URINARY INCONTINENCE

EVALUATION

A) The Question:
1. During the past twelve months, have you ever lost your urine or gotten wet?
   If “Yes”:
   a) Have you lost on at least six separate days?
   If “Yes”:

   1) Reversible conditions (DIAPPERS)
      a) Delirium
      b) Infection
      c) Atrophic vaginitis
      d) Psych.
      e) Excess urine
      f) Restricted fluid intake

   2) Conditions that require consult (Uro, Gyn or Urodynamics)

   3) Function focused approach to the remaining cases.

   B) Perform a Focused H & P for:
   1) Reversible conditions (DIAPPERS)
   2) Conditions that require consult (Uro, Gyn or Urodynamics)
   3) Function focused approach to the remaining cases.

DIAPPERS mnemonic:
- Delirium
- Infection
- Atrophic vaginitis
- Psych.
- Excess urine
- Restricted fluid intake

C) Early Urologic or Gyn or Urodynamics evaluation:
   a) Recurrent symptomatic ur’s with U.I.
   b) Pelvic Prolapse (marked)
   c) Suspect prostate ca.
   d) Hematuria (sterile)
   e) Urinary retention (that defies management).

3) Function focused approach for evaluation of remainder:
   a) Diagnose dominant symptom (URGE vs STRESS vs OVERFLOW)
   b) Add additional treatment based on response.

TREATMENT--------NONPHARMACOLOGIC:

<table>
<thead>
<tr>
<th>URGE</th>
<th>STRESS</th>
<th>OVERFLOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if reversible cause?</td>
<td>-/±</td>
<td>+/±</td>
</tr>
<tr>
<td>Increase bladder stimulants (alcohol, caffeine)</td>
<td>+</td>
<td>+/-</td>
</tr>
<tr>
<td>Weight loss if indicated</td>
<td>+</td>
<td>-</td>
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<tr>
<td>Bladder training delayed voiding biofeedback</td>
<td>+/-</td>
<td>+</td>
</tr>
<tr>
<td>Fluid intake adjustment (for normal U/O)</td>
<td>+/-</td>
<td>-</td>
</tr>
<tr>
<td>Scheduled toileting</td>
<td>+</td>
<td>+/-</td>
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</tbody>
</table>

Surgical:
- Collagen injections - suspensions

TREATMENT-----PHARMACOLOGIC

Medications

<table>
<thead>
<tr>
<th>URGE</th>
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<tbody>
<tr>
<td>Antispasmodics</td>
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<tr>
<td>Tamsulosin 0.4 mg q.d. (Flomax)</td>
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<tr>
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For more explanation see: Web site: geriatrics.unmc.edu visit GERI Pearls evv 9/10/09