URINARY INCONTINENCE IN ELDERLY WOMEN

Lauren Lynch, MS4
Geriatric Medicine EBM
Urinary Incontinence

- The involuntary loss of urine
- Approximately half of women experience UI in their life time
- 77% of elderly women living in nursing homes have urinary incontinence
- 1.5-2.3 times more likely to experience a fall
- Significant morbidity
  - Increased rates of depression, anxiety, embarrassment, difficulty sleeping, urinary tract infections
Types of Incontinence

- **Stress Incontinence**
  - Caused by increases in abdominal pressure
  - Loss of urine when a patient coughs or laughs

- **Urge Incontinence**
  - Sudden sensation of needing to urinate
  - Running to the bathroom

- **Mixed Incontinence**
  - Mixture of stress and urge

- **Overflow incontinence**
  - Incomplete bladder emptying
What else could it be?

- DIAPPERS – possible causes that are common in elderly and reversible\textsuperscript{2}
  - D – delirium
  - I – infection
  - A – atrophic vaginitis and urethritis
  - P – pharmaceuticals
  - P – psychological disorders
  - E – excess urination
  - R – restricted mobility
  - S – stool impaction
Treatments:

- Lifestyle modifications
  - Voiding diary
  - Restricting fluid intake
  - Decreased caffeine intake
  - Avoiding alcohol
  - Smoking cessation
  - Timed voiding (urge)
  - Weight loss in overweight patients
- Pelvic Floor Muscle Therapy (stress)
Treatments:

- Medications – treat urge incontinence\textsuperscript{1,2}
  - Antispasmodics\textsuperscript{3} – inhibit the detrusor muscle contraction
    - Anti-cholinergic medications
    - Beta\textsubscript{3} agonists
    - Antimuscarinics
  - Use with extreme caution in geriatric population – only when conservative measures have failed

- Side effects: \textsuperscript{2}
  - Dry mouth
  - Constipation
  - Weakness
  - Confusion
  - Blurred vision
  - Lightheadedness
Treatments:

- Procedures
  - Stress Incontinence¹,²
    - Mid-urethral sling – OR - approximately 30 minutes
      - Short term success = 62-98%
      - Long term (5+ years) = 43-92%
    - Bladder neck suspension – OR
    - Urethral bulking – can often be done in the office with local anesthesia
  - Urge Incontinence¹,²
    - Botulinum toxin injections
    - Sacral neuromodulation (Medtronic Interstim Therapy)
- Considerations:
  - Is the patient a good surgical candidate
  - Risks vs. Benefits
If treatment fails...

- Appropriate management in a nursing facility is essential \(^2\)
  - Prevent skin breakdown
  - Clean the perineum after UI incident
  - Remove soiled bedding and clothes
  - Clear paths to the bathroom and ensure they are well-illuminated
Summary

- Urinary incontinence is extremely prevalent, especially in the geriatric population
- Not all UI is created equal!
  - Different types are treated differently
- First attempt to identify any reversible causes
- Conservative management includes lifestyle modifications and pelvic floor exercises
- If these fail, consider medications or surgical interventions
  - Keep in mind
    - medication side effects
    - If the patient is a good surgical candidate
    - Remember there are in-office procedures available¹,²
References

