



- Page 1-2 Research in overactive bladder and incontinence
- Page 3 Issues for Canadians living with incontinence
- Page 4 Make a difference!
- Page 5 TCCF News
- Page 6 Sponsors



# THE **informer**

your Canadian  
Continence Resource

## Research in overactive bladder and incontinence

Derek Griffiths  
The Canadian Continence Foundation and University of Pittsburgh

“Overactive bladder” is something we hear a lot about. It means poor bladder control, with symptoms such as going to the bathroom too often, needing to go urgently, and leakage (incontinence) when you get that urgent feeling. Incontinence is quite common at all ages (about 6% of people suffer from it), but it becomes much more common in older people (about 1 elderly person in 6 suffers from it). There are several sorts of incontinence, but the sort that starts in later life is nearly always the overactive bladder type — poor bladder control. It is often very severe and costs a lot of money. It also causes much suffering. Sometimes the cause of an overactive bladder is a stroke or a disease like multiple sclerosis, but often it is not known. Treatment is tricky. The medications advertised for overactive bladder all have side effects like a dry mouth or poor bladder emptying. A lot of effort is being put into developing new drugs for this problem, which might work in different ways and have fewer side-effects. It will take a number of years before such new medications are available, though.

Many factors affect overactive bladder and bladder control, and not everyone wants to take a drug for ever. Therefore other types of treatment are attractive. One type is exercises of the pelvic floor muscles (Kegel exercises), supported by biofeedback — a way of showing you what those muscles are doing. It is often successful, but the way it works is not clear and it is also very time-consuming. For these reasons it is not very popular. In the lab where I work (chief: Dr Neil Resnick) we have started a new project to see what actually changes when a woman aged 60 or older gets better on biofeedback. We believe that this will show us how it works, allow us to simplify the treatment, and make it more widely available. We are well into the project and hope to publish our very first preliminary results soon.

**“A lot of effort is being put into developing new drugs for overactive bladders,  
which might work in different ways and have fewer side-effects”**

Many researchers all over the world are trying to find out why bladders become overactive. Using the electron microscope, our chief's group has shown that the muscle in overactive bladders from older people has a special structure that suggests it may be more irritable than normal. Other researchers believe that the nerves may work differently in overactive bladders. Overactivity means that there are bladder spasms, and so another of my colleagues is using special fluorescent dyes to visualize the spasms under the microscope, so as to see where they begin and how they move through the bladder. Yet another is investigating the lining of the bladder and how it contributes to bladder sensations. | [continued on page 2](#) |



## The Powder Room door is always open...

Stay as long as you like and come back as often as you can!

You don't want to miss out on what is going on inside the Powder Room.

The Powder Room is a place for you to share your experiences, questions, concerns, stories and thoughts about overactive bladder (OAB).

Visit the Powder Room online or through its outreach activities and resources where you can find accurate, non-commercial information about current Canadian OAB treatment options as well as lifestyle management techniques.

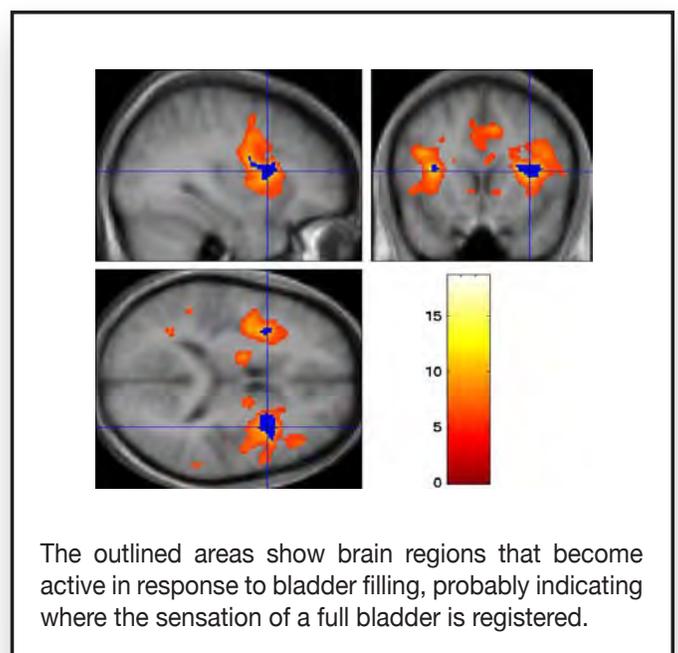
[www.powderroom.ca](http://www.powderroom.ca) or call 1.888.899.4OAB (4622)

The Powder Room has been made possible thanks to an educational grant from Astellas Pharma Canada, Inc., a leader in the field of Urology.

| continued from page 1 | Because overactive bladder symptoms get more common with age, another approach is to consider how the bladder ages. For example, does it shrink with age, making frequent urination inevitable? In our lab we have shown that bladders do not normally get smaller with age – they only seem to do so because bladder overactivity gets more and more common, driving people more frequently to the bathroom.

The bladder is controlled ultimately by the brain. Therefore, if the bladder is difficult to control then the fault may be in the brain's control system, not the bladder. If true, quite different treatments from the usual ones might be needed. Brain control of the bladder is a hot topic that has only just begun to be studied. We are testing how the various parts of the brain respond to bladder filling, using a special sort of magnetic resonance scanning (MRI).

We are looking to see if there is a difference between people with good bladder control and people with poor control (overactive bladder). Our initial studies show that there is indeed a normal pattern of brain responses to bladder filling (see picture) and there are different patterns in the brains of people with poor bladder control. These are exciting results which will require a long period of follow-up and checking in different labs, before perhaps leading to any new types of treatment. All in all, there is currently a great deal of activity in overactive bladder and incontinence research, which ultimately is bound to yield new and better treatments.





# Issues for Canadians living with incontinence

There are number of treatment options and products available to help individuals with incontinence, such as medicines, surgery, and incontinence products. However, at every corner incontinence sufferers face challenges with each of these aids:

- **Long wait times for care:** If a patient overcomes their reticence and discusses their incontinence with their physician, they will often have to wait 6-9 months before they will see a specialist. Another 4-6 month wait is generally required to assess their incontinence, and if surgery is an option, patients can wait up to two years to receive the surgical treatment that they require.
- **Lack of availability of treatments and products:** many incontinence treatments (such as injectable bulking agents, which cost as much as \$2,000) are not covered by public or private health plans, meaning that the patient will need to cover the full cost of the treatment.
- **Lack of access to the newest medicines:** most of the drugs for overactive bladder (OAB) that are covered by provincial formularies are older and have negative side effects. Providing some relief to OAB sufferers are newer, more effective drugs. These are however, not covered on the public formularies.
- **Cost of products for incontinence:** Each year, a senior with incontinence living at home will spend an average of \$1,000 to \$1,500 on incontinence supplies. Incontinence supplies are not covered by the provincial public health plans, or by most private insurance companies, meaning that the full cost of supplies is borne by the individual.

*Dr. Lesley Carr, Urologist,  
Sunnybrook Health Sciences,  
presentation, Shedding light  
on a neglected women's health  
issue stress urinary incontinence,  
September 22, 2006.*





# make a difference!

The Canadian Continence Foundation (“TCCF”) has commenced a grassroots advocacy program in Ontario aimed at raising awareness of the effects of urinary incontinence (“UI”). At present we are addressing the issue of Stress Urinary Incontinence (“SUI”) on both patients and the health care system. (Our next initiative will address other forms of incontinence). The project is also focused on ways that these effects can be alleviated. The lessons learned will eventually be used to address these same issues across the other provinces.

As you know, UI is often unreported and therefore the prevalence of the condition is largely unknown to the public and politicians. It is crucial that as we enter into a provincial pre-election period, members of TCCF make their voices heard in every part of the province. It is imperative that members get their message to every candidate for provincial office at Queen’s Park and every political party in Ontario long before the election. Obtaining agreement from politicians is a gradual process – and that is why we should start now to ensure that we influence decisions on treating UI next year.

In order to foster change and influence decision-making, it is best to start at the local level. The TCCF has written to every Liberal MPP as the first step in trying to raise awareness for UI, establish relationships with them and gradually build on those relationships. However, it is not enough for the TCCF alone to write to MPPs. In that regard, a patient and TCCF spokesperson, Hilda Dubé has also written a letter to each Liberal MPP to provide information about how SUI has affected her life and what government can do to alleviate the often devastating effects of the condition.

It is crucial that your local MPP hears from each of you in the same manner. In order for elected officials to support your position they need to first understand it. Therefore, your message about SUI; how it affects - or affected – you; the steps you take – or took - to deal with it on a daily basis; and any surgical procedures you undertook – or are considering - to alleviate your condition ought to be communicated to politicians. They can then make informed decisions about the need for proper treatment of SUI. After you have written letters, it will be important to make an appointment with your MPP to more fully explain SUI and what is required to ensure that women have the best possible health care to treat it.

Success in any advocacy campaign requires building an atmosphere of mutual trust and respect. For that reason, the relationship-building process is a lengthy one that is cultivated over a period of time. Furthermore, since this issue does not have a high public profile, building partnerships gradually is the most effective way of achieving success. However, given the time constraints – the provincial election is less than a year away - it is crucial that a large number of volunteers come forward to assist in the advocacy campaign. TCCF will assist members to prepare letters and establish contact with their local MPPs. We will also provide you with appropriate messaging and training for visits to MPPs’ offices.

The provincial government and MPPs need to hear your story. They are constantly bombarded with issues that they have to deal with. So – we have to make them care. You can do that – all of us can. Let’s start now. Please contact Jacqueline Cahill at 705-750-4600 and let us know that you are ready, willing and able to carry your message to your local MPP and to Queen’s Park. The time is now. We need your help in ensuring that appropriate resources are made available for the proper treatment of those suffering from SUI.

*Please volunteer - only you can make that happen!*



If looking at these signs makes you uncomfortable it's possible that you could have Overactive Bladder or OAB. It's not a normal part of aging, but a medical condition that can cause frequent strong and sudden urges to urinate. To learn more, call us or visit the website below for a free information kit. In it, you will find information and treatment options for you to discuss with your doctor.



Our website has had a complete face-lift! New graphics and content! Additional features include "Ask an Expert" section, a new interesting survey plus new factsheets. We will be updating the website on a regular basis so visit often and take a look. [www.continence-fdn.ca](http://www.continence-fdn.ca)  
Find **continence-care specialists** listed on our website!

the canadian continence foundation - welcome  
<http://continence-fdn.ca/>

The Canadian Continence Foundation

make a donation | corporate relations | contact us | français

**New Website, New Content!**

Home | About the Foundation | Consumers | Healthcare Professionals | Meet our Spokespeople | List of Professionals

Member Login

- Survey
- Receive info by e-mail
- Other links
- Community partners
- Ask an expert
- Stories
- Tip
- Newsletter and document registration

Welcome

Check out our **New Continence Facts Sheets**  
Click here

**We need you**  
Click here for more information on becoming a Patient Advocate  
Click here for more information on writing your social story

We welcome **Hilda Dubé**  
Our latest Spokesperson

Upcoming Events  
**CUA ANNUAL MEETING 2007**  
[fdn.cua.org/](http://fdn.cua.org/)  
June 24-27 2007  
Centre des congrès  
Québec City, Québec

The Canadian Continence Foundation was formed in 1986 to address the needs of consumers experiencing urinary incontinence. Until that point there was virtually no help or information available to the general public.

The Foundation is a national non-profit organization that is a registered charity # 89004 4746 RHD001 and can provide income tax receipts.

Therefore we rely on the support of individuals, industry, professional and corporate memberships and the sale of our documentation. This offsets the costs of translation, printing and postage.

Within the past four years the number of consumers we serve has increased by over 50%. In order to serve our consumers, expenses have increased.

The need is great as there are over 3.3 million Canadians experiencing urinary incontinence and through the natural aging process this number will increase.

One of our main activities is to raise public awareness and bring the topic of incontinence "out of the closet". This is being accomplished by a variety of ways such as public information forums, conferences, placing ads and articles in magazines and industry commercials that we see on television.

The Canadian Continence Foundation strives to encourage consumers to seek help from a healthcare professional and not suffer in silence.

We provide a wealth of information on incontinence, as we believe consumers are "taking charge of their healthcare" and information is power.

In recent years we are encouraged to see the development of many new treatment options.

The Canadian Continence Foundation has produced **Genetic Link Clinical Practice Guidelines for Treatment of Urinary Incontinence** and co-hosts a day-long accredited course for Family Physicians.

We acknowledge with thanks the work done by Victor and Shit Communications on our new redesigned website and encourage you to take advantage of it.

Copyright © 2006 Canadian Continence Foundation. Privacy | Site Map | Disclaimer | Website Design by: [www.zoodesign.com](http://www.zoodesign.com)

## Foundation Moves To Ontario

The Canadian Continence Foundation was founded 20 years ago in Toronto, Ontario at that time it was named "The Simon Foundation" after it's counterpart in the USA. In the mid 1990's the name was changed to "The Canadian Continence Foundation" and the head-office moved to Montreal, Quebec in 1994. On July 1st 2006 the Foundation closed it's Montreal office and returned to Ontario, this time to Peterborough. All services will remain the same including the 1-800 line.

**HERE ARE OUR NEW CO-ORDINATES:** P.O. Box 417 Station Main, Peterborough, Ontario K9J 6Z3 Telephone: 705-750-4600 Fax: 705-750-1770

## New TCCF Executive Director



In December 2005 Ruth Pelle left the Foundation for a new position where she is putting skills that have helped this foundation grow. TCCF would like to take this opportunity to thank Ruth for her dedicated

work and wish her all the best in future endeavors. Our new Executive Director is Jacqueline Cahill, who has an extensive non-profit background. For more background information on Jacqueline or any of our Board members visit our website.

## Continence Fact Sheets and Newsletters

Our much requested "Continence Facts" sheets are now available **FREE** at our website for downloading and printing. As are many back issues of "The Informer" newsletters.



**Available Online!**

## Meet our new Spokespeople

The Canadian Continence foundation is pleased to announce it's first ever spokespeople: Angie Clark and Hilda Dubé. We welcome them on board and thank them for their time and dedication.

If you are interested in becoming a spokesperson for the Foundation please contact Jacqueline Cahill (705) 750-4600 or [jcahill@continence-fdn.ca](mailto:jcahill@continence-fdn.ca)

**Spokespeople's background stories make interesting reading and can be found at [www.continence-fdn.ca](http://www.continence-fdn.ca)**



## Proud partners of The Canadian Continenence Foundation



PRODUITS MÉDICAUX  
*Johnson & Johnson*  
MEDICAL PRODUCTS  
A DIVISION OF Johnson & Johnson, INC.



GYNECARE • PURDUE • PALADIN • TRITON • Q-MED • LABORIE • JANSSEN-ORTHO

## The Canadian Continenence Foundation

### Governing Board Members

President - Mr. David Wm. Ames, Bsc, Msc, CCM  
Vice- President - Dr. Derek Griffiths, PhD  
Consumer Representative - Dr. Tom Alloway, PhD  
Industry Representative - Ms. Terri-Jean Geddis, B.A. Econ  
Ms. Frankie Bates, RN, NCA  
Ms. Claudia Brown, PT  
Dr. Kevin V. Carlson, MD, FRCSC  
Dr. Harold Drutz, MD, FRCSC  
Dr. Scott A. Farrell, BA, BEd, MD, FRCSC  
Dr. Jerzy Gajewski, MD, FRCSC  
Mr. Michael Gareau  
Ms. Dianna MacDonald, PT  
Ms. Fran Monkman Rosenberg, RN, NCA  
Dr. Jane A. Schulz, Bsc, MD, FRCSC  
Dr. Luc Valiquette, MD FRCSC

Executive Director: Jacqueline Cahill  
Design and Layout: vectorandshift

## THE **informer** your Canadian Continenence Resource

P.O. Box 417, Peterborough, Ontario K9J 6Z3  
Telephone: (705) 750-4600 • Toll free: 1-800-265-9575  
E-mail: [help@continenence-fdn.ca](mailto:help@continenence-fdn.ca) • [www.continenence-fdn.ca](http://www.continenence-fdn.ca)

© 2007 Canadian Continenence Foundation. No part of this newsletter may be reproduced, transmitted or recorded in any form or by any means, whether manual, electronic or mechanical, in any information storage system without the written consent of The Canadian Continenence Foundation. The contents of this newsletter do not necessarily reflect the opinions of The Canadian Continenence Foundation and cannot be interpreted as such. In no way are any of the suggestions contained herein meant to take the place of advice given by licensed health care professionals.

Consult your licensed health care professional before commencing any treatment. The information contained herein is for educational purposes only and is not intended as medical advice.