How are you doing with your New Year's Resolutions?

Is this a trick question?

Didn't make any

Great

Okay

I was told I would not have to participate in Grand Rounds
Is your Urinary Incontinence treatment strategy ‘all wet’?

Charlie C. Kilpatrick, MD, MEd
Department of Obstetrics and Gynecology
Appreciate the impact on health care, and prevalence of urinary incontinence in women

Discuss risk factors for and the difference between urgency and stress urinary incontinence

Recognize conditions/potential reversible causes and initial evaluation for urinary incontinence

Review first line treatment options for urgency urinary incontinence
“Incontinence doesn’t kill you, but it takes your life away.”

-Anonymous patient
...associated with depression, anxiety, work impairment, social isolation...


...a quarter of women with monthly incontinence leaked during sex...

...falls in elderly women with UUI are two times more common...


Up to 10% of nursing home admissions in the US are due to UI

What are some potential costs associated with urinary incontinence?
Prevalence and Cost

16% of US women experience urinary incontinence


Annual direct costs, $20 billion, up to $1000/year/person

Major impact on health care for your patient and overall costs. Patients DO NOT want to talk about it.
List risk factors for urinary incontinence
Incontinence Risk Factors

Age

Obesity

Parity and Mode of delivery

Other factors (smoking, fam hx)

Going “wee wee wee all the way home” is what we call “incontinence.”
List a question that would delineate Stress from Urgency Incontinence
Symptoms of Urinary incontinence
### The 3 incontinence questionnaire (3IQ)

1. During the last three months, have you leaked urine (even a small amount)?
   - [ ] Yes
   - [ ] No

   **Questionnaire completed**

2. During the last three months, did you leak urine:
   *(Check all that apply)*
   - [ ] a. When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
   - [ ] b. When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
   - [ ] c. Without physical activity and without a sense of urgency?

3. During the last three months, did you leak urine *most often*:
   *(Check only one)*
   - [ ] a. When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
   - [ ] b. When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
   - [ ] c. Without physical activity and without a sense of urgency?
   - [ ] d. About equally as often with physical activity as with a sense of urgency?

**Definitions of type of urinary incontinence are based on responses to question 3:**

<table>
<thead>
<tr>
<th>Response to question 3</th>
<th>Type of incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Most often with physical activity</td>
<td>Stress only or stress predominant</td>
</tr>
<tr>
<td>b. Most often with the urge to empty the bladder</td>
<td>Urge only or urge predominant</td>
</tr>
<tr>
<td>c. Without physical activity or sense of urgency</td>
<td>Other cause only or other cause predominant</td>
</tr>
<tr>
<td>d. About equally with physical activity and sense of urgency</td>
<td>Mixed</td>
</tr>
</tbody>
</table>

3. During the last 3 months, did you leak urine *most often:*  
(Check only one)

- [ ] When you performing some physical activity, such as coughing, sneezing, lifting or exercise?
- [ ] When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
- [ ] Without physical activity and without a sense of urgency?
- [ ] About equally as often with physical activity as with a sense of urgency?

<table>
<thead>
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<th>Response to #3</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Most often with physical activity</td>
<td>Stress only or mostly stress</td>
</tr>
<tr>
<td>Most often with the urge to urinate</td>
<td>Urge only or mostly urge</td>
</tr>
<tr>
<td>Without activity or urgency</td>
<td>Other cause</td>
</tr>
<tr>
<td>About equally with activity and urge</td>
<td>Mixed</td>
</tr>
</tbody>
</table>
Leak with coughing or sneezing?

Urge to urinate that you can’t suppress and leak?

How often do you empty your bladder? What about at night?

Fluid intake?

Do you wear pads, diapers?

Urine Stream?

Medication history?

UTI symptoms (dysuria, urgency, frequency)?

Bladder irritants?

Does this bother you?  Daily impact?

Physical Examination

Not always necessary

Look for vaginal/vulvar atrophy

Effects of Discontinuing Hormone Therapy

- 2 postmenopausal women, both in their mid 60s, each of whom had 2 normal vaginal deliveries
  - The woman in the left image stopped hormone therapy 3 years previously and has atrophic vaginitis
  - The woman in the right image continued therapy and demonstrates robust vaginal health
Physical Examination

Fig. 1. Midline sagittal diagram of female pelvis demonstrating a cotton-tipped swab rotation (curved arrow) with Valsalva (downward abdominal force on the pelvis, straight arrow) from the horizontal plane (dashed line). Cotton-tipped swab in the vagina, the vaginal swab test (A) and in the urethra, the standard urethral Q-tip test (B). This image was published in Black JM, Hawks JH. Medical-surgical nursing: clinical management for positive outcomes. 8th ed. St. Louis (MO): Saunders; 2009. Copyright © Elsevier 2009.

Physical Examination

Figure 1: Physical examination: A) Ventral diverticulum B) Para-urethral diverticulum
Physical Examination

Examination of the Pelvic Floor Muscles

- Rectum
- Piriformis
- Coccygeus
- Iliococcygeus
- Levator Ani
Urinalysis

Voiding diary

Post void residual

Urodynamic testing

Questions focus on patient quality of life and bother

Delineate between SUI, UUI or Mixed

Physical examination is tailored to the answers to questions
What would be your first line treatment for Urgency Incontinence?
...weight loss reduced the frequency of self-reported urinary-incontinence episodes among overweight and obese women as compared with a control group.


Behavioral therapy (instruction, timed voiding, voiding diary, pelvic floor exercises) resulted in 50% reduction in incontinence episodes

PELVIC FLOOR ISOLATION - 17 Slow Contraction: Gravity Eliminated (Hook-Lying)

Lie with hips and knees on floor for 3 seconds. Repeat 10 times.
Second Line UI Treatment

...evidence from >27K patients in RCTs suggests improvement in symptoms is modest at best and RARELY fully resolves symptoms

Reduction in UUI from 1.7 to 1.1/day, and voids from 2.1 to 1.2/day

Over 98% of all of the studies were pharma sponsored

Dry mouth, constipation, and vision changes

Oxybutinlin (Ditropan)
Tolterodine (Detrol XL)
Solifenacine (Vesicare)
Mirabegron (Myrbetriq)

If contraindications to anticholinergics (narrow angled glaucoma, gastroparesis) or side effects will try Mirabegron (B3 agonist).
intradetrusor onabotulinumtoxin A results in similar reduction of incontinence episodes, and more patients report complete resolution of incontinence. Urinary retention and UTI need to repeat in 4-6 months.
First Line (Behavioral)
- Fluid Restriction/Medication change
- Topical estrogen
- Weight Loss
- Timed voiding
- Pelvic Floor Physical Therapy

Second Line (Medications)
- Oral or Transdermal Medications
- Intradetrusor Botox
List ONE take away point learned today to utilize with Urgency Incontinence patients.
The percentage of women in Medicare plans who discussed incontinence with their doctor increased from 55% in 2003 to 58% in 2007...

National Committee for Quality Assurance

‘Although incontinence is not a normal part of aging, talking about it should be.’

Questions?