate exercise.

There are many medical causes of constipation. Further evaluation may uncover other treatable problems that need medical attention. Many medications cause constipation, including pain medication, antacids, iron supplements, and antidepressants. A review of medication may identify drugs that may be contributing to the problem and appropriate substitutions could be considered by the clinician. For many people, however, simple dietary changes can be very effective.

Adding dietary fiber in the form of unprocessed wheat bran is usually very effective in improving bowel action. Adding bran in gradual amounts allows the body to adjust to fiber. If you are not accustomed to fiber, you may bloat or cramp at first. These symptoms are temporary and go away in a week or two. The key is to start with small amounts and increase by small amounts on a weekly basis.

***Chronic  
Constipation,  
continued***

Fiber, such as unprocessed wheat bran, can be added to other foods such as puddings, yogurt, and baked goods. High-fiber cereals can also be taken on a daily basis and can even be used to make high-fiber muffins.

Read labels to determine the actual fiber content. Many cereals do not have much fiber at all. Some of the more fiber-packed brands of cereals include:

- Fiber One
- All-Bran
- 100% Bran
- Fiber-All
- Bran Buds

A concentrated fiber formula that can be a high-fiber supplement is Special Recipe. This fiber-charged recipe consists of:

- 1 cup applesauce
- 1 cup unprocessed wheat bran or Miller's bran
- 3/4 cup prune juice

Mix all ingredients together and refrigerate. Take 1 tablespoon a day for one week. Then increase your intake by 1 tablespoon a day every week thereafter. Do this until you begin to produce soft stools, and then maintain that dosage from that point on. The bran helps keep moisture in the stool so it remains soft. Be sure to drink more liquids while you are taking this supplement.

**Chronic  
Constipation,  
continued**

Some people like to mix just the applesauce and bran together. If you modify the recipe in this way, be sure to drink 1/2 to 1 glass of prune juice instead of mixing it in the recipe. You can also add mashed banana or dried fruits, such as raisins or figs, to increase fiber content.

Physical activity also helps stimulate bowel action. Daily walking or simple exercises in a chair can have a positive effect on sluggish bowels.

**Obesity**

Excessive weight is associated with increased risk for incontinence. The excess weight puts strain on the pelvic floor muscles that support the bladder and urethra. Weight loss may reduce the severity of incontinence, or even cure it. A sound weight loss program is an important component of a bladder program.