

## Book reviews

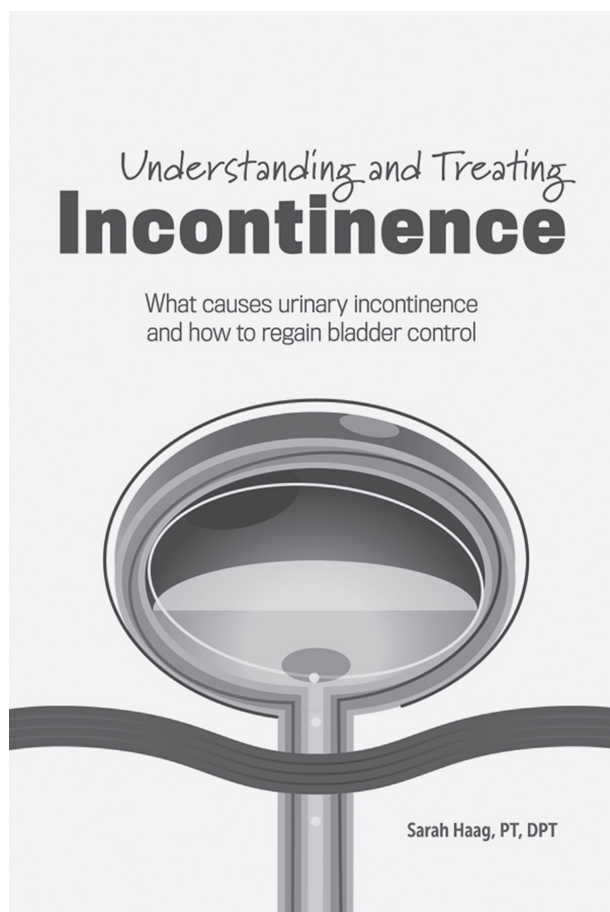
### **Understanding and Treating Incontinence: What Causes Urinary Incontinence and How to Regain Bladder Control**

By Sarah Haag

OPTP, Minneapolis, MN, 2019, 64 pages, paperback, US\$16.95 (£19.44 on Amazon UK)

ISBN: 978-1-942798-17-0

How many times have I wanted to give my patients just one information booklet that contains useful and practical evidence-based current advice about urinary incontinence (UI)? The answer is all too often, or at least, enough for Sarah Haag to write a book to stop my grumbling about handing out multiple papers and/or e-booklets to my patients. Most of the time, I had to cross out or add some information, and draw or attach additional pictures to guide patients through their treatment. The good news is that there is no need for this palaver anymore – *Understanding and Treating Incontinence: What Causes Urinary Incontinence and How to Regain Bladder Control* covers all the relevant facts in



just over 60 pages! Exactly the right amount of information is included to educate readers about the initial assessment and treatment strategies.

“Let’s Talk About It”, the book’s introduction, acts as an ice-breaker to start a conversation about “LBL” or light bladder leakage. Haag goes on to explain metaphorically why fixing a leak is more sustainable than putting a bucket under it.

*Understanding and Treating Incontinence* covers basic epidemiology, anatomy and treatment, and includes a list of resources at the end.

The first section, “A Common and Costly Problem”, provides facts about the effects of UI on both sexes and all ages. Readers suffering from this problem will realize that they are not alone, and that their condition is largely treatable and preventable. Haag highlights how UI is all too often ignored by the patient, which can lead to a downward spiral into comorbidities. I often tell my own patients and students that the number of incontinent people globally is equivalent to one of the most populous countries in the world, and by 2030, this will probably be comparable to the largest! Therefore, as this section’s title suggests, UI is surprisingly common and extremely costly.

The second part, “Understanding Incontinence”, contains many anatomical images (kudos to illustrator Marty Harris), but will not overwhelm novice readers with too much description. Haag starts by explaining the continence mechanism and physiology of the bladder, and makes important recommendations about what should be avoided (e.g. straining when opening the bowels, pushing to empty the bladder fully and tightening the pelvic floor muscles when walking!), information that is usually missing from one-page handouts. The segment on the causes of urinary incontinence is easy to understand if you have a basic knowledge of physics.

“Treating Incontinence: Pelvic Floor Contractions” is the third and most practical section of the book. The function of the pelvic floor muscles is summarized well, and current science and examples from clinical work are incorporated into the narrative. Contractions are explained with numerous visual and tactile cues, and there are verbal instructions for both men and women. Haag includes an amusing anecdote about “imagineering” a verbal cue for men that proved

extremely effective, but you'll have to read the book to find out about this! *Understanding and Treating Incontinence* is insightful and engaging throughout. It provides motivation, encouragement, and most of all, knowledge that can improve quality of life.

Section four highlights "More Ways to Treat Incontinence". General exercise, diet and a range of devices that may be used as an adjunct to perineal strength training are described well, offering readers a full picture of what could help, and what to expect from a physiotherapist's assessment and treatment. The roles of the other medical professionals who treat incontinence are also explained, and useful resources including a bladder diary are included.

We all want to dispel the taboo about incontinence and encourage people to ask for help. Sometimes patients are too painfully shy to have this conversation, or want to know much more than our busy schedule allows. We now have a well-rounded, easily accessible and evidence-based book to get them up to speed, one that they can read in the privacy of their own home, in their own time and at their own pace. I will be recommending *Understanding and Treating Incontinence* to all my patients prior to their first assessment, and to all my friends well before they experience any symptoms of incontinence. It is concise, glossy and scientifically sound. Bravo!

**Biljana Kennaway**  
Assistant Editor

### **Why Pelvic Pain Hurts: Neuroscience Education for Patients with Pelvic Pain**

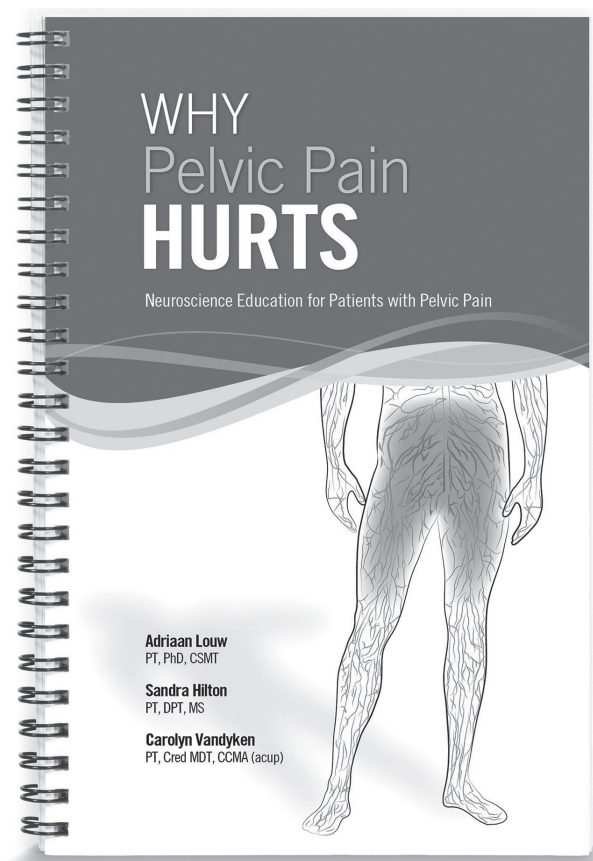
By Adriaan Louw, Sandy Hilton and Carolyn Vandyken

International Spine and Pain Institute, OPTP, Minneapolis, MN, 2014, 70 pages, spiral-bound, US\$19.95 (£19.02 on Amazon UK)

ISBN: 978-0-985718-68-8

I cannot understand how this book is meant to be marketed to patients. Not only does *Why Pelvic Pain Hurts: Neuroscience Education for Patients with Pelvic Pain* look like a boring, spiral-bound textbook, the cover appears to show a very veiny man bleeding out! However, if patients can clear these off-putting hurdles, then they will discover a wonderfully structured text that contains a wealth of useful and easy-to-digest information.

The first four sections of the book cover our understanding of pain. As a physiotherapist,



I like the structure that has been adopted, and could easily use *Why Pelvic Pain Hurts* as a guide in my clinic to explain pain to patients or educate other physiotherapists about this area. What is even better is that this is all linked to pelvic pain in particular. The examples fit nicely and I am sure these will help many people. This useful text is up to date and has limited bias. The authors present the modern view of pain as an alarm system and a response that can be learnt. Pain can be heightened, and the more stressed, worried or concerned we are about it, the worse it can become. All this is sympathetically discussed, and related to the challenges associated with how pelvic pain is often linked to bodily functions that are always occurring.

The fifth, final and best section is the one that I would recommend that patients go to first because I wonder how much of this book has been written with them in mind. Most ultimately want to know what their treatment options are and how they can resolve their problems, but these questions are not addressed until the end of *Why Pelvic Pain Hurts*. The 12 strategies included provide an insight into the wonderful minds of these pain experts, and the tools that they use to support patients with pelvic pain. However, it may be hard for individuals to understand how to build these steps into their daily lives without

support. Additionally, the first step starts with education. Therefore, anyone who has skipped all the preceding sections will need to go back to the beginning. This is where the book becomes repetitive since, technically, all four initial sections are about understanding pain as an alarm system, and are actually part of the education required to make sense of the fifth part. The sections provide a way to question belief systems scientifically and give suitable examples. Therefore, perhaps the first part should begin with the initial treatment and an explanation of this step.

The ordering of the treatments will also be a little hard for patients to follow: manual and soft-tissue therapy are second and third before exercise and other approaches to behavioural change. However, it is common to find the reverse in UK practice, and we know that there is no specific evidence to guide us about the optimal multimodal exercise interventions in the treatment of pelvic pain. The authors state that you need to follow manual therapy with exercise, but I find it hard to believe that this applies to all patients. It does not conform to much current

National Health Service practice, particularly following the COVID-19 pandemic. I think that it is best to use the 12 options as a pick-and-mix guide, and to individualize these to each patient. As ever, the choice of treatments should be made by a trained professional and the authors endorse this.

I can definitely see *Why Pelvic Pain Hurts* in a clinic waiting area, but ideally, with a different and rather more sparkly cover! All the wording is simple and easy to read, the overall messaging is calming in nature, and positive solutions to the complex area of pelvic pain are provided. However, to find out how truly useful it is, the most important review of this book would need to be written by a group of individuals with pelvic pain. Nevertheless, it is a great tool for physiotherapists who are educating patients about this condition.

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