Poor bladder control is a topic you shouldn’t be afraid to discuss with your nurse practitioner.

Although you may feel embarrassed by it, incontinence is common and shouldn’t be ignored. Urinary incontinence affects men and women of all ages—13 million Americans live with this problem every day, with the majority being women. An estimated one in four women between the ages of 30 and 59 has experienced urinary incontinence.

Contrary to popular belief, urinary incontinence isn’t a normal consequence of aging. Eighty percent of urinary incontinence cases can be cured, or at the very least improved, according to the National Association for Continence.

Common types of urinary incontinence include:

• **Stress incontinence.** An activity-related incontinence, stress incontinence affects one out of every 10 women of all ages, and one in five women older than 40. Jumping, lifting heavy objects, sneezing and laughing all put pressure on the bladder, causing leakage.

• **Urge incontinence.** More common in older adults, urge incontinence is the urgent need to urinate and an inability to get to the bathroom in time. Poor toilet habits, nerve damage and dietary irritants—caffeine, citrus-based products, artificial sweeteners and lactose products—can cause urge incontinence.

• **Overflow incontinence.** Occurring when the bladder can’t empty completely and becomes too full, overflow incontinence causes frequent, or sometimes constant, urine loss. This condition is common in men with enlarged prostates.

• **Functional incontinence.** The result of toileting difficulty because of problems with transfers, clothing management and mobility, functional incontinence is the loss of bladder or bowel control.

• **Mixed incontinence.** This condition has the symptoms of urge and stress incontinence.

Incontinence can be acute, with a sudden onset, or chronic, meaning that it occurs on a regular basis. Some acute causes of incontinence include mental confusion, restricted mobility, urinary tract or prostate infection, stool impaction, side effects of medications, increased urine amounts or psychological factors.

Chronic incontinence is caused by sphincter weakness (following prostate surgery in men or vaginal surgery in women), pelvic muscle weakness (especially in women who had multiple pregnancies), mental or psychological changes (Alzheimer’s disease, depression), bladder cancer or nervous system impairment resulting from multiple sclerosis, Parkinson’s disease, strokes or spinal cord injuries.

Depending on the type and cause of your bladder problem, treatment options vary. Here is a list of possible treatment options:

• Kegel exercises. These involve a slow tightening, lifting and drawing in of the pelvic floor muscle, and a quick contraction to work the muscles that stop the flow of urine.

• Biofeedback or electrical stimulation.

• Progressive resistance exercises with vaginal cones or weights.

• Pessaries or urethral inserts to prevent leakage or control urine flow.

• Surgery. In specific (and usually rare) instances, surgery may be required. For example, surgery can relieve an obstruction or correct a deformity of the bladder neck and urethra, and some women need a uterine or pelvic suspension operation.

Medications to calm overactive bladder muscles, dietary changes to exclude foods and drinks that irritate your bladder and incontinence products, such as absorbent pads, can also be used to manage incontinence.

Without treatment, incontinence can cause unnecessary social isolation, anxiety and even other medical conditions. If you experience any symptoms of incontinence, talk to your nurse practitioner. Don’t let the initial embarrassment keep you from living your life.