

Primary Care Pathway: Female Predominant Urge Incontinence March 2015

Key Points:

- Urge UI is involuntary urine leakage accompanied or immediately preceded by urgency, defined as a sudden compelling desire to urinate that is difficult to delay. • It can affect women of all ages, but the biggest risk factor is older age due to physiological changes that occur with natural ageing. •The reported prevalence of urinary incontinence varies widely (5–69%).
- Consider potential drug causes, Non-surgical management options include modification of lifestyle factors, bladder re-training via Community Continence Service (CCS) and anti-muscarinic drugs.
- Do not routinely offer absorbent pads, hand-held urinals, and toileting aids as treatments for UI.

Initial GP Consultation.

History: symptoms predominantly of urgency, frequency, nocturia. Patient may not necessarily have incontinence, but could have prolapse, stress and faecal symptoms.

Examination: Vaginal and abdominal examination to exclude pelvic mass. Assess for vaginal atrophy. Assess for prolapse.

Investigation: Urine dipstick; (look for haematuria, infection, glycosuria). U&Es.

Consultation: Give advice regarding lifestyle changes. Give patient overactive bladder leaflet, ICIQ-SF and a bladder diary to complete. Consider potential drug causes (i.e. opioids, antidepressants, antipsychotics, diuretics, anticholinesterases).

Referral Refer patient to continence adviser at (Uniting Care) for minimum 6 weeks bladder training; [[NICE CG171](#)].

Prescribe: - first line choices. For frail elderly, use second line options. Prescribe the lowest recommended dose and titrate the dose up if required. See Table 1.

Red Flag Exclusions- refer immediately.

Haematuria – See [CCG Cystoscopy Primary Care Haematuria Assessment Policy](#)

Pelvic Mass – refer gynaecology Rapid Access Clinic

Bladder diary normal values

Frequency <5
Nocturia <1
Average void 300ml

GP Review Consultation.

(Review required 4 weekly [[NICE CG171](#)]).

Review bladder diary.

Review medication – for effectiveness and side effects. ;

If no symptom improvement or intolerable side effects, offer alternative medication from second line choices. See Table 1.

Consider transdermal route and funding absorbent pads.

Lifestyle measures:

Advise the patient to:

- Reduce caffeine intake
- Modify fluid intake— advise the woman to avoid drinking either excessive amounts. The recommended daily intake is six to eight glasses of water. Reduced fluid intake may worsen or cause constipation).
- Offer weight loss advice, (if the woman's body mass index is 30kg/m² or greater).
- Offer smoking cessation advice.

Treatment successful

Arrange review: yearly <75
6 monthly >75, with repeat ICIQ/diary.

Treatment unsuccessful – after treatment with 2 anti-cholinergics

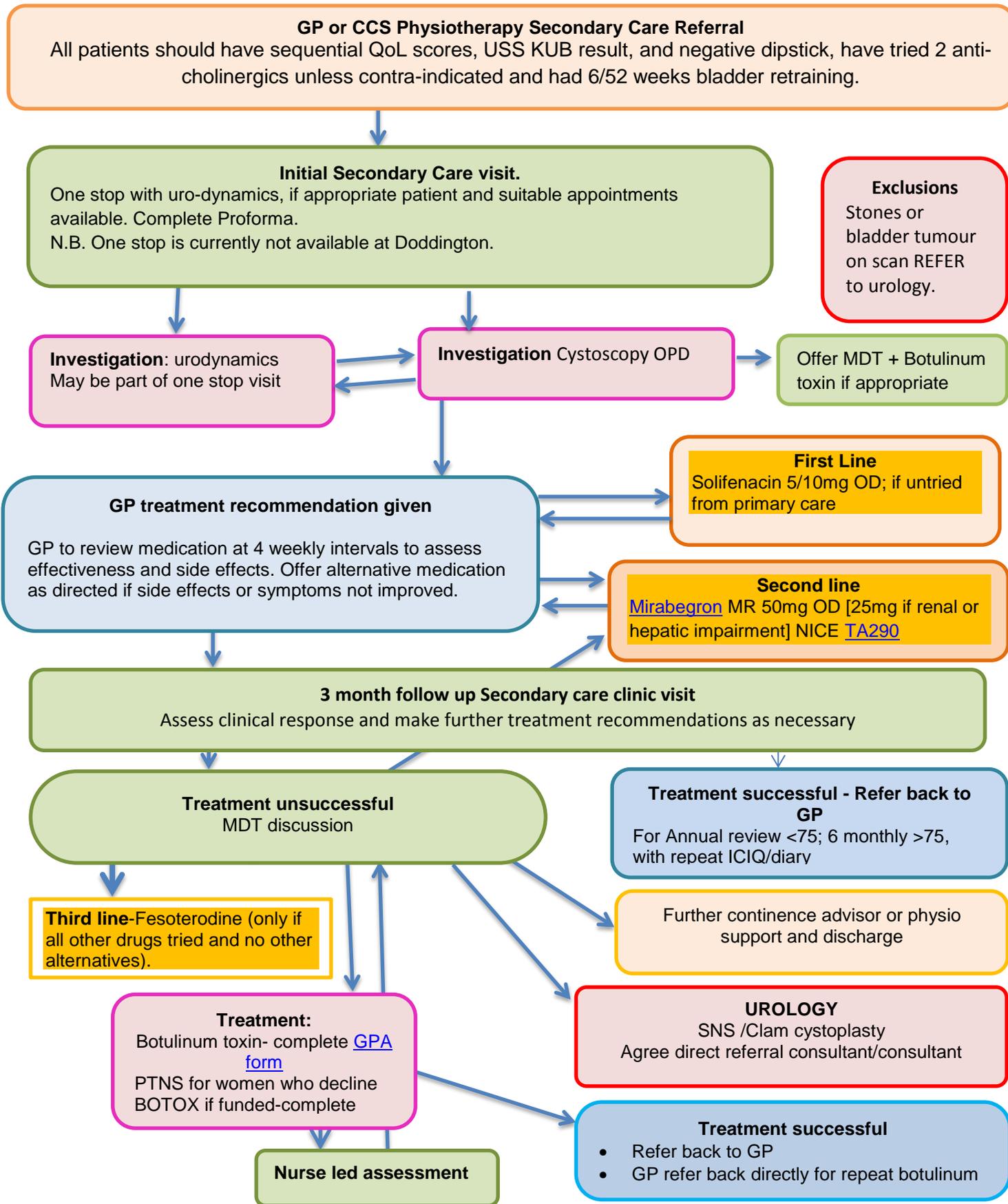
- Arrange US KUB [if stones to urology]
- Repeat ICIQ/bladder diary.

Secondary Care Referral

Hinchingbrooke: Choose and Book (C and B) to **uro-gynaecology** at Hinchingbrooke and peripheral clinics with referral.

Addenbrookes and Peterborough: C and B to either **uro-gynaecology** or relevant **urology** clinics.

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	1 st line	2 nd line	Alternatives		Specialist Initiation
	Oxybutynin IR 5mg BD-TDS	Oxybutynin M/R 5-20mg OD	Trospium Chloride 20mg BD before food (Can be considered if patient is on concomitant medication which interacts with other antimuscarinics).	Refer to specialist	Solifenacin 10mg OD
	Tolterodine IR 2mg BD (reduce to 1mg BD if side effects)	Tolterodine MR 4mg OD	Solifenacin 5mg OD (Can be considered if darifenacin unavailable due to stock issues or patient has not tolerated alternative anti-muscarinics)		Mirabegron MR 50mg OD
		Darifenacin 7.5-15mg OD	Transdermal Oxybutynin Apply 1 patch twice weekly (Can be considered for patients who cannot tolerate oral therapy)		Fesoterodine 4-8mg OD

Colour coded costs

Cost brackets for 28 days of regular treatment at specified dose. PRN doses are priced per device.

£0 - £4.99

£5 - £9.99

£10 - £14.99

£15 - 19.99

£20 - £29.99

£30 - £39.99

40 - £49.99

£50 +

Key

IR Immediate Release
MR Modified Release
OD Once Daily
BD Twice Daily
TDS Three times a day

References:

- National Institute for Health and Clinical Excellence. NICE Guidance CG171 The management of urinary incontinence in women. September 2013. Available at <https://www.nice.org.uk/guidance/cg171>
- NICE Clinical Knowledge Summary. Incontinence- Urinary in women. Last updated February 2015. Available at <http://cks.nice.org.uk/incontinence-urinary-in-women>