

GUIDELINES ON URINARY INCONTINENCE

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Introduction

The condition of urinary incontinence is far more prevalent in women than men with a significant progress in incidence with the increase of age.

Diagnosis

The first contact a patient has with healthcare providers should always focus on basic diagnostic tests, a physical examination and careful assessment of the patient's history, since this approach is always readily available.

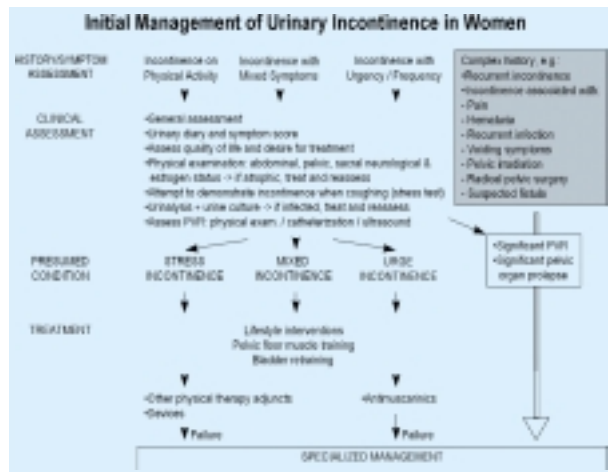
If an accurate diagnosis of the disease requires further investigation (e.g. complex situations, such as neuropathic bladder), or if the initial treatment has failed, specialized diagnostics and sub-specific treatment options may become necessary.

For practical reasons, the guidelines presented here have been split up according to the target sub-populations (women, men, patients with neuropathic bladders and elderly patients and children). Each management algorithm is constructed chronologically and comprises the following features:

1. Assessment of the patient's history and symptoms
2. Clinical assessment of symptoms and disorders
3. Determination of condition and underlying pathophysiology
4. Therapeutic options, split into initial treatment and specialized therapy

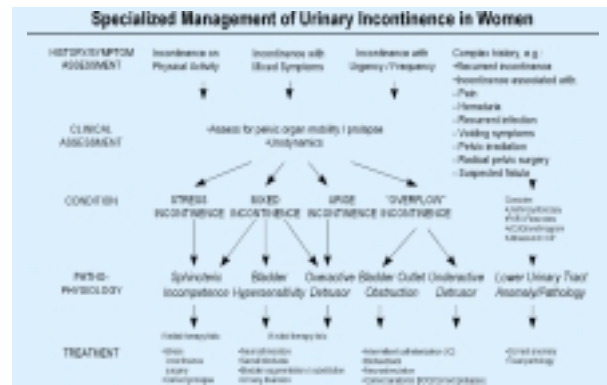
Management of urinary incontinence in women

INITIAL MANAGEMENT



Specialized management is necessary in women with complex history whose PVR exceeds 10% of the bladder capacity. Additionally, patients with significant pelvic organ prolapse and/or failed initial therapy should be referred to specialists promptly.

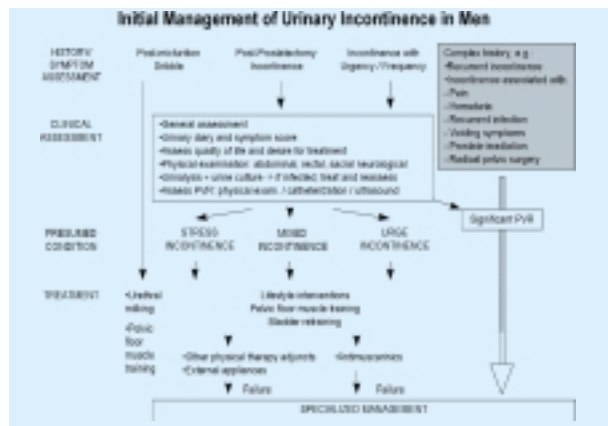
SPECIALIZED MANAGEMENT



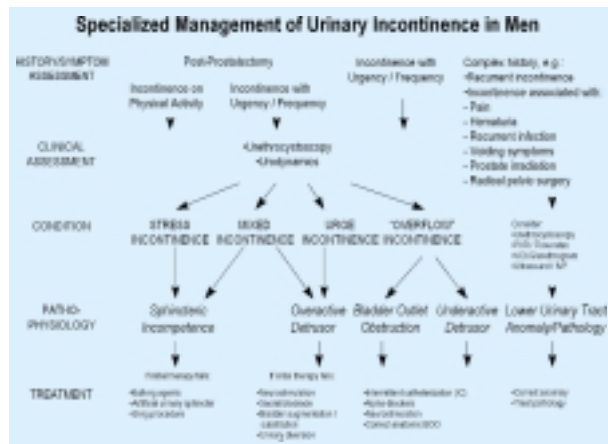
Only through cystometry one can differentiate between motor urge (overactive detrusor) and sensor urge (bladder hypersensitivity) in patients with symptoms suggestive of urge incontinence.

Management of urinary incontinence in men

INITIAL MANAGEMENT

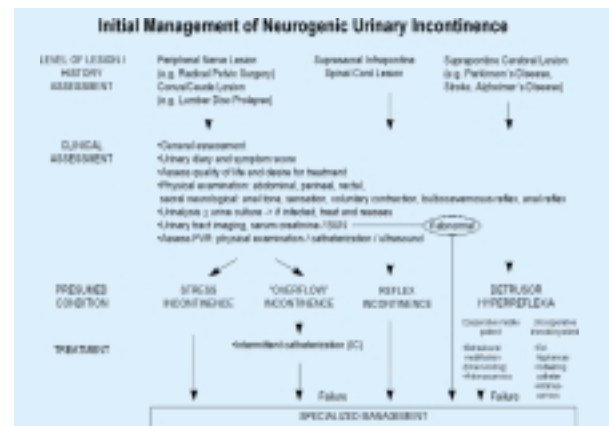


SPECIALIZED MANAGEMENT



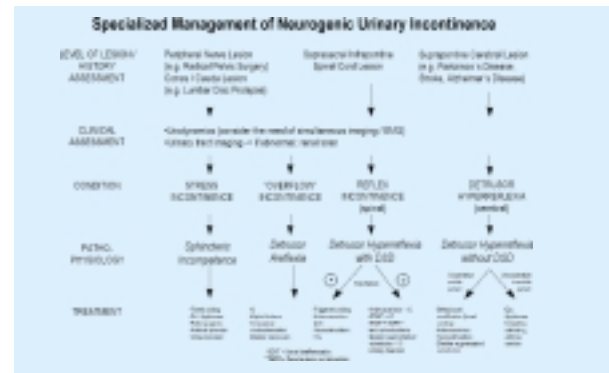
Management of neurogenic urinary incontinence

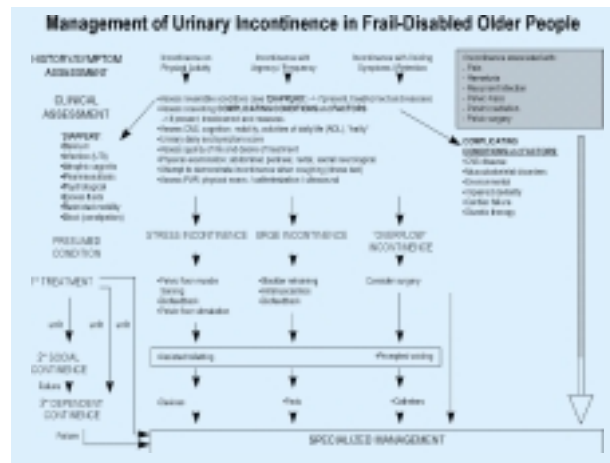
INITIAL MANAGEMENT



If the initial empirical treatment fails, special management is indicated for all cases of neurogenic incontinence.

SPECIALIZED MANAGEMENT

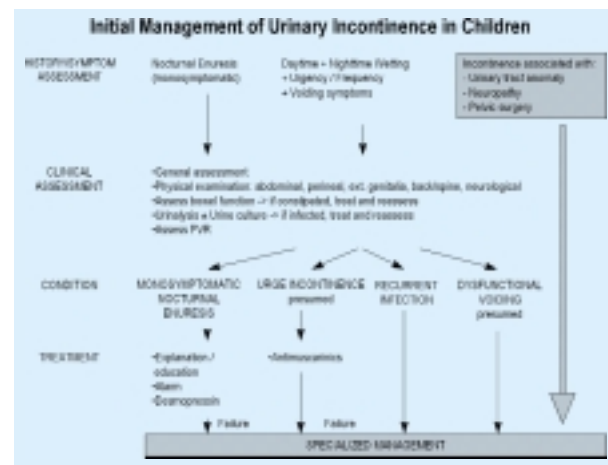




Due to their frequently impaired general health status, frail-disabled older people may be unfit for primary treatment regimens. In this case - or if primary treatment attempts fail - second-line options (assisted toileting, prompted voiding) are indicated in order to achieve so-called ‘social continence’. Third-line interventions (use of devices, pads and catheters) are indicated for patients, who are unfit for secondary regimens or in whom those approaches failed. The status provided by successful tertiary therapy is called ‘dependent’ continence.

Specialized management of urinary incontinence in frail-disabled people has to be individualized since it heavily depends on the patient’s condition.

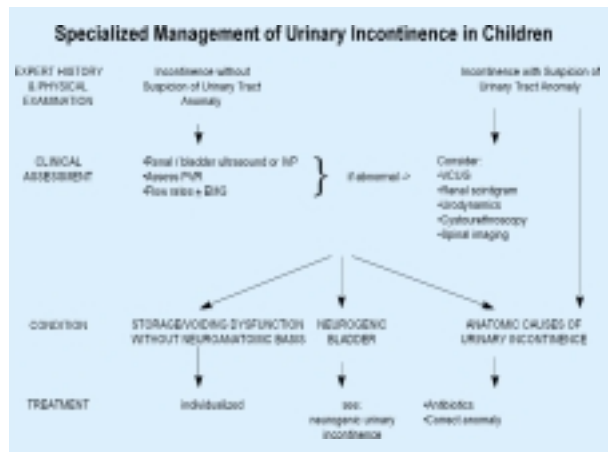
INITIAL MANAGEMENT



Post-void residual urine (PVR) is an important diagnostic parameter that should be evaluated in patients with a complex history.

If any form of initial therapy fails specialized management is required

Any complex urinary incontinence which is considered to need specialized management requires further urodynamic evaluation and repeated PVR assessments, since the manifold treatment strategies strongly depend on the correct diagnosis, and usually have to be individualized.



Conclusion

Since urological specialists are generally available throughout Europe, their intervention should not be restricted to the 'specialized' level of management. Although it may appear to challenge the division of the algorithms into 'initial' and 'specialized' management, early specialist involvement - even at the level of the patient's first presentation - is highly recommended. This avoids needless and expensive diagnostics, discouraging treatment failures and an unnecessarily prolonged course of the disease due to the lesser experience of 'generalists'.

The short booklet is based on the ICS Guidelines and the more comprehensive EAU guidelines (ISBN 90-806179-8-9), the latter being available to all members of the European Association of Urology at their website www.uroweb.org.