

INCONTINENCE IN THE ELDERLY

LONG SHOT OF APARTMENT BUILDING FACING SCHOOLYARD WHERE CHILDREN ARE PLAYING. CUT TO SHOT OF ELDERLY MAN (MR. EVANS) INSIDE AN APARTMENT, SITTING IN A CHAIR, A CAT AT HIS FEET. THE MAN IS LOOKING OUT THE WINDOW AT THE CHILDREN.

CAMERA PANS TO INCLUDE A LOVE SEAT WITH A DAMP SPOT ON A CUSHION.

FADE TO A DAYDREAM FROM THE DISTANT PAST. A LITTLE BOY SITS ON A POTTY SEAT, HIS MOTHER (MRS. EVANS) STANDING CLOSE TO HIM.

FADE TO ANOTHER DAYDREAM. A SIX-YEAR-OLD BOY HOLDING A BALL STANDS CRESTFALLEN, A DAMP SPOT ON HIS PANTS.

CUT BACK TO MR. EVANS, LOOKING DOWN AT PLAYGROUND.

MR. EVANS REACHES DOWN TO PET THE CAT.

MR. EVANS (VO): So this is what the golden years bring.

MRS. EVANS (SOT): Good boy, Tommy! What a good, big boy!

MRS. EVANS (SOT): What's the matter with you! Bad boy! You're too old for that!

MR. EVANS (SOT): Too old.

MR. EVANS (SOT): If they find out, maybe they'll put me in a nursing home. I'll have to leave you behind.

SFX: KNOCK ON THE DOOR.

FRANTICALLY, MR. EVANS GETS UP, LOOKS AROUND, AND QUICKLY COVERS THE DAMP SPOT ON THE LOVE SEAT WITH A NEWSPAPER. HE OPENS THE DOOR AND HIS SON RICK ENTERS CARRYING A BAG OF GROCERIES AND A CASSEROLE DISH.

RICK PUTS THE BAG AND CASSEROLE ON A TABLE, SNIFFING THE AIR AND WRINKLING HIS NOSE.

AS MR. EVANS APPROACHES, RICK PICKS UP THE NEWSPAPER AND SEES THE DAMP SPOT ON THE CUSHION. THE TWO MEN'S EYES MEET, AND THE OLD MAN TURNS AWAY.

LONG SHOT OF ANOTHER APARTMENT BUILDING.

CUT TO MRS. RICCARDO, HOLDING A PHONE TO HER EAR.

CUT TO THE TWO RICCARDO WOMEN WALKING DOWN THE AISLE IN A LARGE DRUG STORE. MRS. RICCARDO IS PUSHING A CART CONTAINING A FEW ITEMS. A DISPLAY OF INCONTINENCE PRODUCTS CATCHES HER EYE, BUT SHE LOOKS AWAY AND CONTINUES DOWN THE AISLE.

MARIA HURRIES AHEAD DOWN THE AISLE.

RICK EVANS (SOT): Surprise! Brought you some groceries and a casserole Jenny baked for you!

RICK (SOT): Whew! Dad, I think you need to change the kitty litter . . . Do you have some?

MARIA RICCARDO (VO): Mom, you're turning into a stay-at-home! Any reason for it?

MRS. RICCARDO (SOT): No . . . I guess I'm just lazy.

MARIA RICCARDO (VO): Well I'm coming over to take you shopping and out to lunch. And I won't take no for an answer! I'll be there in half an hour . . .

SFX: DRUGSTORE MUSIC

MRS. RICCARDO (SOT) (CASUALLY): You go along and pick up some things while I look around. I'll meet you past the checkout, by the door.

MARIA (SOT): Okay. I need some toothpaste.

MRS. RICCARDO GRABS A FEW DISHTOWELS, PUTS THEM INTO HER CART, AND RETURNS TO THE PREVIOUS AISLE. THEN SHE SURREPTITIOUSLY SLIPS A BOX OF INCONTINENCE PADS INTO HER CART, QUICKLY COVERING IT WITH THE DISHTOWELS. SHE CONTINUES DOWN THE AISLE, ADDING SOME SOAP TO HER CART, AND HEADS TOWARD THE CHECKOUT, BUT HER DAUGHTER CATCHES UP WITH HER.

MARIA PICKS UP THE TOWELS AND LOOKS AT THEM. THEN SHE SEES THE BOX OF PADS.

MARIA LOOKS AT HER MOTHER, WHO LOOKS CRESTFALLEN AND CAN'T MEET HER EYES.

MARIA GENTLY PLACES HER HAND ON HER MOTHER'S ARM.

THE TWO WOMEN CONTINUE TALKING AS THEY WALK DOWN THE AISLE.

CUT TO A MONTAGE OF PEOPLE OF VARIOUS AGES, WALKING DOWN THE STREET, TALKING TO DOCTORS AND NURSES, ETC.

MARIA (SOT): These dishtowels are nice!

(PAUSE)

What's this . . . ?

MARIA (SOT) (gently): Oh, Mom, so that's why you haven't gone out for so long.

(PAUSE)

Look, Mom, it's great that these products are available — but they're not a substitute for medical care. Let's see what can be done. We'll make an appointment with a doctor who specializes in this kind of problem . . .

(VOICE UNDER)

NARRATOR (VO): About 12 million Americans, or one in 20, have urinary incontinence. That's as many people as have diabetes — but people rarely talk about incontinence.

NARRATOR (VO): Fewer people have fecal incontinence, but we don't know how many.

NARRATOR (VO): Urinary incontinence is a symptom, not a disease. A cause can always be found. The condition can often be cured, and can always be managed.

NARRATOR (VO): Incontinence isn't just a medical problem — it's also an emotional, psychological, and social problem. Many people aren't being helped because they believe in myths.

PREVIOUS FOOTAGE OF OLD MAN AT WINDOW.

SUPER TYPE:

MYTH: INCONTINENCE IS CAUSED BY AGING.

PREVIOUS FOOTAGE OF WOMAN IN DRUG STORE SLIPPING INCONTINENCE PADS INTO HER CART.

SUPER TYPE:

MYTH: NOTHING CAN BE DONE ABOUT INCONTINENCE.

CU OF WOMAN 1 IN HER SIXTIES, TALKING TO CAMERA.

SUPER TYPE:

STRESS INCONTINENCE: LEAKAGE OF URINE WHEN COUGHING, SNEEZING, LAUGHING, OR DOING ANYTHING THAT CAUSES THE ABDOMINAL PRESSURE TO OVERRIDE THE BLADDER'S CLOSURE MECHANISM.

CU OF WOMAN 2, IN HER SEVENTIES, TALKING TO CAMERA.

NARRATOR (VO): Myth number one: Incontinence is caused by aging.

NARRATOR (VO): According to a panel at the National Institutes of Health, urinary incontinence is not part of normal aging, but age-related changes predispose to its occurrence. Steps can be taken to cope with these changes.

NARRATOR (VO): Myth number two: Nothing can be done about incontinence. It can often be cured, and can always be managed. Depending on the cause, management can be medical — drugs, exercises, bladder training, or use of a catheter; or surgical. Some patients need incontinence products.

WOMAN 1: I used to "leak" urine when I coughed, sneezed, or laughed. The doctor said it because of my pregnancies. But I had a simple operation that took care of the problem.

WOMAN 2: I had the same problem, but I didn't have surgery. I learned to do an exercise, called the Kegal exercise, that took care of my problem.

CU OF MAN 1, IN HIS SEVENTIES.

SUPER TYPE:

OVERFLOW INCONTINENCE: LEAKAGE OF SMALL AMOUNTS OF URINE WITHOUT THE URGE TO VOID. THE BLADDER REMAINS FULL AS EXCESS CAPACITY RUNS OFF.

CU OF ELDERLY WOMAN #1.

SUPER TYPE:

URGE INCONTINENCE: A COMPELLING DESIRE TO URINATE, ACCOMPANIED BY THE INABILITY TO DELAY LONG ENOUGH TO REACH THE BATHROOM.

LS OF MAN IN WHEELCHAIR.

SUPER TYPE:

TOTAL INCONTINENCE: THE COMPLETE ABSENCE OF THE CONTROL OF URINATION. THERE IS EITHER CONTINUOUS LEAKAGE OR PERIODIC UNCONTROLLED EXPULSION OF THE BLADDER'S CONTENTS.

MS OF BOY, ABOUT 8, GETTING READY FOR BED.

SUPER TYPE:

NOCTURNAL ENURESIS: BEDWETTING IN CHILDREN WHO ARE OLD ENOUGH TO HAVE GAINED CONTROL, AND ADULTS WHO DO NOT HAVE CONTROL DURING SLEEP.

CUT TO MR. EVANS AND RICK EVANS ENTERING MEDICAL BUILDING.

MAN 1: My incontinence problem was caused by an enlarged prostate gland. I had an operation that helped a lot. Then I had to use a condom catheter for a few months. But after that I didn't have a problem anymore.

WOMAN 1: My problem was that by the time I knew I had to go, I couldn't get to the bathroom in time.

NARRATOR (VO): Some people have total incontinence.

NARRATOR (VO): Sometimes incontinence occurs only at night.

(PAUSE)

NARRATOR (VO): Whatever the type of incontinence, the first step is to visit a doctor — preferably a geriatrician, a doctor who specializes in caring for older patients; or a urologist.

MR. EVANS (SOT): I'm glad you found an older man. I'd hate to talk to one of those young doctors about this.