If you are one of the more than 35 million Americans who currently have some form of bladder trouble, that old familiar drinking song, "How Dry I Am," takes on a whole new meaning, and it is becoming big business. We have all seen the television commercials, "Gotta go, gotta go right now..." featuring a fairly young woman with a distraught look on her face. Do not be fooled, although a minority of young people do have a bladder-control problem.

In general, bladder problems become worse with age. They range from incontinence, with the bonus feature of a number of forms of incontinence. As the swell of the population known as "baby-boomers" trade in their thongs for granny bloomer products, service, medicine, and surgery grow in prominence and availability.

It is a simple mechanism. A healthy bladder fills throughout the day and night, expanding gently to accommodate urine, which is constantly produced by the kidneys. The outlet valve or sphincter muscle and the muscles of the pelvic floor, as well as the bowels, are closed. In women, the uterus helps to hold the bladder in place, keeping the outlet tube, the urethra, closed.

Our bodies monitor how full the bladder is. Eventually, we begin to pass the signal that we need to empty the bladder, way before it is actually full. How well before depends on a lot of things, including how well we were trained from infancy onward. Most of us need to empty our bladders between four and eight times a day.

If the bladder is diseased, displaced, or stressed, we may feel the need to void as much as three or four times as often. Worse still, we may find that we have missed the signal or are too far from a toilet to reach it in time.

Embarrassing, yes, but we are not alone. Approximately 5.6 percent of adults aged 20 and older report having some sort of bladder infection lasting three months or longer, and about 65 percent of women aged 65 years or older report having urinary incontinence.

Actually, many believe these numbers to be deceptively low because embarrassment serves to keep sufferers silent. After all, most of us have always understood the appropriate use of a toilet. Somewhere something has gone horribly wrong.

Actually, many things can go wrong, usually with women. Starting with a bladder infection, the simplest form is often caused by bacteria traveling up the urethra—which is why women, who have a shorter urethra than men do, generally have more bladder problems compared with men.

Itching and burning while urinating or feeling the need to urinate are the most common symptoms of a urinary tract infection in younger women. However, more subtle signs, such as loss of appetite, a change in eating habits, or the onset of confusion, may be signs of an infection in older folks, making it more difficult to diagnose. After an infection is diagnosed, it is relatively easily treated with antibiotics.

Urinary Tract Infections May Be Foodborne Illnesses

Urinary tract infections (UTIs) in women are common and can be quite painful in some instances. UTIs are not considered contagious epidemic diseases, but recent breakthroughs in sophisticated genotyping methods have found surprising patterns in UTI pathogens.

One such surprise is the discovery of a unique drug-resistant Escherichia coli clone in UTIs in women from geographically distant communities in the United States.

To answer the question of whether these UTIs might have a common source—such as meat containing drug-resistant uropathogenic E. coli—researchers examined 495 animal and environmental strains of E. coli submitted between 1965 and 2002. They looked for similarities to the clone found in the human infections.

Analyses showed that several of the bacterial strains were similar to the human strain in deoxyribonucleic acid (DNA) and protein structure as well as in antibiotic resistance.

The study did not result in any concrete link between UTIs and tainted meat, but further research could influence the practice of feeding cattle food mixed with antibiotics.

(Source: Clinical Infectious Diseases, 2005;40:251-257, 258-259.)
Hormone Therapy Sees Mixed Results for Urinary Incontinence

The medical community is divided about whether to treat urinary incontinence with estrogen. Some studies claim that hormonal replacement therapy (HRT) can improve or cure incontinence; others state that although HRT might seem logical, estrogen actually does little to curb the condition.

Doubters on each side of the argument point to deficiencies in the findings, such as small population samples and conclusions that can be applied only to women with ischemic heart disease. A recent review that analyzed the effects of estrogen to treat incontinence resulted in a perceived cure or improvement, but the data were not sufficient to rule out any other possibilities.

The study noted that three other clinical trials had been conducted using estrogen plus progesterin. The data in those studies suggested that the combination treatment actually worsened the condition and reduced the likelihood of a cure.

Another trial involved a group of women who were randomly assigned to receive either an estrogen tablet, an estrogen-plus-progestin tablet, or a placebo. Questionnaires were used to obtain quality of life and severity of incontinence at the baseline evaluation.

Women who experienced stress, urge, or mixed incontinence saw their condition worsen under HRT. Their quality-of-life scores were lower, and they encountered more disturbances than those who received placebo.

Even with this study, the full effect of HRT for urinary incontinence is not known. For those patients considering HRT for this purpose, it is advisable to contact a physician and weigh the benefits and risks involved. (Source: Journal of the American Medical Association, 2005; 293(8):935-948, 998-1000.)

How Dry I Am

common symptom of bladder cancer is hematuria, or blood in the urine. Because blood is not always visible, people should watch for other symptoms, such as painful urination or having the urge to urinate frequently. If men have these symptoms, they might have bladder cancer, so it is a good idea to see a physician. Ruling it out is the best choice.

If a person does have bladder cancer, there are surgical and nonsurgical treatment options. One nonsurgical option is intravesical therapy; a liquid medication is inserted directly into the bladder with a catheter.

Radiation therapy is another form of treatment for invasive bladder cancer. High-energy x-rays are used to kill cancer cells locally, but treatment may need to be administered up to five times a week.9

The good news is that up to 80 percent of bladder cancers are found to be superficial. Most of these cancers can be removed by transurethral resection of a bladder tumor (TURBT). This is the most conservative of surgeries, and it takes place in the hospital with the patient under general anesthesia. The surgeon uses a high-frequency electric current or a laser to obliterate the tumor with the aid of a light camera inserted through a scope placed through the urethra. For obliterating cancer that has not spread, this is often the weapon of choice.

If cancer has penetrated the muscular layer of the bladder, the most common therapy is surgical removal of the bladder. During a radical cystectomy, the surgeon also removes nearby lymph nodes and part of the urethra. The procedure may also include removal of the prostate gland; in women, the ovaries, fallopian tubes, and part of the vagina may be removed. Any area in direct contact with the cancer cells is removed.

When the bladder is removed altogether, a new one must be constructed either by using part of the intestines or by using synthetic orthotopic neobladders. In some cases, surgeons still attach an ostomy (a pouch to hold urine) that sits outside of the body.8

Generally, survival rates for bladder cancer are good, especially when it is diagnosed and treated early.

Far less worrisome than bladder cancer is common incontinence (less worrisome but more prevalent). Uncontrolled leakage is categorized into three basic types:

1. Stress incontinence happens as a result of abdominal muscles pressing down on the bladder, such as when we are laughing or coughing.
2. Urge incontinence refers to the need to urinate far more frequently than normal.
3. Mixed is simply a little of both.

Unlike the old days, when patients were forced to live out their lives in silence near to the closest toilet, today we have a number of strategies for dealing with the problem; more therapies are likely on the way. As baby-boomers age, medical researchers, pharmaceutical companies, and absorbers and control product managers will rush to provide ways to help us.

Of course, there is exercise. The patient can practice by cutting off the

Give the Gift of Health with
Nutrition Health Review

Send Nutrition Health Review to a friend or loved one and share the best-kept secret in the health and medical world.

Mail to: Nutrition Health Review, Box #406, Haverford, Pa. 19041

Your name
Your Address
Your City
Your State
Your Zip Code

Gift Subscription #1
Name
Address
City
State
Zip Code

Gift Subscription #2
Name
Address
City
State
Zip Code

Gift Subscription #3
Name
Address
City
State
Zip Code

Gift Subscription #4
Name
Address
City
State
Zip Code

For additional gift subscriptions, please attach separate list.
flow of urine mid-stream. That strengthens the Kegel muscles (the muscles on the pelvic floor) to help prevent the bladder from pushing down on the urethra. A number of products are available to help us identify the Kegel muscles and gain feedback and control over those muscles.

On the more popular front, bladder-control medications include the alpha-adrenergic agonist famotidine to help the urinary sphincter maintain tone and to contract with greater strength; oxybutynin, calcium-channel blockers, and triglyceride displacerms relax involuntary contractions.

In postmenopausal women, some doctors may recommend estrogen therapy, but all patients are advised to weigh carefully the risk/benefit ratio of that sort of treatment.

As mentioned before, some trials have involved botulinum toxin injection to the detrusor muscle. Of course, there are always products that help us with damage control. These items include protective undergarments, absorbency pads, and absorbent mattress pads. These products are readily available, no prescription is needed, they are relatively affordable, and they help patients regain a normal lifestyle. However, the pads and undergarments can be uncomfortable, especially if they become soiled.

Pessaries for women help to suspend the bladder into its proper position. Urethral inserts are a sort of a plug and are available by prescription. One type works like a balloon; another works like a tampon. The insert can be removed when the person must urinate and can be replaced after relief is achieved.

Urinary patches have begun to make inroads. These are small foam pads with a gel adhesive that fit over the urethral opening to absorb minor leakage.

Permanent catheters are also available as a solution; however, medical intervention is necessary, and infection sometimes results.

For men there are fewer choices, partly because women make up the larger market and partly because the male urinary system is constructed in such a way that inserts are not an option. Devices for males must be worn externally, and most of them create pressure around the urethra, preventing urine flow. A number of penile rings and clamps are designed to work this way. Catheters tend to be external for men; they work like a sheath that fits over the penis and is connected to an external bag worn externally, and most of them create pressure around the urethra, preventing urine flow. A number of penile rings and clamps are designed to work this way. Catheters tend to be external for men; they work like a sheath that fits over the penis and is connected to an external bag strapped to the upper leg.

None of these options for men or women seems particularly appealing. Unfortunately, the other option is to hide the problem by lurking near the toilets and venturing only to familiar ground.

In summary, symptoms accompanying bladder disease range from embarrassing to unbearable. The psychological distress alone, brought on by myriad awful thoughts about ourselves when we cannot control our bladder, is mind-boggling. If you are or if you know someone who has a bladder condition, do not be silent. Get answers. They are available, and they can be removed when the person must urinate and can be replaced after relief is achieved.

References
1. The Continence Foundation.
2. National Kidney and Urological Disease Foundation.
4. Interstitial Cystitis Network.
5. Urology Channel.
6. Urology Channel.
9. The Cleveland Clinic.