

Managing Urinary Incontinence in Older Adults

Prof. Ajith Malalasekera MBBS (Col), MS (Col), MRCS (LOND), FCSSL

Consultant Urological Surgeon.

Professor in Urology, Department of Anatomy, Faculty of Medicine, University of Colombo.

Urinary Incontinence

Clinical Evaluation

- Type, timing and severity of UI
- LUTS
- How are they coping?
- Pads used
- Obstetric and gynaecological history
- Other ill health
- Caffeine, smoking
- Current medications

ICIQ-SF (International Consultation on Incontinence Questionnaire - Short Form) - severity and quality of life

Urinary Incontinence

Examination:

- palpable bladder or other abdominal mass
- perineal and digital rectal examination (prostate) and/or vagina.
- perineum in women
 - oestrogen status
 - pelvic organ prolapse (POP).
 - cough test
- Abbreviated neurological examination

Urinary Incontinence

- Stress incontinence
- Urge incontinence – "overactive" bladder
- Mixed incontinence
- Overflow incontinence
- Transient - DIAPPERS
- Vesico-vaginal fistula, urethral diverticulum

Urinary Incontinence

- **D**elirium
- **I**nfection--urinary (symptomatic)
- **A**trophic urethritis and vaginitis
- **P**harmaceuticals
- **P**sychologic disorders, especially depression
- **E**xcessive urine output (eg, from heart failure or hyperglycemia)
- **R**estricted mobility
- **S**tool impaction

Urinary Incontinence

Patients who need referral

associated pain

haematuria

recurrent urinary tract infection (UTI),

pelvic surgery (particularly prostate surgery) or
radiotherapy

constant leakage suggesting a fistula

voiding difficulty

suspected neurological disease

Urinary Incontinence

Investigations:

- Urinalysis
- Frequency voiding chart
- Post-void residual
- Pad tests
- Urodynamics

Voiding diary (bladder diary / frequency volume chart)

duration of at least three days

objective measurement of mean voided volume, day time and night time frequency, and incontinence episode frequency



PROSTATE
CANCER UK

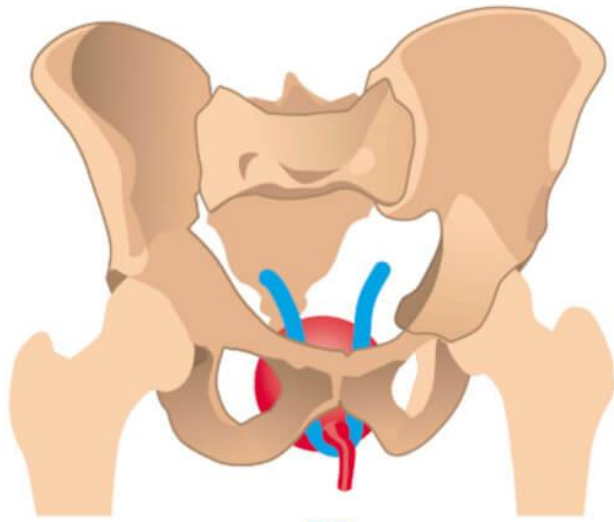
Tracking my fluid intake and urine output

It might help to track how much fluid you have and how much you urinate per day. It could be useful for you to know what drinks make you leak more. Knowing how long it is after you've drunk before you need to urinate could help you to plan your day or nights out. Because it can take a while before you stop leaking urine, fill this out for a few weeks and months to see if there are any improvements.

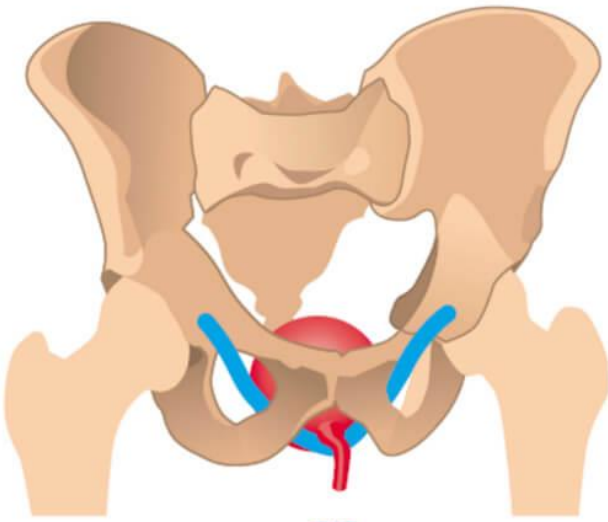
Time and amount of fluid drunk	Time urine passed	How much urine did I pass? (little, moderate, large amount of urine)	Did I leak, how dry was I? (almost dry, damp, wet, soaked)	Did I change my pad?	Did I leak into my trousers?
Example: two glasses of water at 11am	Example: 11.35am	Example: small amount	Example: almost dry	Example: No	Example: No

Urinary Incontinence

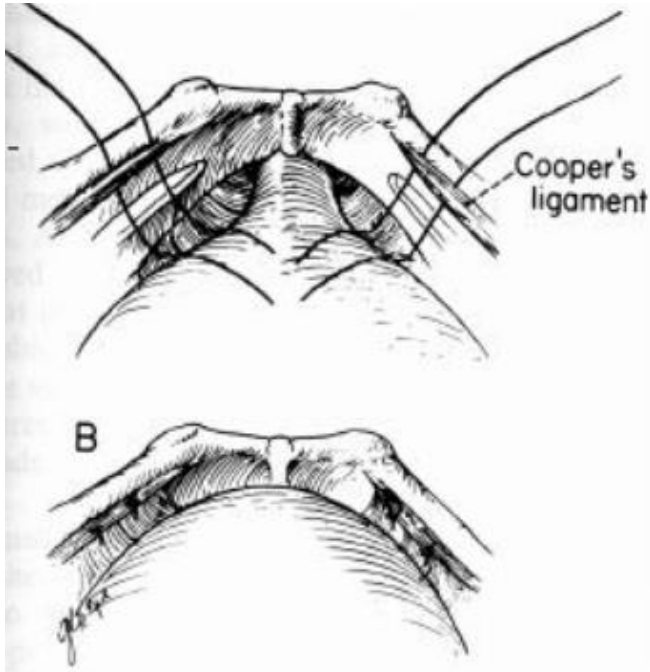
	UUI	SUI
Conservative	Caffeine withdrawal	Weight loss*
	Bladder retraining	Lifestyle modification
	Prompted and timed voiding cognitively / mobility impaired	PMFT
		Biofeedback
Pharmacological	Topical oestrogen therapy	Duloxetine
	Anticholinergics	
	Intravesical Botulinum toxin	
Surgical	Sacral nerve neuromodulation (Sacral nerve stimulation)	Colposuspension
	Augmentation cystoplasty	Periurethral bulking agents
	Detrusor myomectomy	Mid-urethral tape
		Autologous sling
		Artificial urinary sphincters



TVT

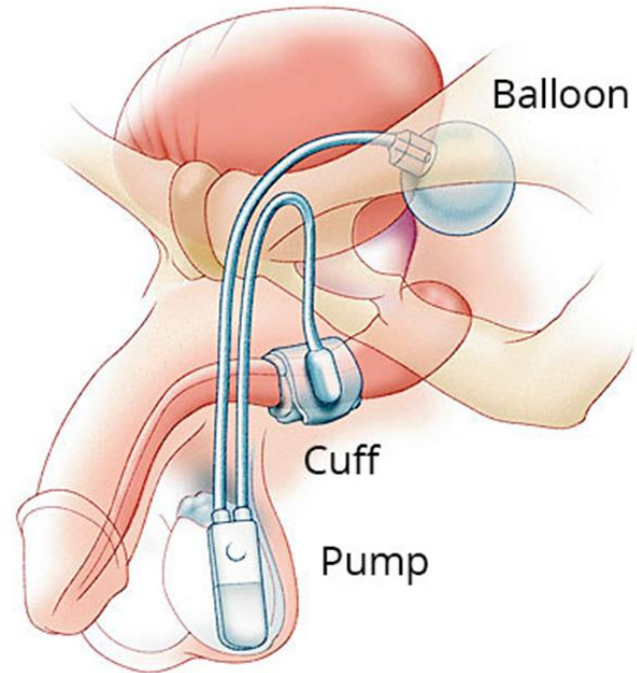


TOT



Cooper's ligament

B



Balloon

Cuff

Pump

Urinary Incontinence

75 year old woman

Loss of urinary control

Nocturia x 3

Bother +++

T2DM x 20 years

HTN / CAD – stents

Medication – metformin; losartan; diltiazem;
prazosin; frusemide

Urinary Incontinence

Urgency +

Leaks on the way to the toilet

Minimal leakage with coughing sneezing

Mild constipation

UFR

US KUB and PVR

Voiding diary

Urinary Incontinence

Mixed UI:

- lifestyle advice
- PFMT training
- oxybutynin 5 mg twice a day
- Prazosin, frusemide
- Vaginal estrogen

Urinary incontinence may be improved with the use of local oestrogen treatment.



Cochrane Database of Systematic Reviews

Oestrogen therapy for urinary incontinence in post-menopausal women (Review)

Appropriateness of oral drugs for long-term treatment of lower urinary tract symptoms in older persons: results of a systematic literature review and international consensus validation process (LUTS-FORTA 2014)

Antimuscarinics	Darifenacin	C
	Fesoterodine	B
	<u>Oxybutynin standard dose/</u> immediate release	D
	Oxybutynin low dose/extended release	C
	Propiverine	D
	<u>Solifenacin</u>	C
	<u>Tolterodine</u>	C
	Trospium	C (B)

- Class A (indispensable)
- Class B (beneficial)
- Class C (careful / questionable efficacy/safety)
- Class D (avoid)



Recommendations	Strength rating
Long-term antimuscarinic treatment should be used with caution in elderly patients especially those who are at risk of, or have, cognitive dysfunction	Strong

Incontinence surgery has similar outcomes in older patients (≥ 65 years).

2a

Nocturia

Interventions:

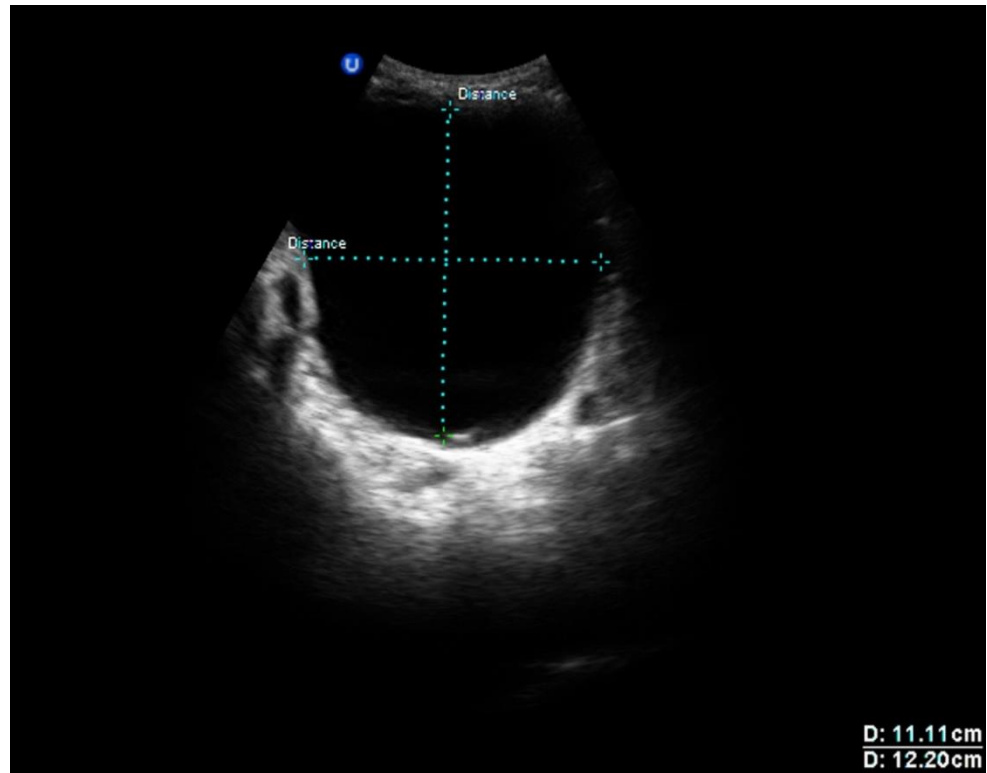
- Restrict fluids in the evening (especially coffee, caffeinated beverages, and alcohol)
- Have dinner early
- Diuretics (take mid- to late afternoon, 6 h before bedtime)
- Take afternoon naps
- Elevate the legs (helps prevent fluid accumulation)
- Wear compression stockings

Medications:

- Anticholinergic medications
- Bumetanide, Furosemide
- Desmopressin

- 62 year old woman
- Urinary incontinence
- Oxybutinin 2.5 mg tds

Post Void US of Bladder

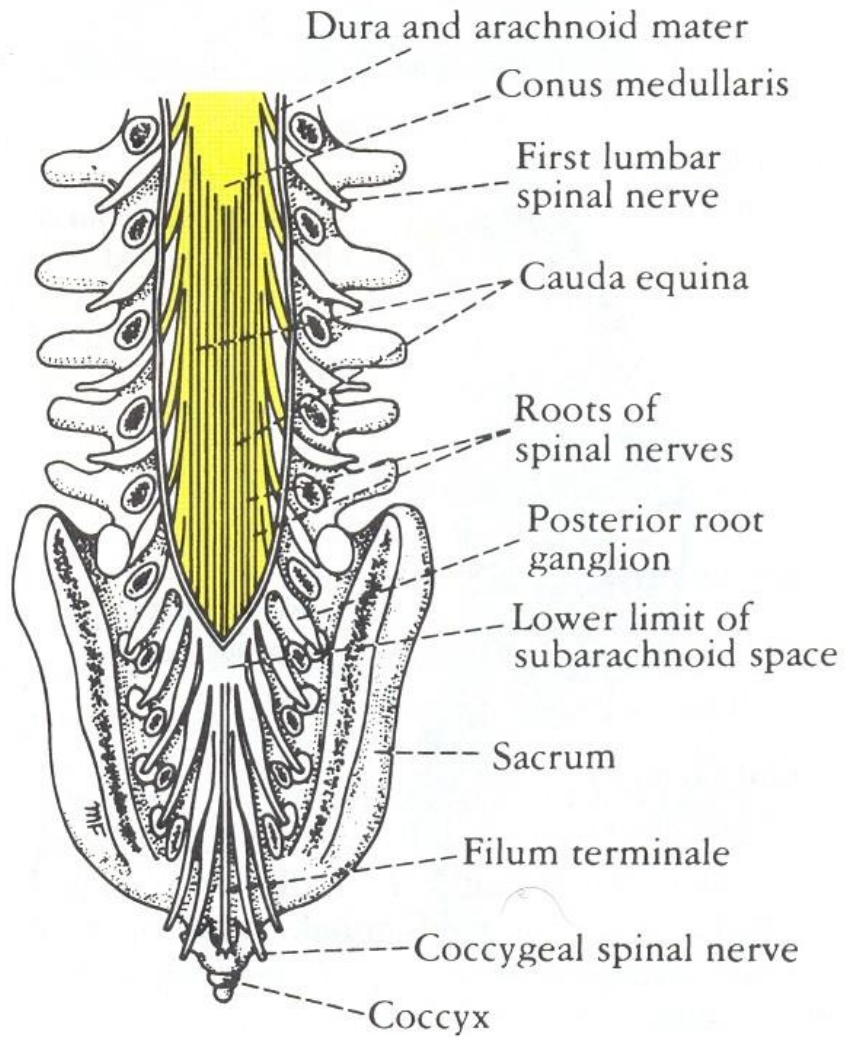


Chronic obstruction with overflow incontinence

- 72 year old man
- Wetting himself
- Difficulty in walking

- DRE – large, hard craggy prostate
- Lax sphincter tone

Cauda Equina syndrome



Urinary Incontinence

- Type, timing and severity of UI
- How are they coping?
- Cause?

e.g. UTI

Chronic obstruction

Sinister?

- Management

Quality of life

Conservative

Pharmacological

Devices

Surgical

Initial number

ICIQ-SF

CONFIDENTIAL

DAY MONTH YEAR

Today's date

Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1 Please write in your date of birth:

DAY MONTH YEAR

2 Are you (tick one):

Female Male

3 How often do you leak urine? (Tick one box)

never 0

about once a week or less often 1

two or three times a week 2

about once a day 3

several times a day 4

all the time 5

4 We would like to know how much urine you think leaks.
How much urine do you usually leak (whether you wear protection or not)?
(Tick one box)

none 0

a small amount 2

a moderate amount 4

a large amount 6

5 Overall, how much does leaking urine interfere with your everyday life?
Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10

not at all a great deal

ICIQ score: sum scores 3+4+5

6 When does urine leak? (Please tick all that apply to you)

never – urine does not leak

leaks before you can get to the toilet

leaks when you cough or sneeze

leaks when you are asleep

leaks when you are physically active/exercising

leaks when you have finished urinating and are dressed

leaks for no obvious reason

leaks all the time

Thank you very much for answering these questions.