

Bladder changes with aging: what's normal and what needs care

Aging can increase urinary vulnerability, but it does not explain the cause of a particular symptom, and sudden or progressive change still deserves an explanation. Good care looks at the bladder, mobility, medications and caregiver support together, and protects drainage, sleep, skin, independence and intimacy as well as symptoms.

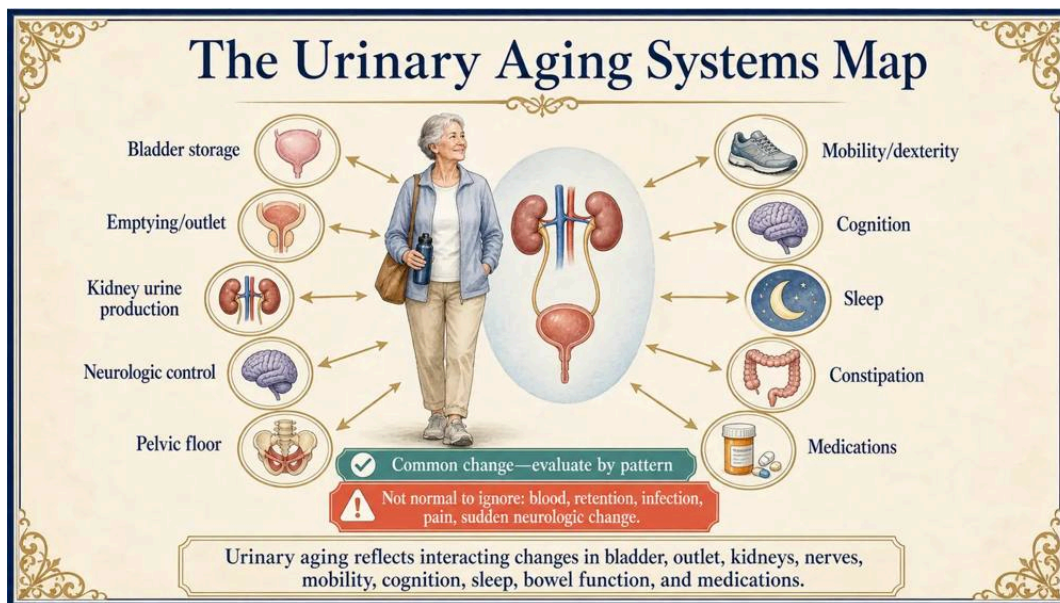


Figure 41.1. The Urinary Aging Systems Map. Urinary aging reflects interacting changes in bladder, outlet, kidneys, nerves, mobility, cognition, sleep, bowel function, and medications.

Key points

- The useful question is not whether a symptom is normal for your age, but which function changed and whether it can be reversed or treated.
- An older adult may leak from urgency, weak support, retention, limited mobility, sedating medication or cognitive change, or several at once.
- Adding a bladder drug without checking emptying and function can make things worse.
- Medications should be reviewed as a system; fewer interacting drugs may be safer than another prescription.
- A plan that depends on unavailable caregiver support is not truly a plan.
- Independence and intimacy are legitimate medical outcomes.

Get prompt care if you notice

- Sudden or rapidly progressive change in urination
- Retention or difficulty emptying
- New neurologic change
- Rapid decline in function or new falls

Questions to ask your urologist

- Which urinary function has changed, and is the change reversible, dangerous or something I can adapt to?
- Am I emptying my bladder well enough to use a bladder medication safely?
- Could any of my medications be contributing, and can the regimen be simplified?
- How can treatment preserve my independence with the least burden?
- Can my caregiver and I realistically sustain this plan?
- When should we review whether a device or medication is still needed?

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