

Meditate your way to better bladder health

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After nine years of suffering in silence and living in fear of leaving the house, Anna Raisor, 53, turned to physicians at Loyola University Health System (LUHS) for alternative measures to treat the embarrassing side effects of incontinence.

LUHS physicians enrolled Raisor in a clinical trial using cognitive therapy to manage her overactive bladder. Cognitive therapy employs deep-breathing and guided-imagery exercises that train the brain to control the bladder without medication or surgery.

Findings from this study, which were published in the latest issue of the [Journal of Urology](#), revealed that cognitive therapy is an effective management strategy for urge incontinence.

"The mind-body connection has proven to be particularly valuable for women suffering from incontinence," said study investigator Aaron Michelfelder, MD, vice chair, division of family medicine, Loyola University Health System, and associate professor, department of family medicine, Loyola University Chicago Stritch School of Medicine.

"Cognitive therapy is effective with these women, because they are motivated to make a change and regain control over their body."

Michelfelder's patients attend an initial office visit where he introduces them to cognitive therapy. They then listen to an audio recording with a series of relaxation and visualization exercises at home twice a day for two weeks. Patients track the number of incontinence episodes that they experience in a pre- and post-therapy diary. The majority of patients,

including Raisor, experienced a substantial improvement in symptoms.

"Before entering this clinical trial, I saturated seven to eight pads a day and was afraid to leave home as a result," said Raisor. "Today, I am 98 percent free of leakage. The therapy has allowed me to successfully recognize the link between my brain and bladder to manage my incontinence and remain virtually accident-free."

The study evaluated a subset of 10 patients with a mean age of 62. Patients were eligible to participate in this study, if they had a diagnosis of [overactive bladder](#) (OAB), which is the sudden and unstoppable need to urinate. They also had to be stable on all OAB treatments for the past three months before entering the study. The data revealed that the average number of urge incontinence episodes per week decreased from 38 to 12.

"Nearly one in four women suffers from a pelvic floor disorder, which includes incontinence," said study investigator Mary Pat FitzGerald, MD, urogynecologist, Loyola University Health System, and associate professor of obstetrics and gynecology, Loyola University Chicago Stritch School of Medicine. "Cognitive therapy may play a vital role in a comprehensive approach to treating this disorder."

Study investigators FitzGerald and fellow Shameem Abbasy, MD, are part of a team of LUHS urogynecologists who are combining the expertise of urologists and gynecologists to transform the way women with incontinence and other pelvic floor disorders are managed. Loyola University Health System's Urogynecology and Reconstructive Pelvic Surgery Center was the first of its kind in greater Chicago. It is still one of the few centers in the country that offers a single location for the diagnosis and treatment of women with [pelvic floor](#) disorders.

In addition to using cognitive therapy to treat [incontinence](#), LUHS

urogynecologists have been using the robotic da Vinci™ surgical system with positive outcomes for nearly two years. LUHS was one of the first groups in Chicago to offer this type of minimally invasive robotic surgery.

Source: Loyola University Health System ([news](#) : [web](#))

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