

## **How to Keep Your Patients Dry**

*Urinary incontinence* as defined by the International Continence Society (ICS) is the complaint of any involuntary leakage of urine. The prevalence of urinary incontinence has been quoted as between 10-20% in women depending on the definition used, its frequency and severity, types of incontinence and their aetiology.

The four main types of urinary incontinence include: Urge, stress, overflow and true incontinence.

*Urge urinary incontinence* is also known as overactive bladder (OAB) wet. OAB is a clinical syndrome comprising of urgency with or without urge incontinence, usually associated with frequency (>7 times in the day) and nocturia (>once at night); in the absence of pathologic or metabolic (endocrinological) conditions.

The management of OAB depends on its aetiology: Physiological (increased fluid intake, especially, caffeine and alcohol, diet, climate, pregnancy); Psychological (anxiety, stress, habit, social) and Psychiatric; Pharmacological (diuretics); Endocrinological (diabetes mellitus and insipidus); Pathological.

Pathological includes a long list: urinary tract infection, genitourinary syndrome of menopause, bladder calculus/i, benign or malignant bladder tumour, pelvic irradiation (radiation cystitis), untreated congestive cardiac failure (causing nocturia), pelvic masses (fibroids, benign ovarian cysts or malignant tumour, pelvic organ (uterovaginal) prolapse, detrusor overactivity (on urodynamic investigation), stress urinary incontinence, mixed incontinence.

OAB is a clinical diagnosis by exclusion of metabolic and pathological conditions. The investigation of OAB include a fluid intake and bladder diary, urinalysis, bladder scan to exclude post void high residual urine (>50 ml) and lastly, urodynamics. Its treatment include: lifestyle modification of sensible fluid intake, avoidance of excessive caffeine and alcohol, pelvic floor (Kegel's) exercises, bladder training and pharmacotherapy. The latter include vaginal oestrogens, musculotrophics (smooth muscle relaxants), anticholinergics (antimuscarinics), calcium channel blockers, tricyclic antidepressants and  $\beta$ -3 adrenergic agonist (Mirabregon).

The ICS defines *stress urinary incontinence (SUI)* as the complaint of involuntary leakage on effort or exertion, or on coughing or sneezing. Its management include: weight loss, avoidance and treatment of chronic constipation and cough, Kegel's exercises, KNACK (to contract the pelvic floor muscles before coughing or sneezing) and surgery.

*Overflow and true incontinence* are less common and rare and will be covered in my lecture.

GPs should diagnose and treat OAB & SUI and refer to the relevant specialists (Gynaecologists, Urogynaecologists, Urologists, Geriatricians), when indicated or continue conservative and medical treatment prescribed by the specialists.

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