



# PHYSIOTHERAPY WORKS THE EVIDENCE

## URINARY INCONTINENCE

Physiotherapy is an effective treatment for incontinence. More importantly pelvic floor exercises can prevent the problem from occurring.

### What is urinary incontinence?

Urinary incontinence is loss of bladder control. Symptoms can range from mild leaking to uncontrollable wetting. It can happen to anyone and it becomes more common with age, but is not an inevitable part of ageing.

The most common type is stress incontinence involving leakage of urine with exertion such as coughing, sneezing, laughing, straining, lifting or playing sport. Urge incontinence is a sudden, overwhelming desire to pass urine that leads to a loss of urine.

### Socially embarrassing

Urinary incontinence can be socially embarrassing. It may restrict employment, educational and leisure opportunities resulting in isolation and loss of confidence. It may also cause personal health and hygiene problems. Only 40% of New Zealanders feel very comfortable discussing the problem with a health professional, younger people being more reluctant.

### Who is at risk?

The NZ Continence Association estimates that 1.1 million New Zealanders experience incontinence.

Risk factors include; pregnancy and childbirth, constipation, ageing, obesity, menopause, high impact sports, heavy lifting, genetic factors and pelvic surgery.

**Surgery costs around \$5000 and physiotherapy \$300 - reported patient improvements were the same at six months.**

## Impact on daily life

A New Zealand survey showed:

35% of people over the age of 18 had experienced urine leakage at some time with 36% reporting an urgent need to rush to the toilet for fear of leaking.

25% of females reported incontinence affected their participation in active sports.

Only 36% were aware physiotherapy could help.

## How can physio help?

Physiotherapists have an essential role to play in the assessment, treatment and prevention of urinary incontinence.

A physio can:

- Help prevent and manage incontinence by teaching how to locate and effectively strengthen pelvic floor muscles.
- Assist with bladder retraining and calming techniques.
- Demonstrate correct coughing, sneezing and bracing techniques.
- Liaise with other health professionals.

## The evidence


Pelvic floor muscle training is recommended as a first-line intervention for women with urinary incontinence.

Research evidence shows that up to 80% of patients with stress urinary incontinence can expect to be cured by conservative treatment.

## Prevention

Pregnancy and childbirth are the greatest risk factors for developing urinary incontinence in women. It is essential all women receive information on how to exercise their pelvic floor muscles during pregnancy.

Practising pelvic floor exercises during pregnancy decreases the risk of incontinence following childbirth.



**Pelvic floor muscle training is recommended as a first-line intervention for women with urinary incontinence.**

## Physiotherapy as a cost saving

An Australian study compared the cost of physiotherapy intervention to surgery. Surgery cost around \$5000 and physiotherapy \$300; the patients reported improvements were the same at six months.

A systematic review by international experts showed that more intensive pelvic floor muscle training and life style changes were the most cost effective first line strategies.

## Conclusion

There is no need to suffer the embarrassment of incontinence in silence – seek help.

Physiotherapy is a cost-effective, low-risk solution; teaching you how to manage, treat and often completely resolve continence problems.

## Access to physiotherapy

To find a physiotherapist near you, search at:

[physiotherapy.org.nz/findaphysio](http://physiotherapy.org.nz/findaphysio)

You can narrow down your search to physios with specific expertise in this area by using relevant keywords. E.g. pelvic floor or incontinence.

## References

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Imamura M et al (2010) Systematic review and economic modeling of the effectiveness and cost-effectiveness of non-surgical treatments for women with stress urinary incontinence. Health Technology Assessment 14 (40).

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**For further information visit [physiotherapy.org.nz](http://physiotherapy.org.nz)**