



Toilet Phobia and Urology

Chat Room Session on Monday 10th March with Tom Ladds

“Tom Ladds is currently Urology Specialist Nurse Practitioner at Manchester Royal Infirmary; a post that he has held since 1995. His role involves working with adult and paediatric patients undergoing treatment for a wide range of urological problems. He trained as a nurse at Liverpool School of Nursing and has worked in the field of urology, both on wards and in clinics since 1991. He is also currently the President of the British Association of Urological Nurses and the nurse representative on the Council of the British Association of Urological Surgeons.”

What is urology? How does this fit in with Toilet Phobia?

Urology is the branch of medicine that focuses on the urinary tracts of males and females. Professionals working in this field are trained to diagnose, treat, and manage patients with urological disorders.

Often sufferers of Toilet Phobia are referred to urologists for the urinary symptoms and then referred for psychological treatment for the anxiety disorder. Typical problems associated with urination for Toilet Phobia sufferers include shy bladder syndrome, and problems caused by in-frequent urination.

What are the physiological problems associated with Toilet Phobia?

Tom suggested that problems associated with a poorly emptying bladder can include compromise to the function of the kidneys. However, he mentioned this is only likely to occur in the small number of cases, when the problem is extreme and has been persistent for a long time.

Do you come across patients with problems who have Toilet Phobia?

Tom said the only cases he has seen when this has occurred is in adults when they have suffered from Toilet Phobia since they had been children. I asked Tom if this is caused by holding on for too long. He said that it is, and sometimes also by stopping urinating mid-flow.

Dave, a regular attendee to the chat commented that he had read that the valve that causes Toilet Phobia is not under conscious control. He asked if it could be fooled.

Tom commented that people have two systems to keep the bladder closed, one is voluntary and the other is involuntary. He said that the involuntary valve is controlled by a complex mixture of reflexes and the autonomic nervous system.

He suggested that these valves can be influenced by many things, including bladder fullness, the time of day and where you are. He gave the example of arriving home and needing the toilet for the involuntary bladder function.

He suggested that these urges can be suppressed by training the bladder. He said this involves resisting the urge for a time or by diverting your mind by doing something distracting.

Which of the valves would be affected by the typical negative thoughts a Toilet Phobia suffer has?

Tom said that the valves we have are two sets of muscles, males have two rings of muscle and women have one ring of muscle and the pelvic floor muscles. He suggested that holding on to your urine for long periods of time, when your bladder is full, can potentially alter the function of both systems. He also suggested that a lot of physical and psychological things can prevent or reduce the bladder from emptying. Specifically, people with Toilet Phobia can learn behaviour patterns that lead to either or both muscles not opening appropriately.

What problems do people have when they cannot urinate or choose not to?

Tom suggested this usually starts by people being reluctant to urinate in certain situations, such as a public toilet. He then said that if this “shy bladder syndrome” progresses and the bladder becomes frequently over distended, then it can become physically difficult to empty the bladder.

Personal Experience

“Sunnyday” commented that she holds her urine for the whole day and goes only when she gets up and when she gets home. She wanted to know if any damage could occur by doing this.

Tom mentioned that normal bladder volume varies widely in different people. He mentioned that he has seen patients who have a 2 litre bladder, with no ill effects, and others who can hold less than 250ml.

Tom suggested that in the long term, irrespective of bladder size, drinking such a small volume of fluid could put you at risk of problems. He suggested that “Sunnyday” should gradually try and increase her fluid intake throughout the day.

“Sunnyday” also mentioned that the only time she feels the effects is when she holds off beyond 12 hours and she begins to get a muzzy head and feels shaky.

Tom suggested that the muzziness may be due to dehydration or a low blood sugar. He mentioned that dehydration particularly will reduce a person’s ability to perform some tasks and tolerance for exercise.

“Sunnyday” finally mentioned that sometimes these symptoms persist 30 minutes after drinking and wonders if this is a sign of diabetes.

Tom reassured “Sunnyday” by suggesting that it is not likely she has given herself diabetes, and it’s simply that by not drinking, her blood chemistry is getting a bit out of kilter. He also suggested she mention it to her doctor if continued to be worried.

How often do “normal” people urinate?

Tom mentioned that he has been a nurse for 20 years and never come across a “normal” person. He said we are all different and the number of times that we urinate depends on a huge number of factors. What he suggested is most helpful is working out what is normal for yourself.

What help is there available for such problems?

Self Catheterisation

One member asked whether self catheterisation could be used for serious shy bladder issues.

Tom suggested that Self-cath is a technique that he has used from time to time, but he feels that is very invasive and should only be used as an absolute last resort. In serious cases, for example, it may give someone enough control to consider facing up to the problems in therapy.

Cognitive Behavioural Therapy

Tom suggested that this is his favoured approach as people are referred for advice in controlling the shy bladder symptoms. He mentioned that his team have seen very good success rates using this technique.

Medication for bladder problem

Tom mentioned that he tries to avoid using drugs, and when they become necessary then they are only used for short period of times to help deal with the symptoms.

He said the drugs that are available work by reducing the volume of urine that the kidneys make. He suggested that this can help with severe Toilet Phobia during the day or with other problems such as bed wetting. However, he notes they should only be used for short periods of time and not as a long term solution.

I proposed to Tom that a possible situation where some suffers may feel this is necessary is on a flight, tube or somewhere where toilets might be inaccessible for quite some time. Tom agreed and mentioned he has a young patient who uses the medication when going on school trips.

Anti-anxiety Medication

Tom suggested that anti-anxiety medication is the most commonly used drug category for Toilet Phobia. He mentioned that they are designed to relax suffers, reduce their anxiety and help them to manage the phobia itself, rather than focussing on the bladder problem.

I proposed to Tom that these drugs would help people stay in control while seeking help down the therapy route. He agreed with me and suggested a combination of therapy and drugs is often the best approach (addressing both the short term distress and the long term solutions).

What works?

Tom mentioned that he was not a counsellor or therapist, however in his experience he has noted the best results have come from Cognitive Behavioural Therapy. He suggested that in children, more traditional psychotherapy combined with emotional support and education of parents seems to help.

Ending question: From your experience do you have any tips for Toilet phobia sufferers to help manage and reduce their symptoms?

Tom mentioned that talking to someone about your problems is often the best first step! This is exactly why this chat room is here, providing a virtual support network for sufferers to talk to each other and receive help such as this.

Further Sources of information

Tom suggested the National Phobics' Site was very good, but there are also a number of helpful links on urinary issues on the Continence Foundation's website. He suggests that specifically the forum is a rich source of information. (<http://www.continence-foundation.org.uk>).

What do we do at the National Phobics' Society?

As Tom mentioned one of the therapies that is recommended for specific phobias such as Toilet Phobia is Cognitive Behavioural Therapy (CBT). Through our nationwide network of trained therapists we are able to offer CBT both face to face and over the phone at much reduced rates. If you would like to find out more about the benefits of the society you can visit: <http://www.phobics-society.org.uk/membersservices.php>.

As many of you may already know we have specific funding to help with Toilet Phobia and due to this we offer a weekly chat room to help likeminded sufferers, if you haven't visited for a while, don't worry it is very much open to new members. To find out more you can visit: http://www.phobics-society.org.uk/condition_toiletphobia.php.

If anyone would like any help or support don't hesitate to call (08444 775 774) or email the National Phobic's Society (support@phobics-society.org.uk).

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