Urinary Incontinence in Frail-Elderly People

CLINICAL ASSESSMENT

Incontinence with:
- pain
- haematuria
- recurrent UTI
- pelvic mass
- pelvic surgery
- pelvic irradiation

Incontinence on physical activity: likely STRESS incontinence

Incontinence with urgency/ frequency: likely URGE incontinence

Incontinence with voiding symptoms/ retention: likely OVERFLOW incontinence

TRANSIENT CAUSES PRESENT?

YES: Treat accordingly, reassess, and re-treat if needed.

NO: Evaluate bother and desire for treatment.

STRESS INCONTINENCE

- Pelvic floor exercise
- Pelvic floor stimulation

URGE INCONTINENCE

- Bladder retraining
- Anticholinergic drugs

- Prompted voiding
- Assisted toileting

OVERFLOW INCONTINENCE

- Pads
- Catheters
- Devices/appliances

REFER TO SPECIALIST (e.g. geriatrician, urologist, urogynaecologist,)

Evaluate for causes of TRANSIENT INCONTINENCE ("DIAPPERS"):

History-taking
- Voiding and storage symptoms
- Conditions under which incontinence occurs
- Medications including OTC drugs
- Other domains of function: mobility, self-care (ADL), cognition
- Bladder diary (frequency/volume chart) where feasible

Physical Examination
- Abdominal examination for distended bladder, constipation
- Rectal examination for enlarged prostate, constipation
- Vaginal examination for atrophic vaginitis, prolapse
- Neurological examination
- Cough test for stress incontinence

Investigations
- Urinalysis ± Urine culture
- Residual urine assessment

Treatment Strategy:
- Independent continence whenever possible (e.g. pelvic floor exercise, bladder retraining)
- Dependent continence usually possible (e.g. prompted voiding, assisted toileting)
- Social continence always possible (e.g. pads,continence devices)