

Supporting individuals experiencing urinary symptoms

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About me

- Research Scientist, based at Teesside University
- Work with the NHS and industry

Conflict of Interest: Contract Research for Takeda and Boston Scientific; collaborated with Pfizer on an EU FP7 grant, INComb; funding for a research conference from Astellas

- Teaching medicine for nearly 30 years
- Produce resources for patient, carers and practitioners

Conflict of Interest: Commissioned by Health Education England to train NHS England employees; Consultancy for TENA, Essity and CliniMed

- Produce devices to better diagnose and manage underlying conditions

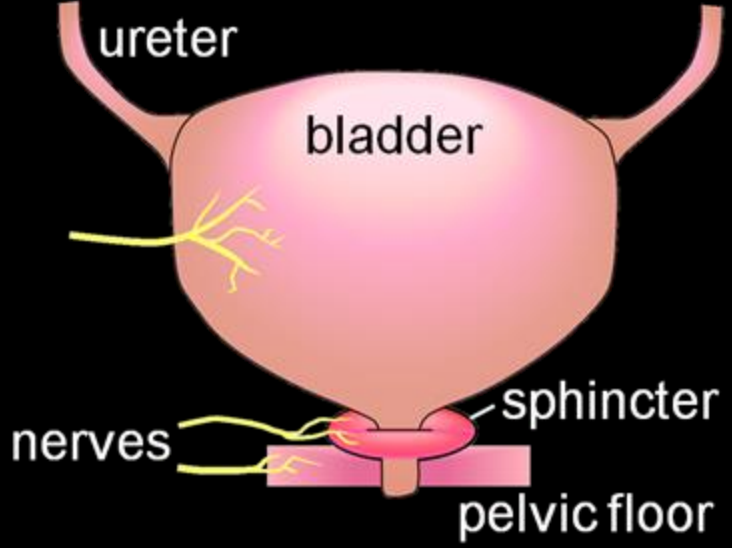
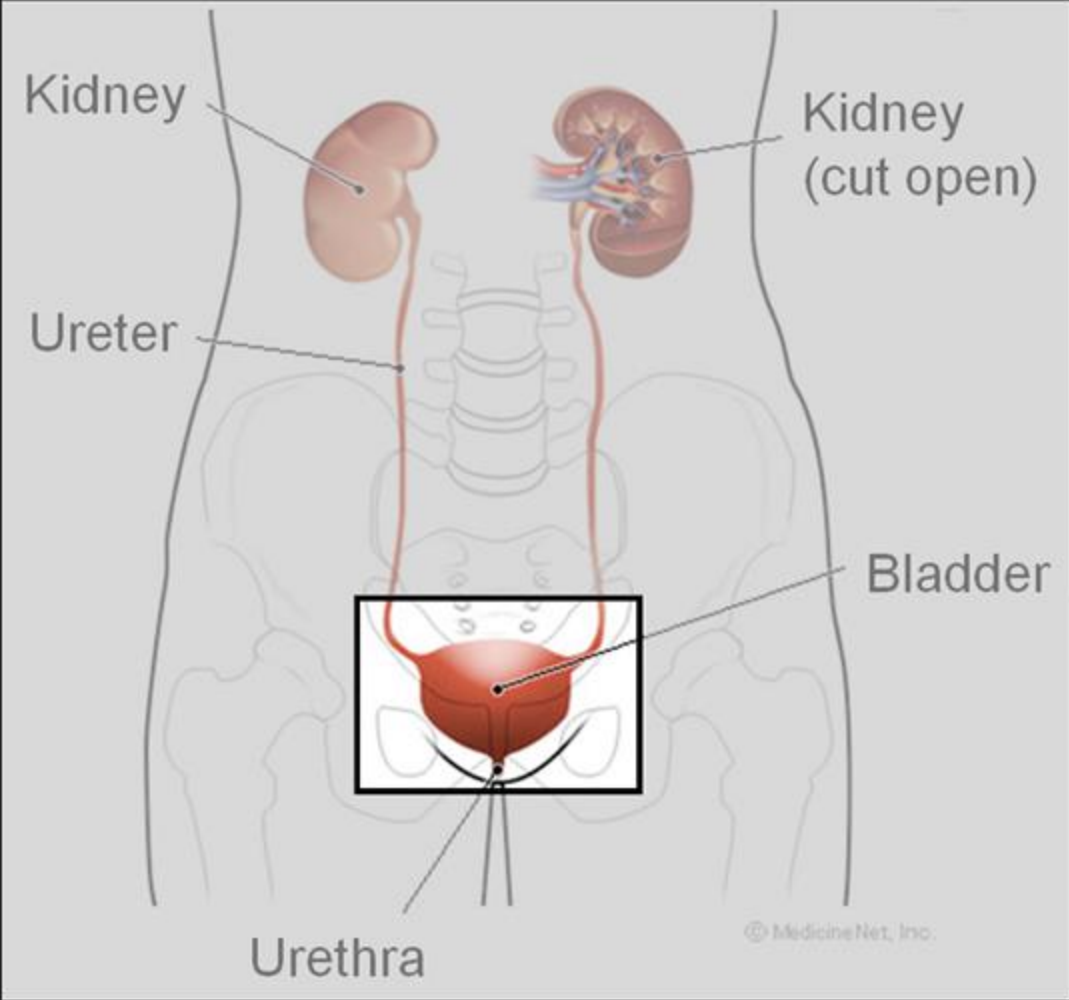
Conflict of Interest: Chief Scientific Officer, Aquuro

Agenda

- The biology
- What goes wrong
- The scale of the problem
- Impact
- How you can help address issues for your workforce
- Resources

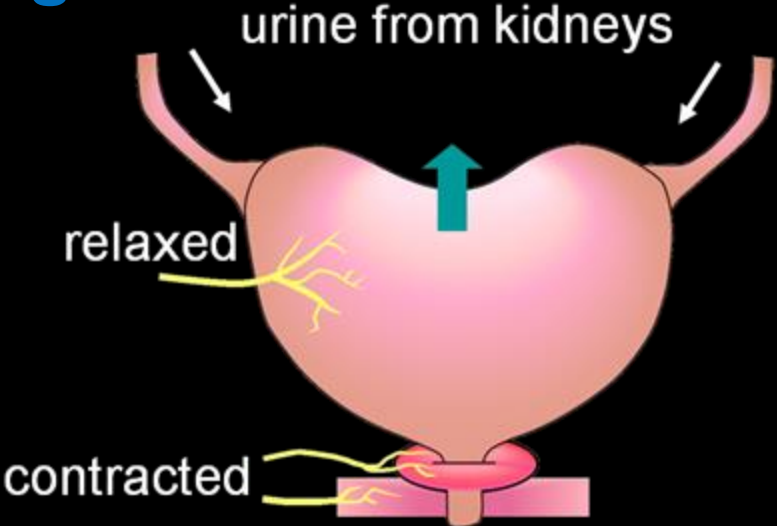
Lower Urinary Tract

Female urinary tract:

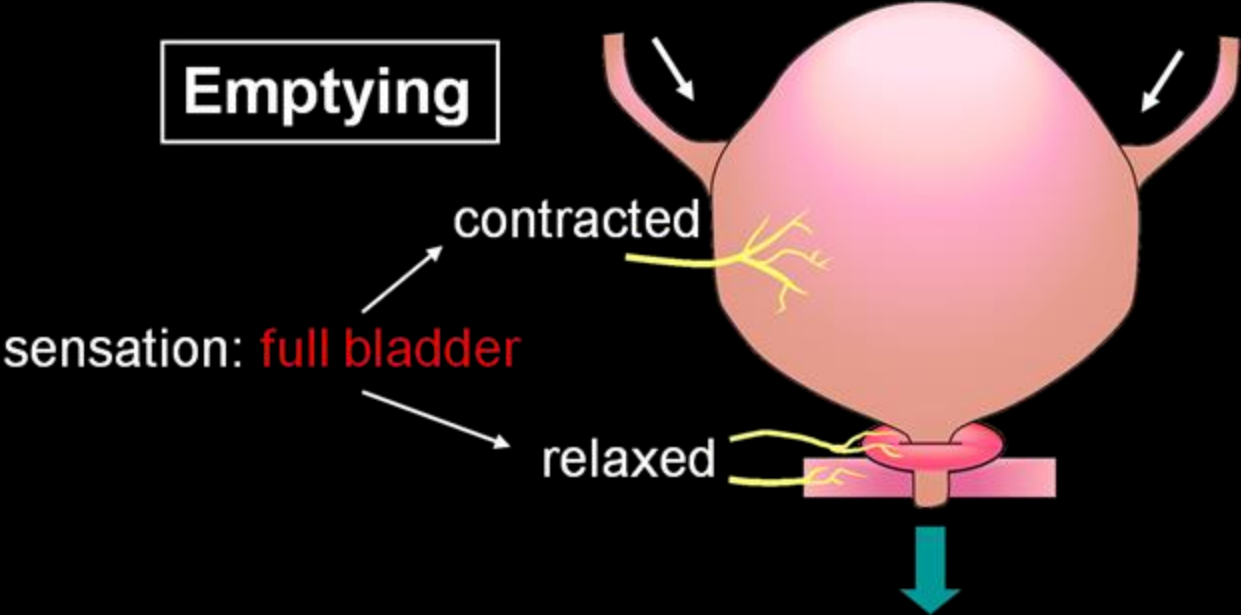


Lower Urinary Tract: storage and voiding

Storage



Emptying



Continence

Continence is being able to control when urination takes place

What does continence mean for individuals?

- Social integration
- Independence
- Dignity



Urinary symptoms are very common

- 70% of adults experience urinary symptoms (n=6005, mean age 61 yo [range: 40-93])
- Symptoms include:
 - **Storage** – increased frequency; waking to void; urinary urgency; incontinence
 - **Voiding** – painful urination; hesitancy; poor and/or intermittent stream; straining; prolonged voiding; feeling of incomplete bladder emptying; dribbling
 - **Other** - blood; abdominal pain; loin pain



Incontinence and other urinary symptoms

Potential underlying causes:

Short-term

UTI

Pregnancy

Menopause

Medication

Constipation

Long-term

Diabetes

? Obesity

Cancer – anywhere in the urinary tract

- Neurological disorders: Multiple Sclerosis, stroke,
- Dementias, Parkinson's, etc.

Diseases, conditions of the Lower Urinary Tract

- Stress urinary incontinence; UTI; overactive bladder; interstitial cystitis

Surgery / radiotherapy to the Lower Urinary Tract

Urinary symptoms are very common

- 70% of adults experience urinary symptoms
- Common symptoms include:
 - Waking during the night to pee ('nocturia')
 - Peeing more frequently ('frequently')
 - Having to dash to the bathroom ('urgency')
 - Leaking ('incontinence')
 - Feeling of incomplete emptying ('retention')
 - Difficulty starting and / or slow stream



Urinary symptoms significantly impact individuals and society

- **Impact of symptoms** includes:
 - Emotional
 - Relationships, including sex
 - Stopping exercise
 - Quality and length of sleep
 - Employment



Urinary symptoms significantly impact individuals and society

> Consequences

- Falls and fractures
- Urinary tract infections
- Incontinence-associated dermatitis
- plus many, many more...

> Requirement of care

> Huge direct and indirect costs



Individuals delay seeking help

- **Fewer than 1 in 5 individuals seek help**
- Barriers includes:
 - Lack of knowledge
 - Misconceptions
 - Not wanting to bother healthcare practitioner
 - Embarrassment



Practical steps: (1) Organisation-Wide Information and Awareness

- **Staff education sessions:** Short briefings, toolbox talks, or e-learning modules that normalise urinary health discussions and reduce stigma.
- **Awareness campaigns:** Highlighting common urinary symptoms, causes (e.g. overactive bladder, prostate issues, incontinence), and reassuring messages that help-seeking is encouraged and supported.
- **Visible signage:** Posters in staff areas (break rooms, toilets) with symptom checklists, support resources, and messages like “It’s OK to talk about it”.

Practical steps: (2) Accessible and Supportive Workplace Facilities

- **Toilet access:** Ensure employees can easily access clean, well-stocked toilets without stigma or excessive monitoring.
- **Flexible breaks:** Permit employees to take bathroom breaks as needed, without feeling pressure or scrutiny.
- **Workstation proximity:** If possible, assign affected staff to workstations near toilet facilities.



Practical steps: (3) Reasonable Adjustments and Supportive Policies

- **Flexible working arrangements:** Allow hybrid or adjusted work patterns for those undergoing treatment or experiencing fatigue due to symptoms.
- **Occupational Health referrals:** Enable fast-track access to occupational health or employee assistance programmes (EAPs) with experience in continence issues.
- **Confidential HR policies:** Ensure a clear, private pathway for staff to disclose symptoms and request accommodations.

Practical steps: (4) Employee Support Pathways

- **Wellbeing champions:** Train specific staff as continence-aware wellbeing champions or mental health first-aiders who can guide colleagues toward support.
- **Signposting:** Provide leaflets or intranet resources pointing to NHS continence services, bladder health charities (e.g. Bladder Health UK, ERIC), and pelvic floor exercise guides.
- **Peer support:** Offer voluntary peer discussion groups or anonymous feedback forums for those managing chronic conditions, including continence-related ones.

Practical steps: (5) Training for Line Managers

- **Manager briefings:** Include urinary health and continence awareness in line manager training on health-related absence or performance support.
- **Language guidance:** Help managers use inclusive, supportive language when discussing health matters, avoiding shame or dismissal.

Practical steps: (6) Embedding Inclusivity in Policy

- **Wellbeing and Inclusion Strategy:** Integrate continence into broader inclusion plans around menopause, aging, long-term conditions, and disability.
- **Dignity at Work policies:** Position continence as a protected and supported issue, framed around dignity, autonomy, and health.

Practical steps: (7) Data and Feedback

- **Anonymous staff surveys:** Include questions about toilet access, health-related stigma, or barriers to seeking help.
- **Review absence data:** Look for patterns of short-term or unexplained absence that might reflect hidden continence issues.

Do these approaches work?

Information and sign-posting are highly effective:

- Severity of urinary symptoms reduced
- Perception of lower urinary tract symptoms improved
- Quality of life improved
- Incontinence improved

Limited number of evaluations of impact on economic inactivity, but:

- 'Ability to function' improved
- Use of healthcare services reduced

Summary

- The biology: the bladder and its control are complex
- What goes wrong: 20+ diseases conditions / diseases
- The scale of the problem: symptoms in 70% of over-40s
- Impact: huge – direct (e.g. confidence) and indirect (e.g. depression)
- How you can help address issues for your workforce
 - Raising awareness: health and support services
 - Practical steps
- Resources

Useful Resources

Information:

- Dementia UK – [Continence](#)

Support:

Bladder Health UK:

- bladderhealthuk.org
- Confidential Advice Line - 0121 702 0820
- Info@bladderhealthuk.org
- Forum

Bladder & Bowel Foundation

- bbuk.org.uk
- Confidential Advice Line - 0161 214 4591
- bbuk@disabledliving.co.uk

Bladder & Bowel Community:

- www.bladderandbowel.org
- Closed community Facebook group

Useful Resources - Information for Patients and Carers



> www.tena.co.uk/articles

Useful Resources – Posters and leaflets

- [Incontinence \(NHS\)](#)
- [Overactive Bladder Awareness Poster](#)
- ['Are You Drinking Enough?' Hydration Poster](#)
- ['Continence Problems Are Common' Self-Help Poster](#)
- ['Preventing Urinary Tract Infections' Poster](#)
- ['Promoting a Healthy Bladder and Bowel' Leaflet](#)
- ['It's Time to Talk About Continence' Report](#)
- [Bladder Diary \(Printable\)](#)