

EDITORIAL

Incontinence

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Editorial to accompany the four-part series on Incontinence—Part 1: "Urinary Incontinence in Women" by Christian Dannecker et al. in this issue of *Deutsches Ärzteblatt International*

The inability to store the contents of bladder or bowel and to decide when and where urine or feces are evacuated—this is a rough sketch of the definition of incontinence as used by the international and German Continence Societies. According to this definition, continence is not an innate ability but one that has to be acquired during the first few years of life. The loss of this ability often amounts to stigmatization of those affected and can result in social withdrawal and isolation.

There are many possible causes for the occurrence of incontinence. A four-part series, "Incontinence," starts in *Deutsches Ärzteblatt International* this week and aims to provide an overview of this complex pathology.

Doctors are faced with the task of distinguishing between urge and stress incontinence, as well as diagnosing forms of incontinence that may be symptomatic of other—for example, neurological—disorders. While stress incontinence usually has an anatomical correlate that makes surgical treatment an option, physicians treating frequent urinary urge—with or without incontinence—find themselves confronted with a multitude of therapeutic options. These range from medication treatment to external electrostimulation or magnetic stimulation to detrusor injection of botulinum toxin or implantation of electric neuromodulators.

In the first installment of the new series, Dannecker and colleagues introduce the subject of urinary incontinence in women. In mid-life, women are affected by urinary incontinence notably more often than men. The reasons are to do with the structure of the pelvic floor in women, which is much more prone to pelvic organ prolapse. The second article in the series, by Börgermann et al, explains the treatment of stress incontinence in men. Acquired urinary incontinence in men is often iatrogenically induced, as a result of surgical or radiological interventions in the lesser pelvis.

The prevalence of urinary incontinence in men and women evens out with advancing age. In geriatric patients, the loss of compensatory mechanisms subsequent to dementia diseases and loss of mobility is the main issue. Goepel and colleagues, in their article on urinary incontinence in old age, provide readers with an introduction into this topic. And in the conclusion to the series, Probst et al. present an article on fecal incontinence—an even greater social stigma for those affected than urinary incontinence. In order to do justice to the complex interactions of the anal sphincter, rectal ampulla, and colon, functional and imaging procedures are additional diagnostic tools to the medical history and clinical examination.

The German Continence Society's aim is to lift the taboo associated with the topic of incontinence and to provide help and advice for those affected. Since its foundation in 1987, the society has been a forum for interdisciplinary and interprofessional collaboration and cooperation in providing services for all patients with incontinence. Consequently, certifications are given to advice centers and continence and pelvic floor centers, which—as service providers in the health care system—are tasked with meeting the complex challenges of treating fecal and urinary incontinence.

Conflict of interest statement

The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

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