My Doctor’s Visit

TIPS ON PHYSICAL ACTIVITY, PREVENTING FALLS, AND URINARY INCONTINENCE

During your visit, you and your doctor discussed a variety of health topics and focused on your personal plan. Here are a few resources to help you think about your physical activity level, prevent falls, and consider your bladder control.
HERE ARE A FEW TIPS TO KEEP YOU ON YOUR FEET AND MOVING FORWARD

**EXERCISE REGULARLY.** Get up and move! Building muscles and keeping ligaments lean and mean can help you put your best foot forward.

**REGULARLY REVIEW YOUR MEDICATIONS WITH YOUR DOCTOR AND/OR PHARMACIST.** This includes physician-prescribed medications and any over-the-counter supplements or vitamins you take. Some combinations may interact and cause side effects that increase your risk of falling. Take your medications only as prescribed.

**TALK TO YOUR DOCTOR.** Ask for an assessment of your fall risk. Make sure to share your history of recent falls.

**GET YOUR VISION AND HEARING CHECKED ANNUALLY AND UPDATE YOUR EYEGLASSES.** Your eyes and ears are the keys to keeping you on your feet.

**KEEP YOUR HOME SAFE.** Enlist the support of family members in taking simple steps to stay safe. Remove tripping hazards, increase lighting, make stairs safe, and install grab bars in areas of uneven flooring.

**TAKE A FALLS-PREVENTION CLASS.** Visit utahfallsprevention.org or livingwell.utah.gov to sign up.

### CHECK YOUR RISK FOR FALLING

Please circle “Yes” or “No” for each statement below.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td>2</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I have fallen in the past year.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>2</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I use or have been advised to use a cane or walker to get around safely.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>Sometimes I feel unsteady when I am walking.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I steady myself by holding onto furniture when walking at home.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I am worried about falling.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I need to push with my hands to stand up from a chair.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I have some trouble stepping up onto a curb.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I often have to rush to the toilet.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I have lost some feeling in my feet.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I take medicine that sometimes makes me feel light-headed.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I take medicine to help me sleep or improve my mood.</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
<td><strong>NO</strong></td>
<td>0</td>
<td>I often feel sad or depressed.</td>
</tr>
</tbody>
</table>

**TOTAL**

Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at increased risk for falling. Discuss your falls-prevention plan with your doctor.

A good weekly exercise program should consist of 150 minutes of endurance or aerobic exercise that increases your breathing and heart rate combined with strength training, flexibility, and balance exercises.

Our risk of developing conditions that affect our lifestyle and independence increases as we age. By eating right and exercising regularly, we can continue to participate in enjoyable activities. Exercise benefits include:

- Improved independence at home
- Increased immune resistance
- Increased flexibility, balance, and muscle strength to help prevent falls
- Improved brainpower/alertness
- Increased energy and endurance
- Improved stress management and improved mood and outlook on life
- Weight loss and reduced blood pressure

If you’re 65 or older and generally fit with no health conditions that limit your mobility, you should try to exercise daily. The right mix of different types of exercise can help you stay fit and reduce your overall health risks, including your risk for falling.

What did your doctor recommend to improve your physical activity?

Be sure to talk to your doctor before you begin any type of new fitness program.
SOME OF THE BEST EXERCISES FOR OLDER ADULTS INCLUDE:

WALKING. Even if you don't have time for a workout, you still need to put one foot in front of the other to get where you need to go. It's recommended that most people take 7,000-10,000 steps per day, whether they work out or not. Walking is free and can have a huge impact on your health.

SWIMMING. There is a reason swimming is called the perfect exercise. Whether you're doing the breaststroke or taking a water aerobics class, swimming increases your cardiovascular fitness and strengthens your muscles while putting minimal stress on your bones and joints.

CYCLING OR STATIONARY BIKE. This is another ideal low-impact exercise for those who want to increase leg strength but suffer from joint issues or osteoporosis.

AEROBIC AND STRENGTH CLASSES. There is no end to the list of group exercises available, from Zumba and other types of dance classes to body-pump, boot camp, and chair aerobics. Not only will you have fun and make new friends but your chances of making exercise a habit are greatly increased.

YOGA AND PILATES. Yoga and Pilates are low-impact, joint-friendly activities that focus on increasing strength, balance, and stability. This makes them especially good for improving balance in older adults.

BODYWEIGHT TRAINING. These exercises make your muscles stronger and help build endurance. You don’t have to bench press to keep your muscles healthy. Simple bodyweight exercises like chair squats, single-leg stands, wall pushups, and stair climbing will help keep your body strong.

RESISTANCE-BAND TRAINING. These inexpensive and beginner-friendly tools are perfect for home workouts. Resistance bands help you use your body’s resistance to simulate exercises, such as rows, cable pulls, etc. These exercises can help strengthen your back and improve posture.

PICKLEBALL. This new aerobic workout is perfect for older adults because it is easy to play, very social, and less stressful on muscles, tendons, and joints.

Resources:
- utahfallsprevention.org
Urinary Incontinence Management

WHAT IS URINARY INCONTINENCE? Urinary incontinence isn’t a disease. It refers to needing to urinate more often and with less control. Leaking can also be a symptom. While risk increases with age, it should not be considered a normal part of aging. Simple lifestyle changes or medical treatment can ease discomfort or stop urinary incontinence in most individuals.

Though treatable, many people go untreated because they may be too embarrassed or think that nothing can be done. However, it’s important to get medical advice as soon as possible because urinary incontinence may:

> Indicate a more serious underlying condition
> Cause you to restrict your daily activities and limit social interactions
> Increase your risk for falls if you need to rush to the bathroom

TYPES OF URINARY INCONTINENCE

> **Stress incontinence.** Urine leaks when you cough, sneeze, laugh, exercise, or lift heavy objects.
> **Urge incontinence.** You have a sudden, strong urge to urinate with an involuntary loss of urine. You may need to urinate often, including throughout the night.
> **Overflow incontinence.** Frequent or constant dribbling when your bladder doesn’t empty completely.
> **Functional incontinence.** A physical or mental issue keeps you from making it to the toilet in time.
> **Mixed incontinence.** You experience more than one type of urinary incontinence.

Certain foods, drinks, and medications may cause you to have to go to the toilet more often and increase the amount you urinate.

THINGS TO AVOID

> Alcohol, caffeine, and carbonated drinks
> Chocolate and sugar
> Foods high in spice, chili peppers, or acid, especially citrus fruits and fruit juices
> Some medications based on your doctor’s recommendation
> Large doses of vitamin C

UNDERLYING CONDITIONS AND RISK FACTORS

> **Menopause and hysterectomy.** After menopause or a hysterectomy, your body produces less estrogen. In women, estrogen is a hormone that helps keep the bladder lining and urethra healthy and strong.
> **Age.** Aging of bladder muscles can decrease the bladder’s ability to store urine.
> **Enlarged prostate and prostate cancer.** In older men, incontinence is often caused by prostate enlargement. Incontinence can be a side effect of prostate cancer.
> **Urinary tract infections and constipation.** These can irritate your bladder, causing strong urges to urinate.
> **Obstruction.** A urinary tract tumor or urinary stones can block urine, leading to overflow incontinence.
Urinary Incontinence Management

- **Disease.** Diabetes and high blood pressure may put you at increased risk for incontinence.
- **Neurological disorders.** Some disorders (e.g., Parkinson’s disease, stroke) can interfere with bladder function.
- **Obesity.** Increases your risk for incontinence, while weight loss improves bladder function and symptoms.
- **Smoking.** Tobacco use may increase your risk of urinary incontinence.
- **Family history.** If a family member has incontinence, you may be more likely to develop the condition.

### PREVENTION

- Maintain a healthy weight.
- Practice pelvic floor or Kegel exercises (see below).
- Avoid bladder irritants, like caffeine, alcohol, and acidic food.
- Eat more fiber, which can prevent constipation, a cause of urinary incontinence.
- Don’t smoke, or get help to quit smoking.

Treatment for incontinence depends on type, severity, and the underlying cause. If symptoms are caused by an underlying condition, your doctor will treat that condition first, starting with the least-invasive therapy.

### TREATMENT

- **Behavioral techniques.** These include bladder training and liquid and diet management.
- **Pelvic floor or Kegel exercises.** These exercises strengthen the muscles that control urination.
- **Medications.** Your doctor may prescribe a medication as a part of your treatment.

### DON'T FORGET YOUR FLU SHOT

People ages 65 and older are at greater risk for serious complications from the flu.

Flu season runs from October through March, so the sooner in the fall you get your shot, the better.

You can get your flu shot at any pharmacy participating on your plan, or call your doctor.

Also talk with your doctor about vaccines for pneumonia, shingles, and whooping cough.

### MEDICAL DEVICES

- **Urethral insert.** A small, tampon-like disposable device inserted into the urethra to prevents leaks.
- **Pessary.** A stiff ring inserted into the vagina to hold up a prolapsed bladder.
- **Absorbent pads and catheters.** Products that ease the discomfort and inconvenience of leaking urine.
INTERVENTIONAL THERAPIES

> **Bulking material injections.** A synthetic material is injected into the tissue around the urethra to help keep it closed and reduce urine leakage.

> **Botulinum toxin type A.** Botox is injected into overactive bladder muscles to paralyze movement.

SURGERY

> **Sling procedures.** Strips of your body's tissue, synthetic material, or mesh are used to create a pelvic sling around your urethra and the bladder neck to keep it closed and prevent leakage.

> **Bladder neck suspension.** This procedure is designed to support your urethra and bladder neck.

> **Prolapse surgery.** In women with incontinence and pelvic prolapse, treatment may include a sling procedure combined with prolapse surgery.

> **Artificial urinary sphincter.** In men, a small fluid-filled ring is implanted around the bladder neck to keep the urinary sphincter shut until you are ready to urinate.

What did your doctor recommend to improve your urinary incontinence?


Resources:
