COEXISTING CONDITIONS

URINARY INCONTINENCE AS A NON-COMMUNICABLE DISEASE COMORBIDITY

Urinary Incontinence (UI) rarely occurs in **isolation**. Its onset, severity, and treatment outcomes are deeply influenced by many other conditions, ranging from **cardiac failure**, **stroke**, **diabetes**, **chronic respiratory conditions** such as **asthma** and **Chronic Obstructive Pulmonary Disease (COPD)**, **arthritis** and other **musculoskeletal disorders**, **dementia** and **Parkinson's disease**, **depression** and **anxiety**, as well as a variety of bowel disorders. It is also very closely linked to a variety of **cancers**, both as a result of the disease as well as a consequence of cancer treatments. The relationship between UI and these diseases is bi-directional: these conditions can cause or aggravate UI, and at the same time, existing health problems can be aggravated by UI.

55-60 million Europeans suffer from continence health issues.

€ In 2023, urinary incontinence placed an economic burden of €69.1 billion.

AN URGE TO ACT

CONTINENCE HEALTH IN ALL POLICIES

AN URGE TO ACT

The European Union has made major commitments to improving chronic disease prevention and equality in access to care through legislative instruments

EU NCD Initiative (Healthier Together)

Europe's Beating Cancer Plan

EU4Health Programme

Roadmap for Women's Rights

None of these recognise or prioritise continence health, even though UI is a common comorbidity across chronic diseases and carries and economic burden estimated at around two-thirds that of cancer.

Major EU initiatives as opportunities to improve how we address continence health and its comorbidities

EU NCD Initiative	Improve the success of NCD prevention, management, healthy ageing, and quality-of-life goals by addressing UI as a cross-cutting NCD-related condition that is currently invisible in EU NCD policy.
Europe's Beating Cancer Plan	Common post-treatment continence issues that heavily affect QoL outcomes are not yet monitored or supported through EU actions.
EU4Health Programme	No calls or indicators specifically addressing the burden of continence or pelvic health have been issued yet
Roadmap for Women's Rights	Continence health is not addressed, despite high prevalence and social impact of UI in women, as well as the disproportionately high female burden of care for UI and its comorbidities.

This failure to address continence health in EU policy is mirrored in major international health targets, such as the Sustainable Development Goals or the UN Declaration on NCDs . As a result, the impact of urinary incontinence on patients with comorbid conditions remains poorly understood.

TRANSFORMING CONTINENCE POLICY

This brief advocates for a "continence health in all policies" approach by illustrating how major medical conditions (cancer, CVDs, neurological, and mental health) worsen the burden on patients, ultimately aiming to integrate continence care into EU policy to improve social and economic resilience.

Formally recognise incontinence as an NCD

This will enable systematic data collection, monitoring and evidence for improved EU health strategies. It will support care not only for incontinence but will also bring up the standard of care for patients across multiple chronic diseases.

Include continence health as a quality-of-life indicator

Incontinence impacts daily functioning, social and market participation, and mental wellbeing, and policymaking must be based on a comprehensive picture of suffering felt by billions of patients.

Launch a dedicated call for funding on continence health

Despite its high prevalence and impact on the course and experience of related diseases and treatments, continence health remains under-researched and underfunded. Dedicated funding will help close critical knowledge gaps, drive innovation, improve patient care, and reduce the broader impact of continence health on other health conditions and society.

Consider continence care in all policies

Effective continence care improves outcomes not only for patients themselves but also for the management of comorbid conditions, workforce participation, and social inclusion. Integrating continence care into health, social, and equality policies will reduce stigma, support patient wellbeing, and create healthier, more inclusive societies.

THE ROLE OF CARERS IN MANAGING UI

When UI occurs alongside other chronic conditions, it also increases the complexity of care for informal carers. Managing UI in patients with comorbidities adds physical, emotional, and logistical strain, as carers must address multiple health needs simultaneously.

Providing training, resources, and support can reduce carer burden, improve patient outcomes across conditions, and generate broader social and economic benefits. Recognising the role of UI in care of many related conditions is essential to properly assess the needs of and support both formal and informal carers.

UI AS A COMORBIDITY OF A WIDE VARIETY OF HEALTH CONDITIONS

AN URGE TO ACT

CARDIAC FAILURE	Where the heart is inefficient and fluid can build up particularly in the ankles/ legs. This can result in night-time incontinence or affect frequency. Also, treatment of this condition with diuretics (water tablets) can contribute to increased trips to the toilet and occasionally UI.
STROKE	Can directly affect parts of the brain related to continence or can result in limb weakness, making toileting more difficult.
DIABETES MELLITUS	People with diabetes commonly experience problems controlling their bladder and bowel. This can happen because of increased weight, nerve damage to the bladder and bowel affecting sensation and thereby decreasing awareness of needing to go to the toilet and overload urine when blood sugar is too high.
RESPIRATORY CONDITIONS	Asthma, COPD- this causes coughing so people with weak pelvic floor muscles can leak urine with stress UI or can provoke micturition in the case of urgency incontinence.
MUSCULOSKELETAL DISORDERS	Arthritis- this can make it difficult for people to move around or handle clothing easily due to pain or ankyloses (joint stiffness), therefore not able to get to the toilet in time.
NEUROLOGICAL CONDITIONS	Dementia, Parkinson- this may involve difficulty moving or slow movement, combined with disorientation, memory problems and confusion, making getting to the toilet more difficult and is therefore often either functional or associated with OAB.
PSYCHIATRIC DISORDERS	Depression, anxiety- can affect motivation for toileting and treatments can affect bladder/bowel.

Nambiar AK, Bosch JL, Cruz F, Lemack GE, Thiruchelvam NN, Tubaro A, et al. The burden of urinary incontinence as a comorbidity. Neurourol Urodyn. 2026;43(2):123-131. doi:10.1002/nau.25662

European Association of Urology. The P-Word: Why we need to talk about prostate cancer and incontinence [Internet]. Arnhem: EAU; 2023 [cited 2026 Jan 13]. Available from: https://d56bochluxqnz.cloudfront.net/media/EAU-Policy_The-P-Word_FINAL.pdf

CANCER

People experiencing **prostate** or **bladder** cancer are disproportionately likely to suffer from Urinary Incontinence (UI). Prostate cancer is Europe's most common male cancer with over 400 000 men diagnosed each year. The ageing population across Europe is leading to increasing numbers of prostate cancer diagnoses. Bladder cancer's impact in the region is also significant. It is the 5th most commonly diagnosed cancer in Europe and ranks 4th in men with over 120 000 men in the EU diagnosed each year.

Continence problems may be present in patients with prostate or bladder cancer, principally due to:

1. Tumours impacting the normal functioning of the bladder or urinary tract
2. Changes to the body and it's functions as a consequence of surgical interventions for prostate or bladder cancer
3. A worsening of pre-existing dysfunctions of the lower urinary tract

Cancer may also cause urinary problems, or worsen them, due to a decrease in central nervous control as a consequence of physical deterioration, as well as the psychological impact of the disease or treatment.
Several cancer treatments for bladder and/or prostate cancer may cause or even aggravate urinary incontinence.

POLICY RECOMMENDATIONS

- Include continence health as a quality-of-life (QoL) measure for cancer patients and survivors and as an indicator in guidelines for PROMs studies.
- Include continence health in shared-decision making (SDM) guidelines.
- Produce educational resources for patients on the effects of certain treatment decisions on continence health.
- Recognise the role of informal carers for cancer patients and survivors.

European Association of Urology. The P-Word: Why we need to talk about prostate cancer and incontinence [Internet]. Arnhem: EAU; 2023 [cited 2026 Jan 13]. Available from: https://d56bochluxqnz.cloudfront.net/media/EAU-Policy_The-P-Word_FINAL.pdf

White AJ, Reeve BB, Chen RC, Stover AM, Irwin DE. Urinary incontinence and health-related quality of life among older Americans with and without cancer: a cross-sectional study. BMC Cancer. 2013 Aug 7;13:377.

CARDIOVASCULAR DISEASES

AN URGE TO ACT

Recognising the interplay between CVDs and urological dysfunction is essential for improving patient outcomes, quality of life, and appropriate care for CVD patients.

CVDs are closely interconnected with functional urological disorders, particularly lower urinary tract symptoms (LUTS) and overactive bladder (OAB), affecting both women and men. In patients experiencing increased urinary frequency, urgency, or incontinence, cardiovascular conditions such as heart failure and hypertension often act as significant contributing factors.

HEART FAILURE → Day fluid retention → Nocturia, urinary urgency

HYPERTENSION → Damage (bladder) blood vessels → Neurogenic and muscular dysfunction that impairs bladder function

ENDOTHELIAL DYSFUNCTION → Reduced blood flow to the bladder wall → Diminished bladder elasticity, aggravating storage symptoms such as urgency and frequency

Managing these overlapping conditions often requires a MULTIDISCIPLINARY APPROACH involving urologists, gynaecologists, cardiologists, and other healthcare professionals.

PREVENTIVE STRATEGIES
- Balanced nutrition
- Regular physical activity
- Weight management

Pharmacological treatments for CVD, such as diuretics, may worsen bladder symptoms, necessitating careful adjustment of dosage and timing or alternative therapies.

POLICY RECOMMENDATIONS

- Recognise the role of continence health in CVD care in the upcoming Cardiovascular Plan.
- Develop educational content for healthcare professionals on the link between CVDs and continence health.
- Support wider dissemination of strategies for continence health prevention in patients with CVDs.

Blok B, Castro-Diaz D, Del Popolo G, Groen J, Hamid R, Karsenty G, et al. EAU Guidelines on Neuro-Urology [Internet]. Arnhem: European Association of Urology Guidelines Office; 2023 [cited 2026 Jan 13]. Available from: https://uroweb.org/guidelines/neuro-urology

Harding C, Lapitan MC, Arlandis S, Bo K, Cobussen-Boekhorst H, Costantini E, et al. EAU Guidelines on Non-neurogenic Female Lower Urinary Tract Symptoms (LUTS) [Internet]. Arnhem: European Association of Urology Guidelines Office; 2023 [cited 2026 Jan 13]. Available from: https://uroweb.org/guidelines/non-neurogenic-female-luts

MENTAL HEALTH

Urinary problems have a major impact on quality of life, creating many physical psychological and social challenges for people, including after cancer treatment, such as bladder and prostate. Despite its wide prevalence (estimated at 400 million globally), adult incontinence remains as one of the most stigmatising health problems and can lead to isolation, anxiety and depression.

RESEARCH EVIDENCE

Individuals with overactive bladder (OAB) are at an increased risk of developing depression and anxiety. Those with pre-existing mental health disorders are also more likely to develop OAB.

BLADDER-GUT-BRAIN AXIS

Emotional and bodily distress may manifest as functional disorders, like OAB. Evidence also shows that chronic stress and inflammation, known contributors to anxiety and depression, can exacerbate OAB symptoms through neurogenic inflammation and alter bladder signalling.

POLICY RECOMMENDATIONS

- Raise awareness on continence health to reduce stigma.
- Produce guidelines to support mental health professionals and general practitioners to discuss continence health in conversations with patients.
- Support and fund research into the link between mental health and continence health.

Nambiar AK, Bosch JL, Cruz F, Lemack GE, Thiruchelvam NN, Tubaro A, et al. The burden of urinary incontinence as a comorbidity. Neurourol Urodyn. 2026;43(2):123-131. doi:10.1002/nau.25662

Wayne G, Brisbane SK, Holt B, Winters J, Gore T, Walsh J. Non-muscle Invasive Bladder Cancer Influences Physical Health Related Quality of Life and Urinary Incontinence. Urology. 2019 Mar;125:146-153.

NEUROLOGICAL CONDITIONS

While UI is not necessarily a consequence of dementia, it is more common in people with advanced dementia who have more serious cognitive impairment. Studies have found that UI is an important variable in the decision-making process to place a person with dementia in residential or nursing care. In the case of severe dementia, UI can be a consequence if there is complete care dependence and loss of cognitive function.

Hard to estimate the prevalence of dementia and UI when patients are cared for at home, compared to those living in residential care.

SEVERAL INDICATORS SUGGEST THAT THE INCIDENCE IN HOME SETTING IS HEAVILY UNDER-REPORTED

People with dementia are generally admitted to a residential home when the levels of functional and cognitive abilities mean carers are unable to cope at home.

Embarrassment, shame and perceived social stigma attached to both dementia and UI likely cause significant under-reporting. Carers may also seek to protect the dignity of the person experiencing UI.

Lack of understanding or consensus on the definitions of UI (e.g. type and frequency)

A significant lack of validated tools to assess prevalence in UI.

POLICY RECOMMENDATIONS

- Provide guidelines for primary care doctors to adopt a proactive and sensitive approach to the identification, management and monitoring/recording of UI in people diagnosed with dementia.
- Produce guidelines for informal caring outside sanitary infrastructures (hospitals, nursing homes, day-care centres, etc).
- Support and fund research into the link between neurological conditions and continence health.

Gove D, Scerri A, Georges J, van Houten P, Huige N, Hayder-Beichel D, et al. Continence care for people with dementia living at home in Europe: a review of literature with a focus on problems and challenges. J Clin Nurs. 2017 Feb;26(3-4):356-365.
Gove D, Georges J, Huige N, Naesheim I, Houten P, Hayder D, et al. Improving continence care for people with dementia living at home. Luxembourg: Alzheimer Europe; 2014.

THE URGE TO ACT

Follow the Urge to Act activities and the MEP Interest Group on Continence Health by scanning the QR code below

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MEP INTEREST GROUP ON CONTINENCE HEALTH

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THE URGE TO ACT MEMBERS

European Association of Urology

European Association of Urology Nurses

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ueg

World Bladder Cancer Patient Coalition

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ORCHID
Fighting Male Cancer

IUGA
international urogynecological association

INUS

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European Association Working for Carers

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ECHAlliance

Alzheimer Europe

EUROPA UOMO
The Voice of Men with Prostate Cancer in Europe

european cancer organisation

ALLIANCE
EU Alliance for managing severe chronic urinary incontinence in older women in nursing homes

IPOS
International Psycho-Oncology Society

European Reference Network
for rare or low prevalence complex diseases
Network Urogenital Diseases (ERN eUROGEN)

ESN
European Specialist Nurses Organisation

IKCC
International Kidney Cancer Coalition