

Addressing Incontinence in Older Women



Lead Investigator: Heidi Brown, MD MAS
University of Wisconsin School of Medicine and Public Health
Email: hwbrown2@wisc.edu



Overview

To reduce or prevent incontinence in older women, we have designed and tested a workshop led by trained leaders to increase skills to control incontinence symptoms through lifestyle changes. “Mind Over Matter: Healthy Bowels, Healthy Bladder” has been shown to improve continence, quality of life, and self-efficacy. The program was tested in a randomized controlled trial and is now being adapted for digital delivery.

The Clinical Problem

Approximately 60% of women over the age of 50 experience occasional or frequent urinary or fecal incontinence. This increases their risk of depression, falls, hospitalization, and nursing home placement. Symptoms can be improved or even cured without medications or surgery, but most women with incontinence do not seek care and are unaware of these self-management strategies.

“Both fecal and urinary incontinence are surprisingly common but they’re stigmatized – so nobody wants to talk about them.”

-Dr. Heidi Brown

“The program is not focused so much on symptoms as on things they can do to relieve them, such as changing diet, fluid intake and exercise. People realize they are in it together.”

-Meg Wise, PhD

Our Response

“Mind Over Matter: Healthy Bowels, Healthy Bladder”

Dr. Heidi Brown, Assistant Professor in the Department of Obstetrics and Gynecology at the University of Wisconsin School of Medicine and Public Health, developed a workshop for women over 50 to build skills and self-efficacy to control incontinence symptoms through exercises and lifestyle changes. The workshop, named “Mind Over Matter: Healthy Bowels, Healthy Bladder,” is a community-based, small-group behavior intervention led by a trained facilitator. The program also provides resources to help women discuss their symptoms with their doctor.

Development of “Mind Over Matter”

“Mind Over Matter” is inspired by a program offered in senior centers in the United Kingdom that was found to significantly reduce urinary incontinence. Dr. Brown was awarded an NIH K12 grant to adapt the UK program to target bowel and bladder symptoms and received a grant from the Wisconsin Partnership Program to conduct a randomized controlled trial to test the efficacy of the adapted program.

Results

Participation in “Mind Over Matter” improved both urinary incontinence and fecal incontinence and resulted in sustained behavior change four months after initiating the intervention. The trial took place in 6 workshops in community settings, with 121 women enrolled. At 4 months after the intervention, 71% of women in the treatment group vs 23% of controls reported improvements in urinary incontinence. Fifty-five percent of women in the treatment group vs. 27% of controls reported improvements in fecal incontinence. Women in the treatment group improved more than the women in the control group on all validated instruments of urinary and fecal incontinence severity, quality of life, and self-efficacy.

Lasting Impact

Dr. Brown received an ICTR-CAP pilot award to adapt “Mind Over Matter” for digital delivery and to compare two dissemination strategies: (1) paid Facebook advertisement versus (2) promotion from trusted community agencies. Dr. Brown will also collect feedback from community partners and obtain preliminary data from end-users about the effectiveness of the “Mind Over Matter” digital program. In 2019, the in-person Mind Over Matter program began being disseminated throughout Wisconsin in partnership with the [Wisconsin Institute for Healthy Aging \(WIHA\)](#) with the objective of improving continence and promoting healthy aging in place for more than 200,000 older Wisconsin women living with bladder or bowel incontinence.



Reach of Impact

Resources

In the News

- ✓ [Program Tests Behaviors that Prevent Bowel Leakage in Women](#)
- ✓ [It's Time to Talk About Accidental Bowel Leakage](#)
- ✓ [Tackling the Taboo: Let's Talk About Accidental Bowel Leakage](#)

References

- ✓ Brown HW, Braun EJ, Wise ME, Myers S, Li Z, Sampene E, Jansen SM, Moberg DP, Mahoney JE, Rogers RG. [Small-Group, Community-Member Intervention for Urinary and Bowel Incontinence: A Randomized Controlled Trial.](#) *Obstet Gynecol.* 2019 Sep;134(3):600-610.
- ✓ Brown HW, Guan W, Schmuhl NB, Smith PD, Whitehead WE, Rogers RG. [If We Don't Ask, They Won't Tell: Screening for Urinary and Fecal Incontinence by Primary Care Providers.](#) *J Am Board Fam Med.* 2018 Sep-Oct;31(5):774-782.
- ✓ Brown HW, Wise ME, Westenberg D, Schmuhl NB, Brezoczky KL, Rogers RG, Constantine ML. [Validation of an instrument to assess barriers to care-seeking for accidental bowel leakage in women: the BCABL questionnaire.](#) *Int Urogynecol J.* 2017 Sep;28(9):1319-1328.
- ✓ Brown HW, Rogers RG, Wise ME. [Barriers to seeking care for accidental bowel leakage: a qualitative study.](#) *Int Urogynecol J.* [Epub ahead of print]