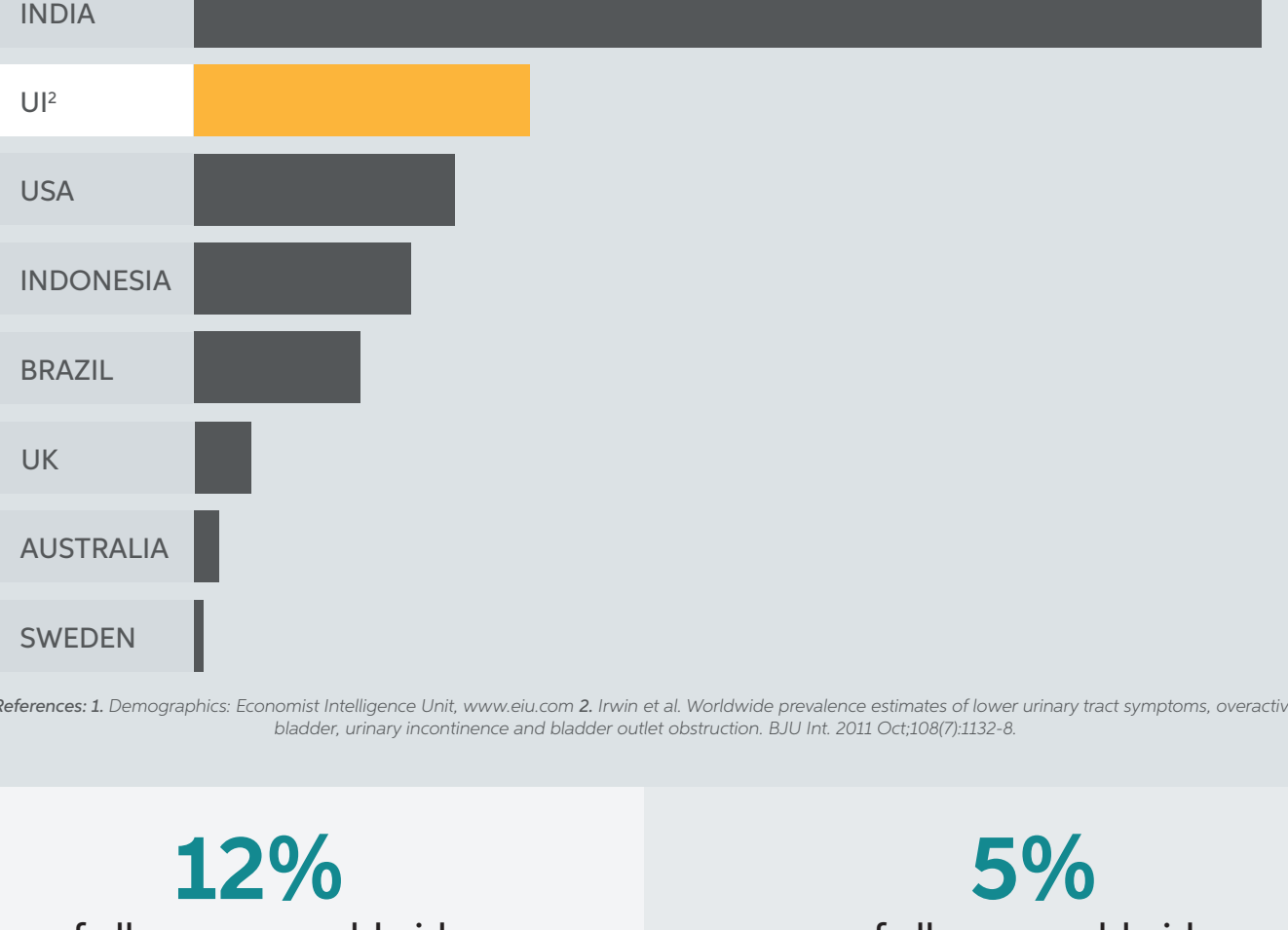


U&I Can Make a Difference to Urinary Incontinence (UI)

If UI Were a Country¹

it would be the third largest in the world



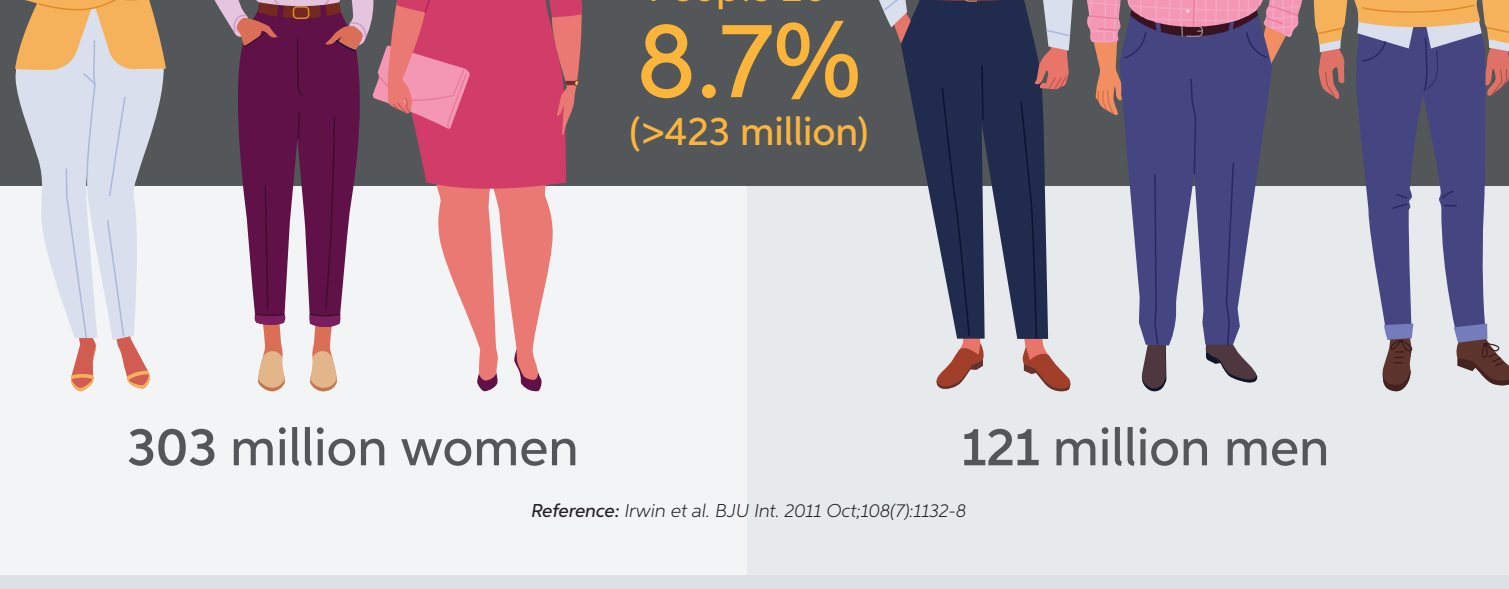
References: 1. Demographics: Economist Intelligence Unit, www.eiu.com 2. Irwin et al. Worldwide prevalence estimates of lower urinary tract symptoms, overactive bladder, urinary incontinence and bladder outlet obstruction. BJU Int. 2011 Oct;108(7):1132-8

12%

of all women worldwide

5%

of all men worldwide



303 million women

121 million men

Reference: Irwin et al. BJU Int. 2011 Oct;108(7):1132-8

3x More Women Than Men

experience bladder leakage



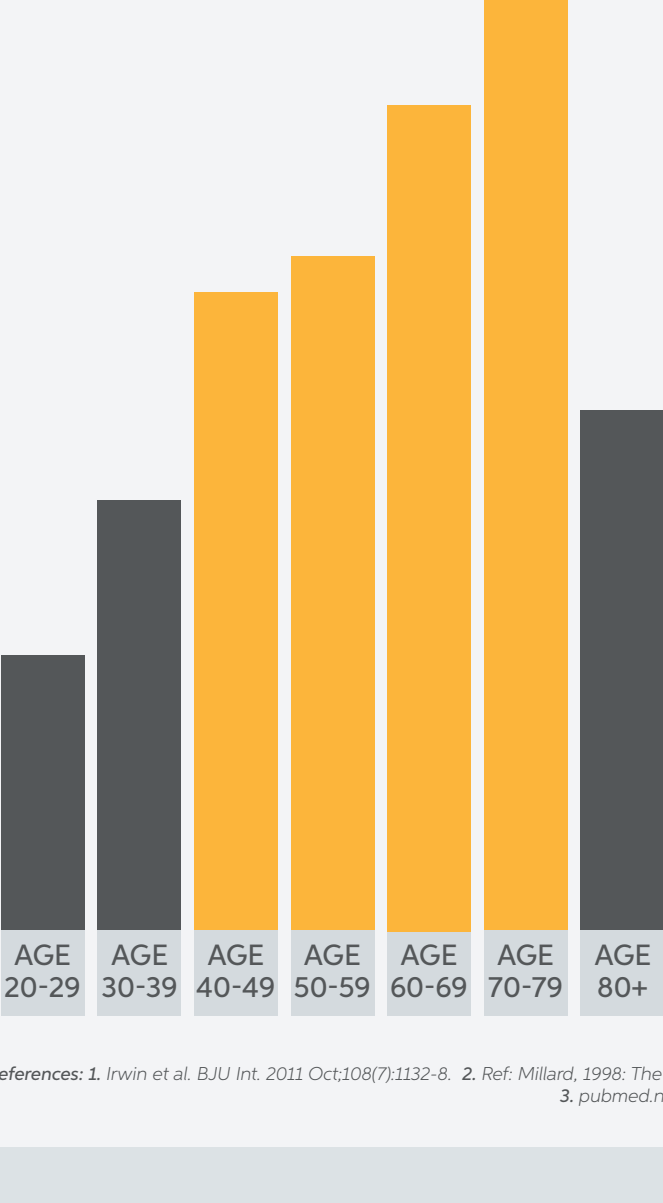
Reference: Irwin et al. BJU Int. 2011 Oct;108(7):1132-8

Percent of Women With Incontinence

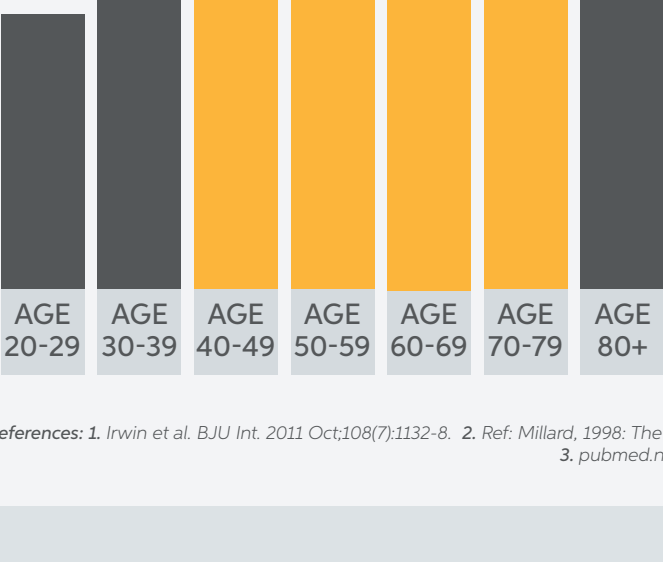
3 different studies - similar results

Study 1¹

Study 2²



Study 3³



49%

of recreationally active women attending gym or exercise classes experienced stress urinary incontinence

References: 1. Irwin et al. BJU Int. 2011 Oct;108(7):1132-8. 2. Ref. Millard, 1998. The prevalence of urinary incontinence in Australia, Australian and New Zealand Continence Journal. 3. pubmed.ncbi.nlm.nih.gov/26864664/

3 Out of 4 People

manage UI daily



For mild symptoms the number could be much higher based on research by SRC Health, which had 86% of respondents not having any treatment for their incontinence.¹

Reference 1: cdn.shopify.com/s/files/1/0331/1681/5497/files/REST_281_Post_Trial_Medical_White_Paper_V4.pdf?v=1587618978

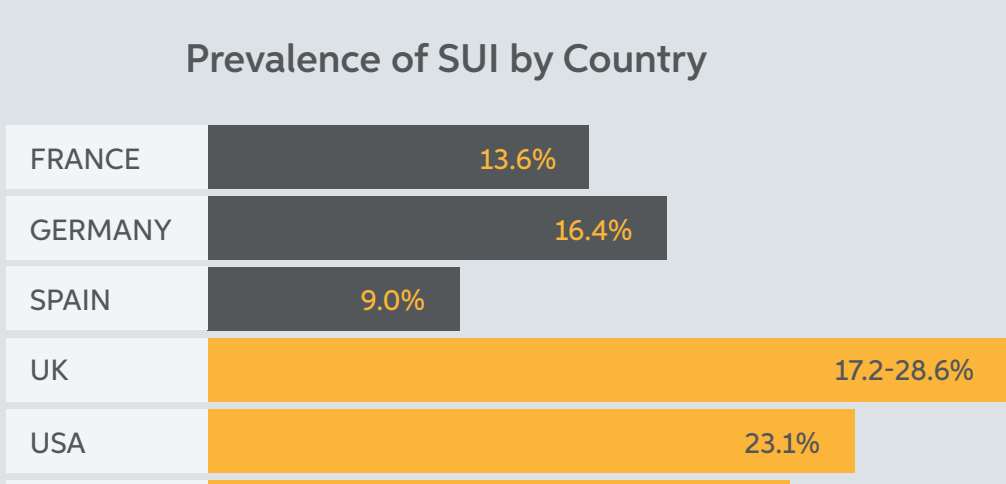
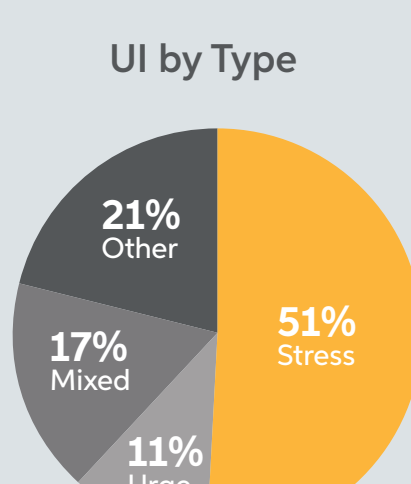
Women wait up to **6.5 YEARS** after beginning to experience bladder control problems before seeing a healthcare professional.

Reference: American National Association for Continence 2014

Stress Urinary Incontinence (SUI) The Most Common Type

UI by Type

Prevalence of SUI by Country



Globally most studies have shown that the prevalence of UI ranges from 25%-45%. Variations in the prevalence % may be obscured by cultural differences and also willingness to report.

3 Biggest Factors Influencing SUI



Pregnancy

SUI and Mixed UI increases most during pregnancy and the prevalence of UI increases as your pregnancy progresses.

As many as 4 in 10 women suffer with urinary incontinence during pregnancy.¹



Weight

A high Body Mass Index is considered to be an established risk factor for UI.

You can check yours at healthyweight.health.gov.au/wps/portal/Home/helping-hand/bmi



Age

Prevalence figures increase with increasing age, and in women aged ≥70 years more than 40% of the female population is affected.

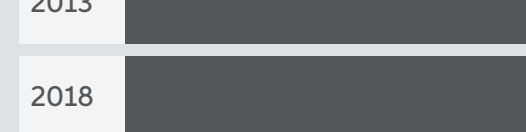
Reference 1: Sangsawang, B., & Sangsawang, N. (2013). Stress Urinary Incontinence in Pregnant Women: A Review of Prevalence, Pathophysiology, and Treatment. International Urogynecology Journal, 24(6): 901-12

Mixed and Stress Urinary Incontinence is on The Increase

Mixed Urinary Incontinence



Stress Urinary Incontinence



An ageing population due to increased life expectancy has seen an increase in the number of women with the condition.

Women who are today between 30-40 are no longer accepting of the condition, as their older counterparts did before them. They are prepared to speak and write about the SUI and are demanding solutions.

The problem needs to be urgently addressed for both health and economic reasons and much more research is needed to explore non surgical interventions.

What Can You Do About SUI?

Step 1

See your health care practitioner

Medical experts who can assist with urinary incontinence from a number of different perspectives and in different ways:

- General practitioners (GP)** assess, diagnose and treat incontinence especially as they have good knowledge of your health history, any medical conditions, surgery or medications you may be on.
- Pelvic floor health physiotherapists** hold post graduate qualifications specializing in pelvic floor muscle training and will tailor an exercise program to meet your specific needs.
- Urologists** have the combination of medical and surgical training who treat men and women with kidney, bladder and urinary problems.
- Pharmacists** can offer advice on medications that may cause or aggravate incontinence.
- Gynaecologists specialise** in preventing and treating illnesses of the female reproductive organs including urinary incontinence
- Accredited Practising Dietitian** will have the qualifications and skills to provide expert nutrition and dietary advice to assist with safe and sustainable weight loss.

With the help of your health care professional you will be able to ascertain the STAGE of your urinary incontinence.

Step 2

Follow advice from health care professional on things you can do to help treat urinary incontinence

- Kegel Exercises** youtube.com/watch?v=Wjib205XlvA4
- Use compression underwear specifically for SUI** srchealth.com/collections/incontinence-and-prolapse/products/restore
- Losing Weight**
- Avoid alcohol and caffeine**
- Stop Smoking**
- Increase fibre and water intake to avoid constipation**
- Increase comfort and reduce stress with protective pads/liners**
- Surgery as a last resort**

Importance of Pelvic Floor Exercise

A pelvic floor exercise program for SUI has been shown to improve 75% of women who commit to the program for 3-6 months.

<https://www.urineincontinence.com.au/stress-incontinence/pelvic-floor-physiotherapy-stress-urinary-incontinence-sui#:~:text=How%20effective%20is%20Pelvic%20Floor,improvement%20in%20leakage%20with%20PFE.>



96.4% of women know about Pelvic Floor Exercises but only 17.6% do the exercises daily.*

*<https://www.jeanhailes.org.au/research/womens-health-survey/survey2018>