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Opinion Article

A comprehensive analysis of the causes of urinary incontinence

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ABOUT THE STUDY

Any uncontrolled pee flow is referred to as Urinary Incontinence (UI), sometimes known as involuntary urinating. It is a frequent and upsetting issue that could significantly affect quality of life. It has been noted as a significant problem in geriatric medical treatment. Enuresis, such as nocturnal enuresis, is a term frequently used to describe urine incontinence particularly in children (bed wetting). UI is an example of a medical illness that is stigmatised, which raises obstacles to effective therapy and exacerbates the issue. People could try to self-manage the ailment in private from others because they feel too ashamed to seek medical attention.

Major risk factors include pelvic surgery, pregnancy, delivery, and menopause. Despite being underreported to medical professionals, urinary incontinence frequently results from an underlying medical issue. The four primary types of incontinence are as follow; Major risk factors include menopause, pregnancy, delivery, and pelvic surgery. Despite being underreported to medical professionals, urinary incontinence frequently results from an underlying medical issue. The four primary types of incontinence are as follows;

• Urge incontinence brought on by an enlarged bladder.

• Stress incontinence brought on by "hypermobility of the bladder neck or urethra" or "poorly functioning urethral sphincter muscle (intrinsic sphincter deficit)".

• Overflow incontinence brought on by either poor bladder contraction or urethral blockage.

• Mixed incontinence, which has traits from several other categories.

Training the muscles in the pelvic floor and bladder, surgery, and electrical stimulation are among the available treatments. In general, behavioural treatment is more effective than medicine for treating stress and urges incontinence. Medication benefits are minimal, and their long-term safety is unknown.

Causes

There are urologic and non-urologic causes of urinary incontinence. Detrusor over activity, poor bladder compliance, urethral hypermobility, and intrinsic sphincter deficiencies are examples of urologic reasons that can be categorised as either bladder dysfunction or urethral sphincter incompetence. Infection, drug usage, psychological issues, polyuria, hydrocephalus, stool impaction, and limited mobility are examples of non-urologic reasons. Although the reasons of urine incontinence are frequently sex-specific, some factors affect both men and women equally.

Women

Urge incontinence and stress incontinence are the two most prevalent kinds of urine incontinence in women. Urinary incontinence in women is referred to as "mixed" when there are signs of both categories. After menopause, the body produces less oestrogen, and in certain women, the urethral tissue atrophy's becomes weaker and thinner possibly contributing to the emergence of urine incontinence. Women are more likely than men to experience stress urine incontinence due to loss of urethral support, which is typically the result of damage to pelvic support structures brought on by pregnancy, childbirth, obesity, ageing, and other factors. Urinary incontinence affects roughly 33% of women after giving birth, and women who deliver vaginally are about twice as likely to develop it as those who deliver by Caesarean section. Small amounts of urine may flow during actions that increase abdominal pressure, such as coughing, sneezing, laughing, and lifting. This condition is known as stress incontinence. This occurs when the urethral sphincter cannot fully seal because of injury to the sphincter or the tissue around it. Athletes who engage in high-impact

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activities frequently may also develop incontinence. Overactive bladder syndrome, a disorder that results in unchecked detrusor muscle spasms, is what causes urge urine incontinence. Large amounts of urine spilling with insufficient warning to use the restroom on time are its defining characteristics.

Men

The most typical type of incontinence in men is urge incontinence. Similar to women, males with overactive bladder syndrome experience urine leakage after an extremely strong urge to urinate, leaving them with insufficient time to get to the restroom. The disorder is frequently linked to benign prostatic hyperplasia in men, which leads to obstruction of the bladder outlet, dysfunction of the detrusor muscle, and finally overactive bladder syndrome and the related incontinence. The other prevalent type of incontinence in males is stress urinary incontinence, which most frequently develops following prostate surgery. The urethral sphincter and surrounding tissue can be injured by prostatectomy, transurethral resection of the prostate, prostate brachytherapy, and radiotherapy, rendering them ineffective. When performing actions that raise the intraabdominal pressure, such as coughing, sneezing, or laughing, an ineffective urethral sphincter cannot stop the pee from leaking out of the urinary bladder. After prostate surgery, continence often becomes better within 6 to 12 months without any special treatments, and only 5% to 10% of patients experience lingering difficulties.

Both

Age is a risk factor that raises the prevalence and severity of UI. The most common causes of polyuria, or the overproduction of urine, include uncontrolled diabetes mellitus, primary polydipsia, central diabetes insipidus, and nephrogenic diabetes insipidus. Urinary urgency and frequency are typically caused by polyuria, albeit this condition does not always result in incontinence. The nerve function of the bladder can be affected by neurogenic conditions such multiple sclerosis, spina bifida, Parkinson’s disease, strokes, and spinal cord damage. This could result in neurogenic bladder issues.