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**Health Plan of Nevada
 Urinary Incontinence Guidelines**

DEFINITION:	1 or more urinary accidents in past month or complaints about the problem
DIAGNOSIS:	1) Evaluate presence of: a) Diabetes b) CHF c) Neurological lesions d) Post GU surgery 2) History (onset, pattern, fluid intake) 3) Physical Exam including: a) Pelvic (female) b) Prostate (male) c) Urinalysis to r/o hematuria, infection D) Post-void Residual
TREATMENT:	4) Treat acute/episodic causes: a) Delirium b) Infection c) Atrophic Vaginitis d) Pharmaceuticals i) Retention Overflow (1) Antidepressants (2) Antipsychotics (3) Anti-diarrhea drugs (4) Anti-Parkinsonian drugs (5) Decongestants (6) Calcium channel blockers (7) Alpha agonists (men) ii) Urge Incontinence (1) Alpha blockers (2) Diuretics (3) Parasympathomimetics e) Psychological f) Endocrine g) Restricted mobility h) Stool impaction 5) Treat chronic causes according to type: a) Storage disorders – bladder size normal i) <u>Urge Incontinence (Detrusor Overactivity)</u> - frequent voids, dry in between, variable amounts of leakage; treat with *behavioral techniques, anticholinergics ii) <u>Stress Incontinence</u> - small leakage with cough, sneeze, etc.:treat with *behavioral techniques, alpha agonists, estrogens, surgery, periurethral injection, pessary iii) <u>Mixed (Stress and urge)</u> - both symptoms/signs; treat with *behavioral techniques, estrogens and imipramine, pessary b) Emptying disorders - distended bladder causes overflow incontinence; slow stream; frequent, small leakage; strain; hesitancy (1) <u>Detrusor Underactivity</u> - treat by maximizing cholinergic tone, avoid alpha stimulation (2) <u>Outlet Obstruction</u> - treat with alpha blockade, 5-alpha reductase inhibitors, TURP, urethral dilation

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*BEHAVIORAL TECHNIQUES:	<ol style="list-style-type: none"> 1) Scheduled voiding 2) Habit Training 3) Pelvic Strengthening (Kegel) 4) Exercises 5) Bladder Drill (expand time between voids) 6) Adequate/appropriate fluid intake
STRESS INCONTINENCE MEDICATIONS:	<p>Estrogen: Cream 1 g/d vaginally, 5x/wk Oral 0.3-0.625 mg/day</p> <p>PLUS Alpha agonist (Phenylpropanolamine 60 mg bid <u>OR</u> Pseudoephedrine 30-60 mg tid <u>OR</u> Imipramine 10-25 mg tid</p>
URGE INCONTINENCE MEDICATIONS	<p>Oxybutynin 2.5mg qd - 5 mg tid <u>OR</u> Imipramine 10-25 mg tid <u>OR</u> Ditropan XL 5-10 mg/day <u>OR</u> Tolteradine 2-4 mg/day</p>
MONITORING:	Dependent upon treatment plan and patients response

REFERENCE PERSON:

Steven L. Phillips M.D., C.M.D.
 Medical Director, Senior Dimensions Extended Care

REFERENCE:

- Resnick NM, Ouslander JG, eds. National Institutes of Health consensus development conference on urinary incontinence. *J Am Geriatr Soc.* 1990;38:263-386.