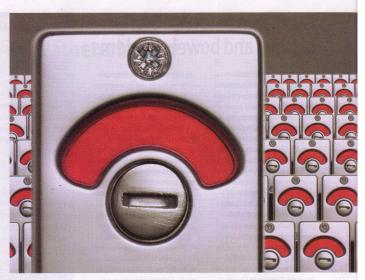
Andrew Smith, chairperson of the UK Paruresis Trust, explains what paruresis is and how people's lives are affected by it

Public toilets have a reputation for being unpleasant and unhygienic such that most people avoid using them. However, some people do not have a choice - they are simply not able to use public toilets. The UK Paruresis Trust has estimated that 7% of the population cannot use public toilets because they are unable to pass urine in the presence, real or perceived, of other people. The condition, known as paruresis or psychogenic urinary retention, is a distressing problem that affects men and women of all ages. Those affected often keep their condition a secret out of embarrassment, which has a negative impact on their self-esteem and relationships.

Outward signs of a problem are similar to social phobia and include turning down social invitations for unspecified reasons or arriving late and leaving early, not flying or using a train for long distance journeys, choosing to be self-employed or working from home. Patients also report drinking very little and are often not able to produce



PARURESIS A SECRET PHOBIA

AN OLDER PERSON'S EXPERIENCE OF PARURESIS

Mrs Green is 65-years old and has suffered from paruresis since she was 17. At primary school she trained herself not to use the toilets because they were dirty, and when she was at secondary school the girls used to climb on to the toilets in the next-door cubicle and make crude remarks. This unsettled her, and made her more aware of the environment outside the cubicle.

One day when she was aged 17 she was out with her mother and needed to use a public toilet. There was a queue and one cubicle. The cubicle

door had a panel made of frosted glass, so that as well as hearing the person inside the individual's general shape could be seen. When it was her turn to go into the cubicle she found that she could not pass urine, and from that time she had had a problem about using a public toilet.

For many years she did not tell anyone about her problem, not even her husband, Until just seven years ago she told her GP. He was sympathetic, and arranged for her to have some psychotherapy counselling sessions.

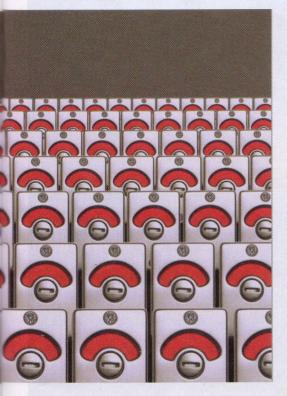
a urine sample at the time it is requested.

The condition is also known as avoidant paruresis, as individuals avoid situations that inhibit them from being able to pass urine. Common names for the condition are shy bladder syndrome, bashful bladder, pee shy.

The UK Paruresis Trust (UKPT) is a self-help charity, the objects of which are to support, inform and encourage people with paruresis. It provides web-based support and information, runs intensive weekend residential workshops, works to raise awareness of the condition and advises people wrongly charged with refusing to provide a urine sample for drug testing. These people might be in prison, on probation or in their workplace.

A person with paruresis does not make a conscious choice not to urinate. It is a subconscious reaction by the sympathetic

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nervous system to external stimuli that prepares the body for fight or flight. Part of this preparation involves relaxing the bladder wall muscle (the detrusor) and closing the internal urinary sphincter.

For someone who has paruresis, triggers in the environment related to the presence of people, or their implied presence, such as friends waiting, or even the feeling that other people know what the individual is trying to do, can generate a threat. The result is that the urinary system shuts down and the person cannot pass urine. Some people can even become inhibited at home if other people are in the house (Soifer et al, 2001).

A minority of people associate their problem with experiences in childhood of negative responses of adults to body functions or to a specific incident of bullying in the school toilets.

Young men report problems when they start using cramped or crowded public facilities, such as toilets in pubs. However, there is still not enough known about this distressing condition to be able to identify its cause.

Patients who present with difficulty in urinating should undergo investigations to rule out the possibility of a physical cause such as prostate enlargement and urethral

strictures. If, in the absence of physical causes, patients state that they have no difficulty urinating in a defined 'safe' environment such as the home, but then 'freeze' in a public situation so that they are unable to pass urine in a public toilet, the diagnosis of paruresis should be explored.

The UKPT recommends that people suspected of having paruresis should answer some specific questions that might help determine whether or not they have the condition (Box 1).

Treatment for paruresis includes cognitive behavioural therapy, which can help patients identify and address their distorted or illogical view of urinating in public toilets or when people are close by. Standard phobic desensitisation, using the process of graduated exposure, which can help an individual gradually to feel confident about using the toilet away from home, is also necessary. Offering advice about normal behaviour in public toilets can remove some of the threats associated with them.

Some people do not respond to treatment because they have a high level of continuous daily anxiety about passing urine. In such cases, the UKPT recommends that patients are taught intermittent self-catheterisation; this reduces their anxiety significantly because they no longer feel trapped as they have an alternative way of emptying their bladder. Psychological therapies can then be entered into more confidently; in fact some people have found that simply having a catheter available can reduce their anxiety sufficiently to allow them to urinate without having to resort to using it.

Conclusion

Paruresis is an embarrassing condition, the extent of which is still not known. It can have a profound affect on the lives of those affected, preventing them from working and functioning in normal daily life. Health professionals need to be aware of the problem and be able to consider it as part of a continence assessment. Help and advice are available for people who present with symptoms of having difficulty passing urine without a physical cause.

 Andrew Smith has had paruresis all his life, although he has now recovered significantly from it

BOX 1. QUESTIONS TO HELP IDENTIFY PARURESIS

- Do you have a marked and persistent fear of using public toilets while others are present?
- Do you experience problems starting a stream in public facilities when others are present?
- Do you worry what other people are thinking when you are trying to urinate?
- Are you able to urinate at home when you cannot do so away from home?
- Are you concerned about being humiliated or embarrassed by problems passing water?
- Does attempting to urinate in public toilets always, or almost always, provoke anxiety?
- Does the fear of using public toilets seem excessive or unreasonable to you?
- Do you avoid using public toilets, and/or do you endure the public toilet situation with intense anxiety?
- Does your avoidance of, and/or anxiety about, using public toilets interfere significantly with your job, social activities, or relationships?
- Has your doctor ruled out a physical cause for your difficulty in urinating in public toilets?

Source: Soifer et al, 2001

Reference

Soifer, S. et al (2001) *Shy Bladder Syndrome*. Oakland, Canada: New Harbinger Publications.

Useful contacts

UK Paruresis Trust (UKPT)

www.ukpt.org.uk.

Email: support@ukpt.org.uk

Tel: 01539 735234.

International Paruresis Association (USA) www.paruresis.org.