

Editorial

# Athletic Incontinence: Proposal of a New Term for a New Woman

## *Incontinência de atletas: proposta de novo termo para uma nova mulher*

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In 1896, Baron Pierre de Coubertin inaugurated the first modern era Olympic Games. At that time, women could not participate in the competitions, as sports in general were considered dangerous for women's health. At the Paris Olympics (1900), of the 997 enrolled athletes, 22 were women who competed in sailing, tennis and golf.<sup>1</sup> Women's

participation increased considerably, and in the 2016 Olympic Games, which were held in the city of Rio de Janeiro, almost half of the athletes were women.<sup>2</sup>

However, the “slogan” proposed by Baron de Coubertin during the creation of the International Olympic Committee, “Citius, Altius, Fortius” (faster, higher, stronger), has caused



**Fig. 1** Physiopathology of athletic incontinence.

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numerous problems to the health of female athletes.<sup>3</sup> Irregular or absent menstrual cycles, inadequate eating behaviors, muscular injuries, stress fractures and pelvic floor dysfunctions have been increasing among physically active women.<sup>4</sup>

Women who practice high-impact, high-intensity exercises are eight times more likely to suffer from involuntary urine loss when compared with sedentary women in the same age group.<sup>5</sup> The sports at risk for this condition include acrobatic trampoline (trampoline), long distance running, volleyball and basketball.<sup>6</sup> Unlike stress urinary incontinence, in which urine leakage occurs during coughing, sneezing, or lifting weight, these young women report the symptom only during exercise.<sup>7</sup> Therefore, the term athletic incontinence would be the most appropriate for these patients who complain only during physical exercise and do not lose urine during their other activities.

Athletic incontinence affects young, nulliparous women with an adequate body mass index.<sup>8</sup> These women do not have the classic risk factors for pelvic floor dysfunction, such as age, parity and obesity.<sup>9</sup>

The pathophysiology of athletic incontinence is complex, and includes biomechanical factors (impact on and displacement of the pelvic floor during exercise), increased intra-abdominal pressure, decreased energy availability (a condition that interferes with the hypothalamic control of the menstrual cycle, leading to hypoestrogenism), and joint hypermobility (–Fig. 1).<sup>7,10</sup>

The urodynamic exam of these patients is not able to reproduce the situation in which urine leakage occurs, and the conventional pad test is flawed.<sup>11</sup> Pelvic floor muscle training may improve athletic incontinence, but the specificity of each modality should be adjusted.<sup>12</sup> Many of these physically active women use vaginal devices such as tampons or pessaries to minimize urine loss.<sup>13</sup> Restrictive diets and the use of licit and illicit supplements are common, and should be evaluated before the treatment.<sup>7</sup>

We conclude, therefore, that athletic incontinence is a specific condition that occurs in young and nulliparous women only while they are practicing sports. For this reason, it should be evaluated and treated differently from the other categories of urinary incontinence.

#### Conflicts of Interest

The authors have no conflicts of interest to disclose.

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