

Causes of Urinary Incontinence in Women and Men

Brian Buckley*

Department of General Practice, National University of Ireland, Galway, Ireland

DESCRIPTION

Any uncontrolled pee flow is referred to as Urinary Incontinence (UI), sometimes known as involuntary urinating. It is a frequent and upsetting issue that could significantly affect quality of life. It has been noted as a significant problem in geriatric medical treatment. Enuresis, such as nocturnal enuresis, is a term frequently used to describe urine incontinence particularly in children bed wetting. UI is an example of a medical illness that is stigmatized, which raises obstacles to effective therapy and exacerbates the issue. People could try to self-manage the ailment in private from others because they feel too ashamed to seek medical attention.

Major risk factors include pelvic surgery, pregnancy, delivery, and menopause. Although it is underreported to healthcare professionals, urinary incontinence frequently results from an underlying medical problem. The four primary types of incontinence are as follows,

- Due to an overactive bladder, there is urge incontinence.
- Stress incontinence caused by "hypermobility of the bladder neck or urethra" or "a poorly functioning urethral sphincter muscle (intrinsic sphincter deficit)".
- Overflow incontinence brought on by either inadequate bladder contraction or urethral obstruction.
- Mixed incontinence with characteristics of several other categories.
- Training the muscles in the pelvic floor and bladder, surgery, and electrical stimulation are among the available treatments. In general, behavioral treatment is more effective than medicine for treating stress and urges incontinence. Medication benefits are minimal, and their long-term safety is unknown. Older women are more likely to experience urinary incontinence.

Causes

There are urologic and non-urologic causes of urinary incontinence. Detrusor over activity, poor bladder compliance, urethral hypermobility, and intrinsic sphincter deficiencies are examples of urologic reasons that can be categorized as either bladder dysfunction or urethral sphincter incompetence.

Infection, drug usage, psychological issues, polyuria, hydrocephalus, stool impaction, and limited mobility are examples of non-urologic reasons. Although the reasons of urine incontinence are frequently sex-specific, some factors affect both men and women equally.

Urinary incontinence in women

Urge incontinence and stress incontinence are the two most prevalent kinds of urine incontinence in women. Urinary incontinence in women is referred to as "mixed" when there are signs of both categories. After menopause, the body produces less oestrogen, and in certain women, the urethral tissue atrophys becomes weaker and thinner possibly contributing to the emergence of urine incontinence. Women are more likely than men to experience stress urine incontinence due to loss of urethral support, which is typically the result of damage to pelvic support structures brought on by pregnancy, delivery, obesity, and ageing, among other factors. Urinary incontinence affects roughly 33% of women after giving birth, and women who deliver vaginally are about twice as likely to develop it as those who deliver by Caesarean section. Small amounts of urine may flow when performing actions that increase abdominal pressure, such as coughing, sneezing, laughing, or lifting. This condition is known as stress incontinence.

Urinary incontinence in men

The most typical type of incontinence in men is urge incontinence. Similar to women, males with overactive bladder syndrome experience urine leakage after an extremely strong urge to urinate, leaving them with insufficient time to get to the restroom. In men, the disorder is frequently accompanied by benign prostatic hyperplasia enlarged prostate, which blocks the bladder outlet, and detrusor muscle dysfunction, which leads to overactive bladder syndrome and the ensuing incontinence. The other prevalent type of incontinence in males is stress urinary incontinence, which most frequently develops following prostate surgery. The urethral sphincter and surrounding tissue can be injured by prostatectomy, transurethral resection of the prostate, prostate brachytherapy, and radiotherapy, rendering them ineffective. When performing actions that raise intra-abdominal

Correspondence to: Brian Buckley, Department of General Practice, National University of Ireland, Galway, Ireland, E-mail: buckrianley987@iol.ie

Received: 07-Nov-2022, Manuscript No. MSU-22-20852; **Editor assigned:** 09-Nov-2022, PreQC No: MSU-22-20852 (PQ); **Reviewed:** 24-Nov-2022, QC No: MSU-22-20852; **Revised:** 30-Nov-2022, Manuscript No: MSU-22-20852 (R); **Published:** 08-Dec-2022; DOI: 10.35248/2168-9857.22.11.294

Citation: Buckley B (2022) Causes of Urinary Incontinence in Women and Men. Med Surg Urol. 11: 294

Copyright: © 2022 Buckley B. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

pressure, such as coughing, sneezing, or laughing, an ineffective urethral sphincter cannot stop urine from leaking out of the urinary bladder. After prostate surgery, continence often becomes

better within 6 to 12 months without any special treatments, and only 5% to 10% of patients experience lingering difficulties.