Love Has No Limits published in 2008 by Harlequin Enterprises (Australia Pty). This book will be made available to readers once released early in 2008. See overview below.

About Tania and Warren

The life story of Tania and Warren Hayes is an amazing testament to the extraordinary potential for hope, perseverance and love that is hidden within each and every one of us.

Tania was only twenty-two when her fiancé, Warren, was diagnosed with an eight-centimetre Acoustic Neuroma brain tumour. In the space of a week Tania and Warren’s future morphed from a shining dream of hope and possibility into a place of fear, uncertainty and doubt.

The chances of Warren’s survival were slim, and for over a year Tania remained by his bedside as he bravely faced an agonizing series of medical battles, mishaps and close calls. Without a voice of his own, Tania had to fight for Warren’s right to continue, even though doctors were advising her to switch off his life support and let him go.

Time and time again, Warren defied all expert opinion by clinging to life and to the possibility of sharing a future with Tania.

Warren spent a total of 446 days in hospital, during which he underwent twenty operations. He suffered from infected brain shunts, fungal and bacterial meningitis, golden staph., pneumonia, a deep vein thrombosis blood clot and spasmodic breathing which saw him rushed back onto life support. Tania was told that he may never breathe on his own again.

Frustratingly, on four occasions Warren was released to a rehabilitation hospital only to relapse unexpectedly. Although these times were heart-breaking and demoralising for Tania, she never conceded defeat.

After repeated setbacks Warren’s condition finally stabilised, allowing him to begin the gruelling task of gradually recovering his body. Unfortunately, after only a short time in a rehabilitation hospital, the specialists deemed that his progress was unacceptably slow. They advised that he should be sent to a nursing home.

After coming so far Tania refused to give up and send Warren to waste away in a nursing home. At the age of twenty-four she took on the enormous responsibility of discharging Warren from hospital and becoming his full-time Carer.

For the past ten years, Tania and Warren have worked to rebuild their life together, learning many valuable lessons about dreams, perseverance and compromise along the way. They are now married and have a bouncing twenty-two-year-old son, Josh. Together, they hope that their story can reach out and lend strength to those trapped in their own cycles of suffering and fear.

Despite all their tragedy, Tania has remained optimistic about the future. She continues to put her energy into building a future for Tania and Warren, and into sharing her family’s inspirational story at many prestigious venues across the nation.

Tania is the official Ambassador for Carers Australia, and a Carer Representative for Carers New South Wales. She is also the proud author of the powerful biography Love Has No Limits published in 2008 by Harlequin Enterprises (Australia) Pty Ltd. It is Tania’s ambition to inspire as many people as she can to stay strong throughout even the darkest obstacles in life and never lose hope. Her message is simple: no matter what may befall you, love on your side, nothing in life is ever impossible.

From the President

Christmas and holiday greetings to you all. Another busy year has flown by. Highlights for the association were a successful regional meeting in Rotorua this year, ably organised by Bernie Brenner. Our major meeting next year will be 12-14 September in Hamilton, details in this newsletter, and we encourage all our members and others interested in continence to attend what in the past have been friendly and informative meetings. The executive also co-ordinated our first ‘stake-holders’ meeting in late November, funded by the NZCA part of the profit from the ICS meeting held in Christchurch last year. It was an interesting day of sharing experiences and information and we are working on producing a report from this meeting both for our members, the stake-holders, which will help guide the direction of the NZCA, particularly in lobbying for services. We have successfully sponsored two research projects that are in the data collection phase at the moment, and hopefully we will have reports for the September meeting. Please remember that we have funds available for research. One of the workshops planned for the Hamilton meeting is a ‘how to’ apply and run for research money from our fund. Have a relaxing, safe and enjoyable holiday season.

Mark Weatherall

Pauline Chiarelli (right) with Emily Norman. Pauline received a Fellowship of the Australian College of Physiotherapists. Emily received the Pauline Chiarelli Continence and Women’s Health Physiotherapy Group award for the Best Scientific Paper for her presentation.
Consumer Letter

This is a letter from John Howard who cares for his wife. He has passed on a hint that he has found useful with catheter care. I have included it here as it may be of some use to other carers reading this newsletter.

Dear Jan

The suggestion that had been given to me as a possible cure for PUBS has worked. You may remember that at the Continence Meeting at the Otago School of Medicine I said that we yet to try it. Gloria had had PUBS for some months and we had tried antibiotics, etc but still had to change the catheter at least every seven days or less because of the colour and unpleasant odour. It even affected the night bag.

To reiterate, the formula is: Take SIX Ural sachets a day (spread as evenly as possible through the day) for three days then stop.

Within a few days and a change of catheter the purple goes. We then used an antibiotic (Norfloxacine one tab twice a day for three days) with a change of catheter again, at the beginning of the 3rd day. This then removed the unpleasant odour.

This treatment ended on the 7th Dec and we have had NO recurrence since. No Purple and no unpleasant odour.

We consider this problem now fixed, with today being the 20th Dec. Nearly 14 days after treatment ended.

Hopefully this may help someone else with a similar problem.

John Howard
A population-based study of urinary symptoms and incontinence: The Canadian Urinary Bladder Survey.

Herschorn S, Gajewski J, Schulz J, Corcos J

BJU International 2007;101:52-58

This is a sample survey of Canadians that aimed to determine the prevalence of urinary symptoms amongst Canadians older than age 18. The survey was carried out during one week in October 2002. The method was of random telephone digit dialling or around 2,500 subjects with 1000 responding (although the exact numbers contacted to yield the final number is not stated in the paper). The definitions of urinary symptoms followed the ICS definitions but used a specific survey form developed for this survey. The general question seeking whether bladder problems were present was ‘Do you currently have a urinary or bladder control problem?’ The list of other questions relating to urinary symptoms is in the appendix of the paper. The questionnaire could be administered in French or English depending on the preference of the respondent. Only the English version of the questionnaire is given in the appendix. Although the sample had about the same age and sex distribution as the general Canadian population older adults were under-represented.

Women and older adults reported a higher positive response to the general symptom question with an overall positive response of 8.9%, 12% in women, and 5.4% in men. The positive response was 19% in women over age 65 and 15% in men over 65. The authors speculate that the relatively low positive response to this question in relation to the higher positive responses to other urinary symptom questions reflects whether the respondents were bothered by their urinary symptoms. 50% of respondents had a urinary symptom of some sort although this fell to 34% if any nocturia is excluded. Urine urgency incontinence affected 4% of men and 9% of women, over-active bladder 13% of men and 15% of women, and stress urinary incontinence 2% of men and 26% of women. All the responses were based on the word ‘currently’ in the questionnaire. Women and older adults again had an increased prevalence of symptoms.

Muscarinic receptor antagonists for overactive bladder.

Abrams P, Andersson KE

BJU International 2007;100:987-1006

This is a comprehensive narrative style review of this major class of drugs for the treatment of overactive bladder, although the drugs discussed are also used for the treatment of the related condition of urge urinary incontinence. Acetyl-choline is the neurotransmitter responsible for activating contraction of detrusor (bladder) muscle. In the human bladder it acts as specific receptors responsive to acetylcholine called muscarinic receptors, of which the most important is likely to be the ‘M3’ subtype. Drugs which block these receptors are useful for both urge urinary incontinence and over-active bladder. The review is structured by a summary of the physiology of micturition, the role of muscarinic receptors, the mechanism by which anti-muscarinics might help in over-active bladder, outcome measures used in research, evidence for efficacy, onset of action, adverse effects, and the use in special populations such as men, older adults and children. Useful tables cover the pharmacokinetic profiles of agents, affinity to the different types of muscarinic receptors, and tables of placebo and active controlled trials of these agents. Two recent meta-analyses of the effect of these agents are discussed in detail. This is perhaps the most accessible recent review of this important class of agents I have seen and is highly recommended for those using these drugs.

Improvement in urinary symptoms after radical prostatectomy: a prospective evaluation of flow rates and symptom scores.

Masters JG, Rice ML.

BJU International 2003;91:795-7

Some New Zealand research that we thought we would highlight in the newsletter! This work was carried out through the Department of Urology at Auckland Hospital. The study aimed to describe the effects of radical prostatectomy on urinary symptoms and flow rates. The authors found that there was a significant improvement in urinary symptoms and flow rates after surgery. The study also found that the improvement in symptoms was related to the duration of follow-up, with longer follow-up times leading to greater improvements in symptoms.
Attending the Australian Physiotherapy Conference (Continence and Women’s Health) in Cairns was an incredible experience. Titled “The Core, the Floor and the Cartes”, lectures presented by leading Australian physiotherapist researchers and some interesting workshops allowed a little “hands on experience”. While it is difficult to briefly report on two full days of education, I shall attempt to summarize the most relevant papers presented.

A recent study by Michelle D Smith & Professor Paul W Hodges et al (2007) looked at the relationship between incontinence and low back pain. With a database of 38,000 women, this study based at the University of Queensland, found that incontinence and low back pain are related. Women with incontinence are significantly more likely to report back pain than women with no history of incontinence. Furthermore it was found that incontinence increases the risk of low back pain and that back pain increases the risk of incontinence.

We already know that the pelvic floor and abdominals are involved in the maintenance of continence, and that they also play a role in the maintenance of spinal/pelvic stability. Thus, researchers at the University of Queensland have recently attempted to unravel why incontinence and back pain might be related. Both vaginal and anal probes were used to measure EMG activity of the PFM during rapid arm movements (that present a postural challenge to the trunk). Findings have indicated that women with incontinence have both increased abdominal muscle and pelvic floor activity associated with postural disturbances. These findings challenge the common clinical assumption that incontinence is associated with a reduced pelvic floor activity. It suggests that control and co-ordination of abdominals and the pelvic floor may be important in treatment of incontinence. The researchers believe that this study highlights the need for a comprehensive assessment of a patient with incontinence that looks at both the control and the coordination of the pelvic floor and the abdominals together.

We were reminded of the evidence of the efficacy of physiotherapy in conservative continence management. A recent multi-centre study found that 82% of women were cured of stress urinary incontinence (SUI) following one to five episodes of specialist physiotherapy care. The study found that physiotherapy management of female SUI cost $AU1002.40, while surgical management cost between $4468 and $6124.

So while we know that Pelvic Floor muscle (PFM) exercises should be the first line treatment for stress incontinence, research has proven that many women perform them incorrectly; which if done repetitively can make the incontinence worse. Thus, the benefits of using real-time ultrasound—monitoring movement of the bladder base—allowing immediate and direct feedback during PFM exercises, was again discussed in Cairns. Ultrasound has been found to be a valid measurement tool, and has been proven to be more sensitive than digital palpation for the assessment of the “lifting action of the PFM” (Frawley et al. 2005). In addition, trans-abdominal ultrasound is non-invasive compared to digital examination. As only 25% of people in Australia with incontinence have ever discussed their problem with a health practitioner, a non-invasive method of assessment may encourage patients to seek earlier intervention. Ultrasound is also reliable, quick and able to be used easily in different positions and functional tasks.

One of the most memorable lectures was presented by Dr Trish Neumann, telling us what EVERY Physiotherapist needs to know about urinary incontinence. She presented a powerpoint presentation, which she has devised for Continence therapists to present to their peers whom may not work in this area. It reminded us of the high prevalence of incontinence in Australia (30% of women and 13% of men, or 50% of women who have had a baby). She challenged us to dispel the myth that incontinence is “normal” if one is female or old, and that women with no history of incontinence are related. Women with incontinence have both increased abdominal muscle and pelvic floor activity associated with postural disturbances. Women with incontinence and low back pain are related. Women with incontinence have both increased abdominal muscle and pelvic floor activity associated with postural disturbances. We were reminded that “Primary healthcare professionals need to be able to promote awareness of incontinence (and other pelvic floor issues) if barriers to disclosure are to be overcome.”

On the final day, we began with a lovely breakfast, which saw Associate Professor Pauline Chiarelli delight us all with an entertaining talk back in time. While Pauline is well known in the academic community as a leading researcher and clinician, she is also an animated and very entertaining speaker. All those present were thoroughly entertained as we were taken on a journey back to 1975,

Continued Page 7