

Introduction

Do you experience accidental leakage of urine, sometimes referred to as bladder weakness, but known as urinary incontinence (UI)?

This brochure was made with the help of people living with bladder problems, who asked for evidence about the help that lifestyle and dietary factors can offer for improving incontinence. The brochure contains **recommendations** (strongly supported by research) and **suggestions** (less strongly supported by research).

You can use this advice alone or in combination with other treatments, such as bladder training, medication, pelvic floor physiotherapy, and surgical intervention, to manage UI.

Weight



- 1) If you are in the obese category, with a body mass index (BMI) of 30 or over, reduce weight by 5-10%. Enter your height and weight here to calculate your BMI: [https://www.diabetes.ca/managing-my-diabetes/tools---resources/body-mass-index-\(bmi\)-calculator](https://www.diabetes.ca/managing-my-diabetes/tools---resources/body-mass-index-(bmi)-calculator)
- 2) Maintain a BMI less than 30. The risk of developing frequent or severe UI becomes 50% higher with every 5 point increase in BMI.
- 3) To improve UI or nocturia (waking up to urinate at night), weight should be reduced by more than 1-2 BMI points.

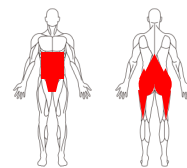
- 4) Reducing BMI is a more effective treatment for stress (exertional) UI than for urgency UI.

Physical Activity

- 1) Because we don't know whether physical exercise (e.g., yoga, cardiovascular exercise, and non-pelvic floor muscle training) alone, without weight loss, improves UI, any exercise to improve UI should be part of a weight loss plan.



- 2) Engage in low impact exercise, such as walking at least 3-4 times/week for at least 30 minutes, hiking, using the elliptical machine, cycling, yoga, Pilates and dancing, to improve UI. Avoid high impact exercise, such as jumping, running and heavy weight-lifting. High impact sports can lead to or worsen UI.
- 3) For older people in nursing homes, exercise combined with prompted voiding (encouraging urination at regular time intervals) should be implemented to improve UI.
- 4) Try modified Pilates (lumbopelvic stability exercises) to improve UI. It may be more



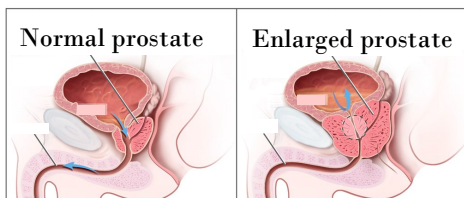
Lumbopelvic muscles

effective than pelvic floor muscle training (Kegels).

Diet

- 1) The association between dietary factors and UI is weak. Control your diet to control symptoms, but know that it will not lead to or prevent UI.
- 2) Eat vitamin D and B12-rich foods like fish, beef, eggs and milk products to maintain your vitamin levels. Low vitamin D ($\leq 41\text{nmol/L}$) and vitamin B12 ($< 300\text{pg/mL}$) blood levels are associated with UI, but do not necessarily cause UI.
- 3) Limit intake of fizzy drinks, because they worsen urgency symptoms.
- 4) Caffeine does not increase the risk of developing UI. However, if drinking more than 2 cups of coffee per day, reduce caffeine to improve urgency symptoms. Reducing caffeine will not improve nocturia.
- 5) Alcohol consumption is not significantly associated with UI, unless consumed in excessive amounts. Do not consume over 2 alcoholic drinks/day.
- 6) Reduce total fluid consumption by 25%, to no less than 1L/day, to improve UI. However, be mindful of other conditions, such as urinary tract infections and constipation, which may worsen due to reduced fluids.

The following guidelines address the use of herbal supplements for men experiencing UI due to an enlarged prostate gland. Research does not support the use of herbal supplements for management of UI in women.



- 7) *Serenoa repens* supplements, including saw palmetto and permixon, are safe to take but **do not** significantly improve UI symptoms.
- 8) Permixon (320mg/day) modestly improves nocturia. The treatment effect peaks at 1 year.
- 9) *Pygeum africanum* (African cherry) supplement **does not** significantly improve UI nor nocturia.
- 10) 300mg/day of *Urtica dioica* (common nettle/stinging nettle) modestly improves UI symptoms and has no known side-effects. The treatment effect peaks at 6 months.
- 11) Consuming whole pumpkin seeds (10g/day) modestly improves UI symptoms after 12 months of consumption.

Other Information

The Canadian Continence Foundation contact details are below.

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This educational material was developed in collaboration with and reviewed by, the continence patient advisory group.



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CONTINENCE CLINIC



**Urinary
Incontinence:
Lifestyle
& Dietary
Management**