

# Continence Care for People Living With MS



# Continence Care for People Living with Multiple Sclerosis

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# Disclosure

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# Purpose of the Publication

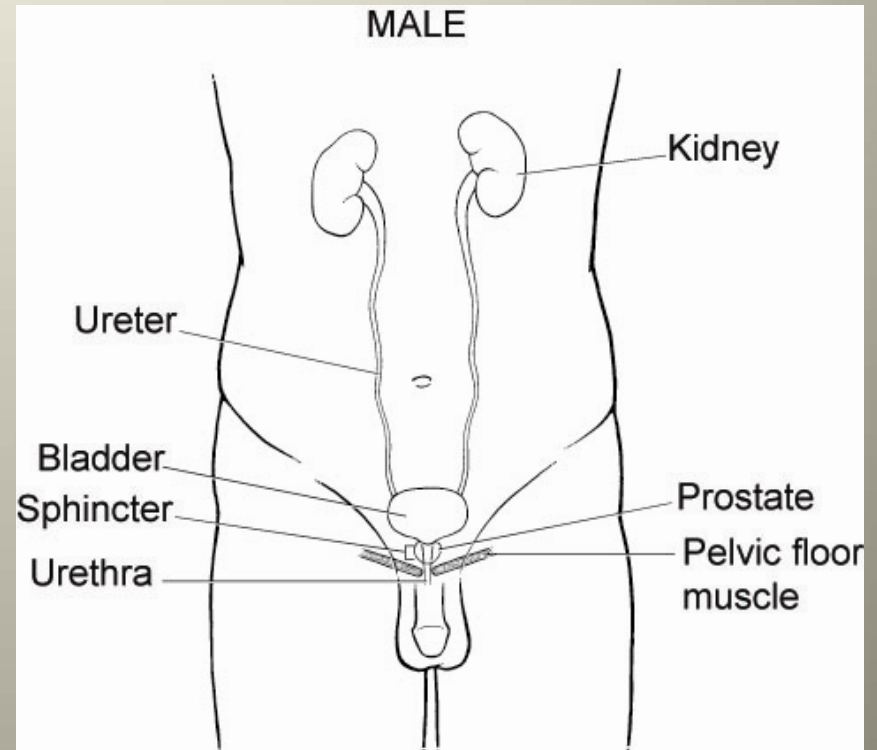
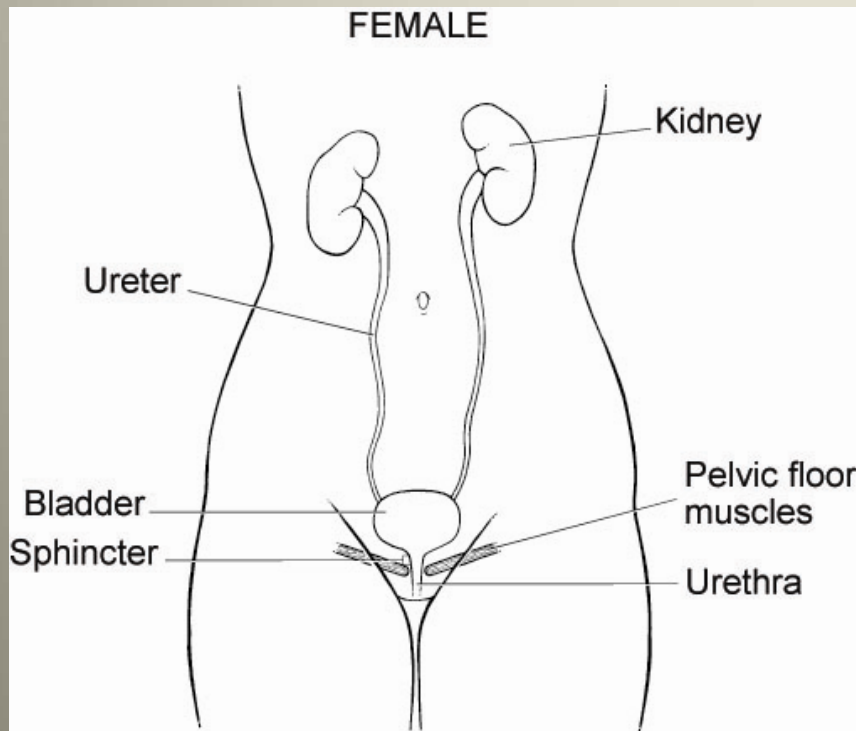
NAFC feels privileged to serve as a source of information about bladder and bowel health to those diagnosed with multiple sclerosis. This material is based on professional advice, published experience and research, and expert opinion. It does not represent individual therapeutic recommendations or prescription. For specific medical advice, consult your personal physician or other knowledgeable healthcare provider.

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# Multiple Sclerosis: Symptoms and Prevalence

- U. S. prevalence of 400,000, with 10,000 new cases diagnosed each year, 2 -3 times more likely in women than men, with genetic patterns but not directly inherited
- A disabling, autoimmune disease attacking the central nervous system
- Program, severity, and specific symptoms of the disease are unpredictable and vary from individual to individual
- Symptoms of fatigue, numbness, spasticity, with bladder and bowel disturbances in 80% of diagnosed patients

# How the Bladder Normally Works



# **Normally, We Spend 99% of Our Lives Making & Storing Urine**

1. The kidneys filter wastes from the body and produce urine.
2. Urine is sent to the bladder, a muscular but elastic sac, for storage.
3. The brain is alerted subconsciously and then consciously that the bladder is full.
4. The brain, when appropriate, signals the bladder to contract and other pelvic muscles to relax to permit the release of urine.

# How MS Affects the Bladder and Bowel

- Messages between the brain and pelvic region are interrupted due to nerve fiber damage, causing a slowed or erratic response to the need for voiding.
- Ill-timed bladder sphincter and anal sphincter contractions and relaxation occur, so the bladder can't entirely empty and stools aren't easily passed.
- Muscles become weakened, causing chronic urine retention and constipation.
- Urinary tract infections become frequent, and pelvic pain or discomfort is often experienced.

# Urinary Symptoms Likely to be Experienced with MS

- Words to describe what's occurring:
  - urgency, frequency, leakage of urine, hesitancy, slowed stream, incomplete emptying of bladder, inability to commence urination
- Symptoms are classified clinically as:
  - Overactive bladder (OAB)
  - Underactive bladder (UAB)
  - Combined dysfunction

**To Seek Diagnosis and  
Treatment of Bladder  
& Bowel Control  
Problems and Voiding  
Dysfunction:**



Contact NAFC at 1.800.252.3337 or visit  
[www.nafc.org](http://www.nafc.org) to Find An Expert online

## How to Prepare for Your Visit Seeking Diagnosis & Treatment of Bladder and Bowel Control Problems:



- Contact NAFC!
- Learn the vocabulary.
- Organize responses to sample questions.
- Complete a bladder diary.
- Become familiar with tests you may undergo. Understand what they are designed to show and make a list of questions you have in advance about the tests.

## How to Use a Bladder Diary

Complete one form each day for at least two days before your appointment with a health care provider. Each time you eat or drink during the day, write down the type of food and drink and the time of day it was consumed. Then record when you go to the bathroom and the approximate amount (*small, medium, large*) voided. If you have any leakage during the day, mark down the time it occurred,

the amount (*small, medium, large*), the activity you were engaged in at the time of leakage, and whether or not an urge to urinate was present.

Use a new line on the Bladder Diary for each entry (*when you eat, drink, urinate, leak, etc.*) and record the time of day the event occurred. Take the completed forms with you when you go to the doctor or nurse practitioner.

Time 	Fluids 		Foods 		Did You Urinate?		ACCIDENTS			
	What kind?	How much?	What kind?	How much?	How many times?	How much? (sm, med, lg)	Leakage How much? (sm, med, lg)	Did you feel an urge to urinate?	What were you doing at the time? (Sneezing, exercising, etc.)	
Sample	Coffee	1 cup	Toast	1 slice	✓✓	large	sm	Yes	No <input checked="" type="radio"/>	Running
6-7 a.m.								Yes	No	
7-8 a.m.								Yes	No	
8-9 a.m.								Yes	No	
9-10 a.m.								Yes	No	
10-11 a.m.								Yes	No	
11-12 noon								Yes	No	
12-1 p.m.								Yes	No	
1-2 p.m.								Yes	No	
2-3 p.m.								Yes	No	
3-4 p.m.								Yes	No	
4-5 p.m.								Yes	No	
5-6 p.m.								Yes	No	
6-7 p.m.								Yes	No	
7-8 p.m.								Yes	No	
8-9 p.m.								Yes	No	
9-10 p.m.								Yes	No	

Always consult your primary health care provider before trying anything recommended in publications speaking to general health issues.

# Behavioral Intervention

- Make dietary changes to eliminate caffeine, alcohol, artificial sweeteners & other bladder irritants.
- For reduced frequency, undergo bladder retraining and timed voiding.
- For reduced urgency, learn relaxation techniques and do pelvic floor muscle exercises. Electrical stimulation and biofeedback therapy may help too.
- For combined dysfunction, consider all of the above and body mechanics and soft tissue massage.

## Pelvic Floor Muscle Exercise Kit for Women



**NAFC**  
National Association For Continence

# Medications to Treat Urinary Symptoms

- For a list of FDA-approved prescription drugs for OAB, visit:

<http://nafc.org/uploads///pdf/OAB%20Medications2.12.09.pdf>

- For retention, your doctor may suggest Cardura XL ®, Flomax ® Uroxatral ®, or Minipress ®
- To relax sphincter muscles, your doctor may consider Lioresal ® or Zanaflex ®
- For UAB, your doctor may try Urecholine ®

# Intermittent Catheterization to Combat Incomplete Voiding or Inability to Void

- “Clean” technique is proven to be viable but increases the risk of urinary tract infection
- 2008 Medicare policy change by the Federal Government (CMS) now covers single-use, sterile catheters for beneficiaries meeting one of the following criteria:
  - 1) residents of a nursing facility;
  - 2) immuno-suppressed patients such as those with AIDS or on cancer chemotherapy;
  - 3) patients with documented vesico-ureteral reflux;
  - 4) pregnant, spinal cord injured patients, and
  - 5) patients with recurrent urinary tract infections.

# Medical Advances in Treating Urinary Problems of People with MS

- New oral agents currently in research and development, targeted to relax the bladder
- New medications instilled with lipids (fats) into the bladder to treat stubborn OAB
- Botox injections, to reduce bladder spasticity, currently in clinical trials
- Interstim® (sacral nerve stimulation) implanted device

# Combating Urinary Tract Infection

- Recognizing symptoms: pain or burning, strong smelling urine, cloudy or pinkish urine, pelvic fullness or pressure, fatigue
- Types of UTIs:
  - 1) Cystitis (inflammation of the bladder);
  - 2) Pyelonephritis (kidney infection); and
  - 3) Urethritis (inflammation of the urethra)

# Preventing Recurrent UTIs

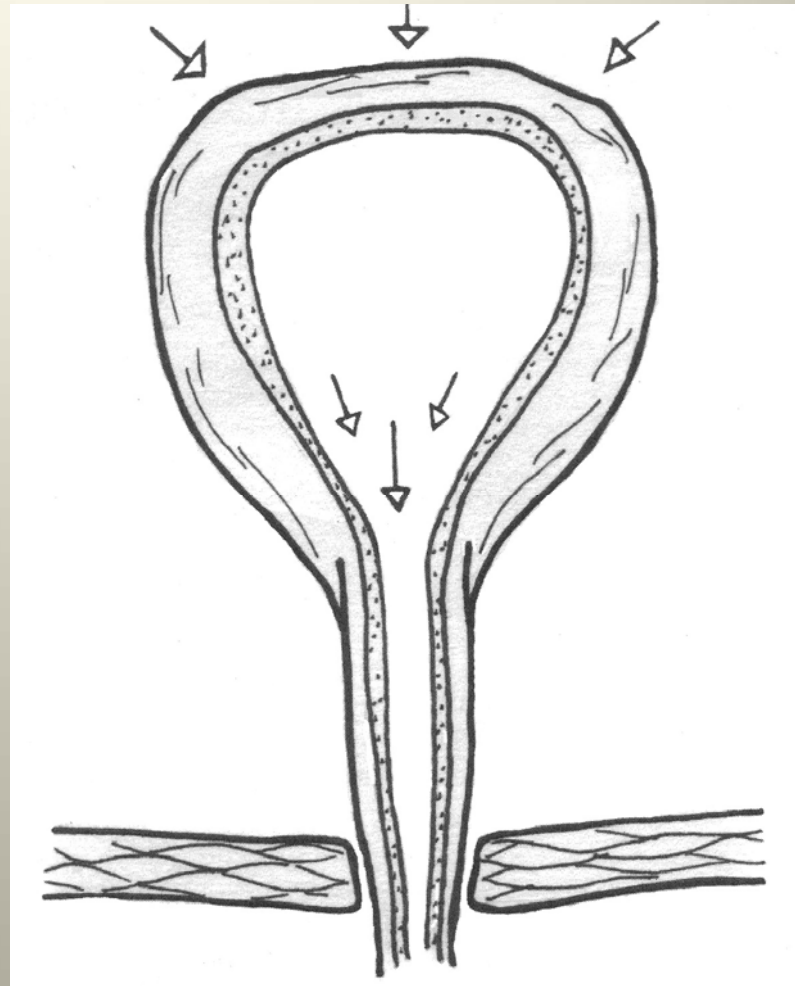
- Frequent urination
- Adequate hydration (water)
- Dietary supplements (cranberry tablets)
- Care in personal hygiene, toileting habits, and choice of underwear
- Use of local estrogen (women only)
- Limited number of sexual partners
- Sterile, single use catheters if self-catheterizing to empty bladder

# Promoting Bowel Health

- Battling constipation
  - Try different OAB medications, which may differ in the degree of constipation they cause
  - Maintain dietary fiber (38 grams daily for men and 25 grams for women) and hydration
  - Exercise regularly
  - Consider stool softeners and fiber-containing over-the-counter products, such as Fibercon ® or Metamucil ®

# Management Products if Leakage is also a Problem

- Select absorbent products for comfort and fit
- If manual dexterity permits, boxers with a collection vessel, penile clamps and condom catheters are options for men
- Leakage of urine, known as stress urinary incontinence, is typically not associated with MS (To learn more, visit: <http://www.nafc.org/bladder-bowelhealth/index.php?page=stress-incontinence>)



**Leakage caused by physical stress:  
Stress Urinary Incontinence (SUI)**

# Addressing Problems with Sexual Function

- Consider psychological or sexual counseling
- Avoid alcohol, smoking, and caffeine
- Maintain routine pelvic muscle exercises for tone and responsiveness
- Consider blood tests for checking hormone levels
- Get regular, adequate sleep
- Men: Consider Viagra®, Levitra®, or Cialis®. Non-medication aids include injections, a vacuum pump, and a penile prosthesis
- Women: Insure vaginal lubrication. EROS-CTD™ is a newly FDA-approved vacuum. Follow results of clinical trials of LibiGel® (transdermal testosterone)

# Additional Resources

- Books about bladder and bowel management
- Web sites and organizations:
  - National Multiple Sclerosis Society
    - [www.nmss.org](http://www.nmss.org)
    - 1.800.344.4867
  - National Association For Continence
    - [www.nafc.org](http://www.nafc.org)
    - 1.800.252.3337

To order a copy of the 76-  
page booklet *Continence Care  
for People Living with  
Multiple Sclerosis*:

Call 1.800.252.3337, or go to:

<http://www.nafc.org/online-store/consumer-booklets-and-kits/nafc-educational-booklets/continence-for-people-living-with-multiple-sclerosis/>

