

## Corner Clinic: Our Experts Answer Your Health Questions

***This month we talk about tiredness, ear wax and urinary incontinence***

By UC San Diego Health System Experts |

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- Are there medical differences in being tired, fatigued or exhausted?
- What's the point of earwax?
- Is there a way to treat or prevent urinary incontinence?

**Are there medical differences in being tired, fatigued or exhausted?**



**Atul Malhotra, MD**, division chief, **Pulmonary and Critical Care Medicine**, director of Sleep Medicine and Kenneth M. Moser Professor of Medicine

Many patients complain about being tired, fatigued or exhausted and because of the inherent ambiguity of language, it is important for both doctor and patient to dig deeper into what a patient's words mean.

From a medical standpoint, the important distinction is between fatigue and sleepiness. Sleepiness describes an increased propensity to fall asleep, often at inopportune times, and may indicate a sleep disorder, such as insufficient or fragmented sleep. Evaluation can be quite helpful in these cases since the causes of sleepiness can be serious and are frequently treatable.

Obstructive sleep apnea, for example, is a very common condition, resulting in fragmented sleep, increased sleepiness and increased risk of serious complications, including motor vehicle accidents, high blood pressure and heart disease. The most common treatment – continuous positive airway pressure – is not always well-tolerated, however, and intensive support and expertise are often required to optimize therapy. In patients with fatigue rather than sleepiness, anemia, depression, certain medications and other potential causes should be explored.

Also, people may be unaware of their sleep-related impairment and may report only modest degrees of fatigue or sleepiness, even though they are performing quite poorly. These individuals need careful evaluation. In some cases, caffeine can mask sleepiness or fatigue, again suggesting the need for a thorough history and physical examination. Sleep testing can sometimes be helpful in defining an optimal therapy for a patient.

### **What's the point of earwax?**



**Meghan Spriggs, senior audiologist, UC San Diego Health**

Earwax gets a bad rap, but it's a very important part of our ears. Known in medical circles as "cerumen," earwax helps protect the ear canal and keep it well-lubricated. It also has antimicrobial properties, and traps dirt and dust.

Secreted by specialized glands in our ear canals, earwax follows a natural migratory path out of the ear: Cells on the eardrum gradually move toward and then exit the ear canal, taking earwax and anything trapped in it with them.

What can you do at home to manage earwax? Usually, the best action is no action. A helpful rule is “never put anything smaller than your elbow in your ear.” Cotton swabs don’t remove earwax but push it deeper in the ear, disrupting the ear’s natural self-cleansing mechanism. Rarely, earwax will accumulate and block the canal, in which case a doctor should remove the earwax using suction, irrigation or other special tools. Drops for softening earwax should be used with caution. “[Ear candles](#)” should not be used, as there is no proof of their efficacy and there is a risk of burns.

Earwax keeps your ears healthy and clean. If you suspect you have earwax blockage, the best idea is to have your doctor examine your ears.

### **Is there a way to prevent or treat incontinence?**



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**Michael Albo, MD, vice chief of Urology, co-director of the Women’s Pelvic Medicine Center and Clinical Professor of Surgery/Urology**

Urinary incontinence is caused by dysfunction of the bladder, urethra and/or the pelvic floor supporting them. Common causes include injury sustained during childbirth, pelvic surgery or radiation. Neurologic conditions such as Parkinson’s disease, dementia or stroke may lead to dysfunction by altering neuronal control over the urinary tract. Chronic coughing, constipation, strenuous lifting or obesity can contribute to incontinence by stressing the pelvic floor. Genetic factors play a role, too, and ultimately, some incontinence cannot be avoided.

In terms of treating incontinence, there is no one-size-fits-all approach. A good first step, though, is to understand why incontinence is occurring and to try appropriate behavioral modifications and/or physical therapy. Behavioral modifications typically include things like learning to manage fluid intake, timing urination instead of waiting for the urge and avoiding bladder irritants. Physical therapy focuses on exercises that strengthen the pelvic floor, often referred to as Kegel exercises, and may also include biofeedback training to help patients relearn how to activate the muscles that control urination. If these treatment options don't work, surgical procedures are an alternative. Some common procedures include urethral injections, nerve stimulation and urethral support procedures or "slings."

Incontinence doesn't always need to be treated, but for patients who are bothered or suffer physical limitations from it, effective treatments are available. Health care providers should work with their patients to find the most appropriate treatment for their type of incontinence and one that meets their goals and expectations.

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