

Patient information from BMJ

Last published: Jun 06, 2022

Urinary incontinence in women

Urinary incontinence means that you don't have complete control of your bladder. It's very common. As many as half of all women have problems with incontinence at some time in their lives.

Here, we look at the main causes of urinary incontinence, and at some of the things you can do to reduce or stop it. You can use our information to talk with your doctor about the best treatments for you.

What is urinary incontinence?

Urinary incontinence means that you don't have total control over your bladder, so that urine leaks from your bladder when you don't want it to.

Incontinence affects everyone differently. For example, some women have very little bladder control, while others only leak small amounts of urine when they put stress on certain muscles, such as during strenuous activity, or when they cough or sneeze.

You might hear your doctor talk about two types of urinary incontinence: called stress incontinence and urgency incontinence.

- With **stress incontinence**, you might lose some bladder control when you put your muscles under stress: for example, if you cough, run, or lift something heavy. For more detailed information, see our leaflet: *Stress incontinence in women*.
- With **urgency incontinence**, you feel a strong urge to urinate right away, and you're not able to stop it.

Incontinence, mental health, and quality of life

Not surprisingly, urinary incontinence can have a severe impact on women's **mental health** and on how they feel able to live their lives.

For example, it can lead to **depression**, and affect someone's **confidence** to the point where they don't want to leave their home. If problems with incontinence are affecting your mental health, talk to your doctor about getting help.

Urinary incontinence in women

Causes of urinary incontinence

If you have any degree of urinary incontinence, finding the cause can be the first step toward doing something about it, and reducing its impact on your life.

Many things can make urinary incontinence more likely. For example, in general you are more likely to have problems if you:

- have white, northern European ancestry
- are older, and
- are very overweight.

But below we look at the more specific causes.

Giving birth

Many of the things that can cause some loss of bladder control are linked to giving birth.

When you give birth, it can sometimes damage the nerves, muscles, and other tissues near your bladder. This damage is more likely if you:

- have given birth more than once. Each time you give birth there is a chance that some damage will happen
- have given birth with a vaginal delivery rather than a cesarean, and
- have ever had an episiotomy while giving birth. This is a cut to widen the birth canal during a difficult labor.

Dementia

Dementia is often linked with urinary incontinence in older women.

Constipation

Long-term problems with constipation can cause you to strain a lot when you defecate (empty your bowels). This can damage the nerves near the bladder.

If you have constipation along with urinary incontinence it's **important to see your doctor**. These symptoms can be a sign of problems with the nerves in your spine.

Strenuous activity

Strenuous exercise, such as lifting heavy weights, can damage muscles and nerves near your bladder.

Other medical problems

If you have other problems that affect your nervous system, you might be more likely to have some degree of urinary incontinence. Conditions that commonly lead to problems with incontinence include:

Urinary incontinence in women

- Parkinson disease
- muscular sclerosis (MS), and
- stroke.

Other health problems that can sometimes be linked to incontinence include long-term conditions such as:

- diabetes
- depression, and
- heart failure.

Surgery and other medical treatments

Having surgery on your bladder, reproductive organs, or anywhere in your pelvis can sometimes cause problems with bladder control. Having radiation therapy for cancer in this area can also lead to problems.

Medications and recreational drugs

Some medications can lead to problems with bladder control. These include:

- antihistamines (medications usually used to treat allergies)
- antidepressants, and
- medications used to treat psychosis and other mental-health problems.

Using recreational (street) drugs and regularly drinking a lot of alcohol can also cause bladder problems. Misuse of **opioid painkillers** or **ketamine** is often linked to bladder problems.

What are the symptoms?

The main symptom of urinary incontinence is having trouble controlling your bladder. This can mean anything from leaking small amounts of urine when you sneeze to having very little bladder control at all.

Urinary incontinence often comes on gradually. Symptoms that you might be developing problems with incontinence include:

- a burning feeling when you urinate
- having difficulty starting to urinate
- finding it hard to stop once you have started
- needing to push and strain while urinating
- needing to urinate more than once to empty your bladder, and
- needing to get up several times a night to urinate.

If you see your doctor about problems with bladder control, the first things they might ask you are if you have had children, and how many times you have given birth.

Urinary incontinence in women

They will also ask you about your symptoms to try to find out what is causing them. For example, they might ask:

- if you leak urine when you do strenuous exercise, cough, or sneeze
- if you ever feel a strong sudden urge to urinate and you can't control it
- how much alcohol and coffee you drink, and about your general intake of fluids
- if you have ever had problems with constipation
- if you smoke
- how often you need to urinate and if you need to get up at night to urinate
- if you have a history of urinary tract infections (cystitis)
- if you ever have blood in your urine
- if you've ever been unable to urinate even though you need to
- if you dribble urine after you have stopped urinating
- if you have ever had fecal incontinence
- if you have ever had a vaginal prolapse
- if you had trouble with bedwetting as a child, and
- if you have ever had a lower-back injury.

This is a long list of questions. But they all help to point towards what might be causing your problems.

Your doctor will also ask you about your **general health**, including about:

- any **medications** you are taking, and
- any other medical conditions you have.

Your doctor might also ask about your **mental health**, and about whether you have other medical conditions that might be linked to bladder problems.

They might also suggest that you keep a diary of when you urinate over a few days.

Your doctor might want to do a physical exam. This can help them to find any physical problems. And they might suggest some tests, including testing for a **bladder infection**, and an **ultrasound** to see how well your bladder empties when you urinate.

What treatments are available?

Treatments for urinary incontinence can work well. But finding what works for you can take time. And you will probably need to use a combination of treatments.

For example, most treatments work best alongside changes that you make to your lifestyle. Things you can try that can help with urinary incontinence include:

- losing weight if you are very overweight, and

Urinary incontinence in women

- reducing how much alcohol and caffeine that you drink.

But what someone else might call “simple lifestyle changes” are often not simple. For example, losing weight can be really difficult. If you need help, talk to your doctor about the best approach for you.

There are various medical treatments for urinary incontinence, some of which are briefly described below. For more detailed information, see our leaflet: *Stress incontinence in women*.

Treatments for urinary incontinence can include:

- learning how to do **pelvic floor exercises**. These exercises strengthen the muscles in your pelvis, which gives you greater bladder control. For more detailed information, see our leaflet: *Stress incontinence: how to do pelvic floor exercises*.
- **vaginal devices**, such as anti-incontinence pessaries. These are silicone or rubber devices that support the bladder wall and urethra (the tube that carries urine from your bladder out of your body)
- **biofeedback devices**, which help you to learn how to strengthen your pelvic floor muscles
- **scheduled voiding**. This means teaching yourself how to go to the bathroom regularly, to a schedule - for example, every hour - even if you don't really need to. It helps to prevent you needing to go when it's not convenient or when it's too late
- **bladder training**. This involves trying to hold your urine for a few minutes when you feel the need to urinate. The idea is that you gradually increase the time that you wait, and the control you have over your bladder
- **functional electrical stimulation (FES)**. This technique uses gentle electrical currents to stimulate the nerves and muscles in the pelvis, which helps to improve bladder control
- **medications**. Various medications can help with stress and urgency incontinence. You can talk with your doctor about which ones might help you
- Injections of botulinum toxin (Botox) into the bladder wall can help to control the muscles in the bladder.
- **Surgery**. Having surgery can work well for stress incontinence if other treatments don't work. But surgery can sometimes cause complications. You can discuss the pros and cons of surgery with your doctor if you ever need to. For more detailed information on surgery, see our leaflet: *Stress incontinence in women*.

What to expect in the future

There is no treatment that can completely cure urinary incontinence. But there are many that can reduce its impact on your life.

Most women take a little time to find what works for them, and need to use more than one approach. It's also often necessary to keep up with treatments, such as pelvic floor exercises, for the long term.

Urinary incontinence in women

But the impact of good treatments makes a big difference to many women's quality of life, confidence, and independence.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group