

Report from NIA-sponsored conference asks: What don't we know about bladder control?

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Nearly 40 percent of older women and up to 35 percent of older men live with distressing urinary symptoms, including difficulty with bladder control and urinating (sometimes known as "voiding"), which often compromise quality of life and overall health. The lack of truly effective and safe therapies for these challenges stems from insufficient knowledge of the biological mechanisms for urinary control, the impact of aging and disease on urinary control, and the relationships of symptoms to urinary health and overall well-being, so say researchers reporting on a prestigious conference hosted by the American Geriatrics Society (AGS) and funded by a grant from the National Institute of Aging (NIA) to George A. Kuchel, MD, FRCP, AGSF, Director of the UConn Center on Aging and Travelers Chair in Geriatrics and Gerontology at UConn Health.

A summary report published today in the *Journal of the American Geriatrics Society* emphasizes that the [conference](#)—the third in a series on common geriatric syndromes like [incontinence](#), delirium, and sleep disturbances—holds promise for pin-pointing gaps in knowledge and building a better research agenda to improve care for us all as we age.

"Despite its prevalence among [older adults](#), incontinence remains under-reported and under-treated, a reality for many of the conditions addressed through the AGS-NIA conference series," said Phillip P. Smith, MD, Associate Professor of Surgery at UConn Health, an NIA-funded Beeson scholar, and a co-author of the report. "Bringing renowned leaders together to look critically at what we know, what we

don't know, and how we can bridge that divide will not only lead to better treatments but also will help model the way to high-quality, person-centered care for all older adults."

That process begins by identifying gaps in clinicians' understanding of serious [health](#) concerns like incontinence, according to the expert panel of conference attendees. Principal among these gaps, for example, are unanswered questions about social, health, and personal factors that contribute to urinary control failures such as overactive bladder, voiding symptoms, and urinary retention (the inability to completely or partially empty the bladder), impacting more than 30 million Americans.

Focusing on urinary incontinence, a leading cause of social isolation and distress for older adults, the panel also highlighted research questions not typically included in clinical data sets that drive new and better treatments. In this context, conference experts from many different disciplines reported on the current state of urinary incontinence research across four critical areas: basic science, translation of discoveries from the bench to the clinic, healthcare delivery, and the frequent yet under-recognized clinical overlap between incontinence and other common geriatric syndromes in the same individual—a critical focus of the AGS-NIA conference series.

"Risk factors common to all geriatric syndromes include older age, decline in functional independence, impaired mobility, and impaired cognition," notes the conference report. "Identifying common shared risk factors and pathophysiological mechanisms [will be key to] future research efforts."

Among other highlights, the conference report notes that behavioral therapy (forms of treatment that seek to identify and help change specific behaviors linked to health problems) has emerged as one of the most successful treatment options for addressing [bladder control](#), though

it still is not offered to most older adults. Lack of provider awareness for behavioral techniques may be one reason for the gap, along with reimbursement models that fail to account for the time it takes to teach behavioral therapy skills. Future goals for treating [urinary incontinence](#) should include improving behavioral training to make it more effective, as well as offering that training more widely.

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