Female Urinary Incontinence

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Disclosures

I have nothing to disclose.
Objectives

- Review the problem
- Feel confident with office diagnosis of urge versus stress incontinence
- Feel confident with first line treatments
- Be aware of new developments/options for referral

Female Urinary Incontinence

- An estimated 20 million American women struggle with urinary incontinence- around 50% of middle aged women, and 75% over the age of 75\(^1\)
- Projected costs for urge incontinence alone: $76.2 billion in 2015 in the US\(^2\)
- It leads to lower quality of life scores
- Urge incontinence increases risks for fractures and falls\(^3\)
- It really is a primary care problem!
If we don’t ask, they won’t tell

- “Do you have any bothersome leakage of urine?”
- Asking about bothersome symptoms increases treatment rates 15% in the elderly\(^1\)

Female Urinary Incontinence

- Transient
- Chronic
  - Urge
  - Stress
  - Mixed
  - Overflow
  - Functional
**Urge Incontinence/Overactive Bladder (UI/OAB)**

- Detrusor muscle contracts more frequently/ at lower stimulatory threshold and leakage occurs
- Women feel the urge to urinate, but lack control to hold it until the ideal time. Frequency and nocturia can occur

**Stress Incontinence (SUI)**

- Sphincter/pelvic floor weakness gets overwhelmed by increased abdominal pressure and leakage occurs
- Symptoms occur with cough, sneeze, laugh, exercise, or change in position.

Mixed Incontinence

- Both stress + urge
- Focus on treating the more bothersome symptoms

Step 1:

- Differentiate stress vs urge incontinence

  - Do you tend to leak urine with activities like coughing, sneezing, lifting, or jumping?
  - Do you tend to feel a strong urge to urinate before you leak, or just don't make it to the bathroom on time?
  - If both, which seems to happen more?
Feel confident in your office diagnosis!

- Basic questions have fair to good sensitivity and specificity in differentiating causes of incontinence
- Post void residual are not needed
- Anal wink/neurologic testing add little in a relatively healthy outpatient without neurologic disease
- Urodynamic testing does not improve outcomes for conservative treatments (and it is controversial for surgical options)

Pelvic Floor Muscle Training

- Stress, urge and mixed all show >50% reduction in incontinence episodes compared to no treatment, number needed to treat 3 (NNT 6 for full continence)
- Give a “Kegels Prescription” or refer to pelvic physical therapy
Lifestyle modifications

- Fluid management
- Consideration of dietary factors
- Timed voids
- Bladder diaries alone can improve symptoms significantly
- Weight loss

Your Daily Bladder Diary
This diary will help you and your health care team figure out the causes of your bladder control trouble. The “sample” line shows you how to use the diary.

Your name: ____________________________
Date: ________________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Drinks</th>
<th>Snacks</th>
<th>Trip to the Bathroom</th>
<th>(Flow?</th>
<th>Frequency)</th>
<th>Accidental Leaks</th>
<th>Did you feel a strong urge to go?</th>
<th>What were you doing at the time?</th>
<th>What were you feeling?</th>
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<td>Drinking coffee</td>
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Use this sheet as a model for making copies that you can use as a bladder diary for as many days as you need.

Pharmacologic Options: Stress

No FDA approved treatments

- off label duloxetine showed trend toward improvement

- off label vaginal estrogens show trend toward improvement

But neither has proven statistical significance

Anticholinergics for UI

- Side effects can be limiting
- Limited effectiveness- all seem to have similar effects, NNT 7-9 for improvement in UI
- NNH with side effects 7-12
- Continuation rates are only 12-40% at 1 year and 6-12% at 2 years across all drugs
Mirabegron (Mybetriq)

- Novel class of treatment
- NNT 12
- More favorable side effect profile
- Safe to combine with anticholinergics

Next line therapies:

- Those who get inadequate benefit from lifestyle and pharmacologic options may benefit from urogynecology referral for:
  - Percutaneous Tibial Nerve Stimulation (PTNS) for UI/OAB
  - OnabotulinumToxinA injection (Botox) for UI/OAB
  - Bulking agents for SUI
  - Surgery for SUI
References


References (cont)


