



Complete Summary

GUIDELINE TITLE

Recommendation for the management of stress and urge urinary incontinence in women.

BIBLIOGRAPHIC SOURCE(S)

University of Texas at Austin, School of Nursing, Family Nurse Practitioner Program. Recommendations for the management of stress and urge urinary incontinence in women. Austin (TX): University of Texas at Austin, School of Nursing; 2002 May. 13 p. [19 references]

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SCOPE

DISEASE/CONDITION(S)

Stress and urge urinary incontinence in women

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nursing

Obstetrics and Gynecology
Urology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Pharmacists
Physicians

GUIDELINE OBJECTIVE(S)

To provide a decision tree that healthcare professionals can use to structure their evaluation, diagnosis, and treatment recommendation of behavioral, pharmaceutical, or invasive options to the management of incontinence in women

TARGET POPULATION

Women

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Subjective Assessment
 - History, including past medical history, obstetric and gynecologic history, urologic history, diet history
 - Medication review
 - Review of family history
 - Psychological history
2. Objective Assessment
 - Physical exam
 - Laboratory Evaluation as indicated (e.g., urinalysis, culture and sensitivity, post void residual)

Management/Treatment

1. Nonpharmacologic Therapy
 - Diet counseling
 - Behavior modification
 - Pelvic floor (Kegel) exercises
 - Environmental interventions, such as bedside commode
 - Interventions to allow attendance at social functions, such as use of absorbent products
 - Weight reduction if obese
2. Pharmacologic therapy (in conjunction with nonpharmacologic therapy)
 - Anticholinergics, such as tolterodine (Detrol, Detrol LA); oxybutynin (Ditropan, Ditropan XL); flavoxate; and propantheline
 - Bladder relaxants (imipramine, dicyclomine, hyoscyamine)
 - Alpha-adrenergic antagonist: pseudoephedrine

- Localized estrogen replacement therapy (vaginal rings or creams)
3. Follow-up
 4. Referral as indicated

Screening or Evaluation Tools

1. Urinary Incontinence Evaluation Tool
2. Urinary Incontinence Patient Screening Tools [Sandvik Severity Scale; Incontinence Quality of Life (IQOL)]
3. Sample Voiding Diary

MAJOR OUTCOMES CONSIDERED

- Symptoms of incontinence
- Adverse effects of medications

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed on electronic databases, including Medline, Cochrane, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). Bibliographies of relevant articles and published guidelines were also reviewed. The guideline developers relied on the references listed in the Agency for Health Care Policy and Research's 2001 guideline, "Urinary incontinence in adults: acute and chronic management", as well as references identified via additional MEDLINE searches, pertinent journal articles, and knowledge of current practice.

NUMBER OF SOURCE DOCUMENTS

Forty-four articles and/or guidelines were reviewed

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

- A. Recommendations supported by evidence from properly designed and implemented controlled trials
- B. Recommendations supported by evidence from properly designed and implemented clinical series
- C. Recommendations supported by expert opinions

- N. Recommendations supported by national clinical guidelines

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A draft guideline was developed by a team of family nurse practitioner students and submitted for review to the Family Nurse Practitioner program faculty and community physician experts. Revisions were made after recommendations were received.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendation grades (A, B, C, and N) are defined at the end of the Major Recommendations.

Identification of presence of urinary incontinence: the involuntary loss of urine resulting from pathologic, anatomic, or physiologic factors (B, N, C)

Subjective assessment: (B, N)

- Evaluation of patient for signs and symptoms of specific types of urinary incontinence
- Evaluation of severity of symptoms
- Review of contributory risk factors including diabetes, neurological disorders, chronic constipation, obesity, obstetrical and gynecological history, medications, psychological history

Objective assessment: (B, N)

- Physical examination with neurological, abdominal, gynecological/rectal focus
- Diagnostic testing
 - Baseline: urinalysis, urine culture and sensitivity, serum glucose, serum calcium
 - Optional: Serum vitamin B12 level, urine cytology, post-void residual evaluation by ultrasound or catheterization, urodynamic testing such as stress test and fill and voiding cystometry

Differential diagnosis: stress, urge, mixed, overflow or functional urinary incontinence; urinary tract infection, cystocele, rectocele, enterocele, or uterovaginal prolapse (B, C, N)

Primary care treatment options:

- Non-pharmacological: diet, behavioral modification, Kegel exercises, environmental modifications, absorbent products (A, B, C)
- Pharmacological: anticholinergics, tricyclic antidepressants, bladder relaxants, alpha adrenergic agonists, localized estrogen replacement therapy (B, N)

Specialty-based treatment options: (A, N)

- Non-invasive adjunctive therapy: pessaries, continence guard, weighted vaginal cones, pelvic floor electrical stimulation, magnetic therapy/neuromodulation
- Surgery

Monitoring:

- Improvement in incontinence symptoms as evidenced by changes in the Sandvik (incontinence) Severity Scale.
- Quality of life as measured by changes in the Incontinence Quality of Life Survey.
- Screening for concomitant disorders that contribute to urinary incontinence.

Definitions:

Grades of Recommendation

- A. Recommendations supported by evidence from properly designed and implemented controlled trials
- B. Recommendations supported by evidence from properly designed and implemented clinical series

C. Recommendations supported by expert opinions

N. Recommendations supported by national clinical guidelines

CLINICAL ALGORITHM(S)

The original guideline document contains a clinical algorithm for the evaluation and management of urinary incontinence in women.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is specifically stated for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Effective treatment of urinary incontinence
- Improved quality of life and functional status
- Identification of concomitant disorders

POTENTIAL HARMS

Adverse effects of medications:

- Anticholinergics and/or tricyclic antidepressants (TCAs) for treating urge incontinence may cause dry mouth, visual disturbances, constipation, dry skin, and/or confusion. Tricyclic antidepressants may also result in orthostatic hypotension and cardiac dysrhythmia.
- Alpha-adrenergic agonists for stress incontinence can cause anxiety, insomnia, agitation, respiratory difficulty, sweating, cardiac dysrhythmia, hypertension, and tremor.
- Localized estrogen replacement can result in spotting, edema, breast tenderness and/or possible depression.
- Imipramine may worsen cardiac conduction abnormalities, postural hypotension and/or anticholinergic effects.
- Alpha-adrenergic antagonists for treatment of overflow can cause postural hypotension, dizziness, vertigo, heart palpitations, edema, headache and/or anticholinergic effects.

CONTRAINDICATIONS

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Contraindications to general classes of medications:

- Alpha-adrenergic agonists should be avoided in individuals with hypertension.
- Localized estrogen replacement should be used with caution in patients with suspected or confirmed breast cancer, thromboembolism in conjunction with oral contraceptive use, estrogen therapy, or pregnancy

Contraindications to specific medications to treat incontinence:

- Tolterodine. Known hypersensitivity, narrow angle glaucoma, gastrointestinal or urinary obstruction
- Oxybutynin. Known hypersensitivity, narrow angle glaucoma, gastrointestinal or urinary obstruction
- Flavoxate. Gastrointestinal bleed, achalasia
- Propantheline. Myasthenia gravis, gastroesophageal reflux disease (GERD), angle closure glaucoma
- Imipramine. Known hypersensitivity to tricyclic antidepressants, recovery phase of myocardial infarction. Use with caution in cardiovascular disease.
- Dicyclomine. Obstructive uropathy, obstructive gastrointestinal disease, severe ulcerative colitis, myasthenia gravis
- Hyoscyamine. Glaucoma, obstructive uropathy, obstructive gastrointestinal disease, severe ulcerative colitis, myasthenia gravis, autonomic neuropathy
- Vaginal estrogen ring and vaginal estrogen cream. Caution in thromboembolic disorders, pregnancy, estrogen dependent cancer, breast cancer, undiagnosed vaginal bleeding, impaired liver function.

QUALIFYING STATEMENTS

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This clinical practice guideline is provided for discussion and educational purposes only and should not be used or in any way relied upon without consultation with and supervision of a qualified physician based on the case history and medical condition of a particular patient.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The appendices in the guidelines document include strategies for implementation as well as tools to evaluate outcomes and process factors following implementation.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

The guideline is based on the Scientific Committee of the First International Consultation on Incontinence Consensus: Assessment and treatment of urinary incontinence 2000.

DATE RELEASED

2002 May

GUIDELINE DEVELOPER(S)

University of Texas at Austin School of Nursing, Family Nurse Practitioner Program
- Academic Institution

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Practice Guidelines Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time

GUIDELINE AVAILABILITY

Electronic copies: The following formats are available:

- [HTML](#)
- [Portable Document Format \(PDF\)](#)
- [ASCII Text](#)

Print copies: Available from the University of Texas at Austin, School of Nursing.
1700 Red River, Austin, Texas, 78701-1499.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on October 3, 2002. The information was verified by the guideline developer on October 16, 2002.

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