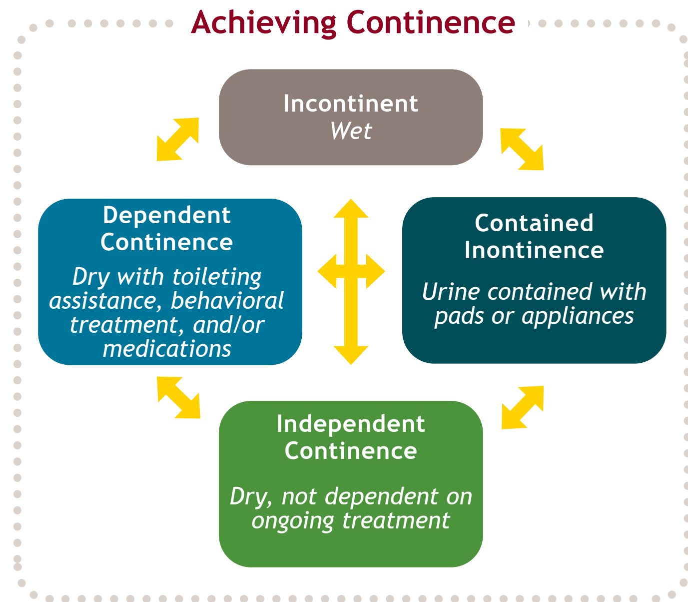
GeriPreceptor

Precepting Tips for Nonsurgical Management of Urinary Incontinence in Older Adults

Management Principles

1. Ask about what matters to the patient. Treatment should be individualized and influenced by goals of care, treatment preferences, estimated remaining life expectancy, and expectations of treatment outcomes.
2. Use the achieving continence paradigm (Abrams, P., et al., 2017, p. 1341) to set continence goals that may include dryness, decrease in specific symptoms, quality of life, reduction of comorbidity, and lesser care burden.



3. Take into account mobility, motivation, and cognitive competence.
   a. For those who are very frail or those with severe dementia, containment may be the goal.
   b. Absorbent products can be expensive. Medicaid, VA, and state or community programs and some Medicare Advantage plans (Part C) may offer financial support. Explore the directory of US diaper banks for products.
4. Address factors contributing to UI:
   a. Treat UTI symptoms, but avoid treating asymptomatic bacteremia.
   b. Optimize treatment of underlying medical conditions that contribute to UI.
   c. Maximize mobility by encouraging regular physical activity. Consider PT/OT consultation.
   d. Eliminate nonessential medications that contribute to incontinence.
   e. Conduct a home safety evaluation, and correct factors that impede mobility and safe toileting (PT/OT referral).
5. For older people without cognitive impairments and mobility limitations, first-line treatments include lifestyle and behavioral interventions that target the specific type of incontinence. Surgery should only be considered after lifestyle/behavioral and pharmacological treatments have failed and are rarely indicated for frail older people.

Lifestyle Interventions: Appropriate fluid intake, caffeine reduction, carbonated beverage reduction, avoidance of bladder irritants, smoking cessation, manage constipation, weight loss, timing of diuretic doses, physical activity.

Behavioral Strategies for independent older adults: Pelvic floor muscle exercises, biofeedback (physical therapy referral, specialty), urgency suppression techniques, bladder training (needs highly motivated patient).

Behavioral Strategies for care-dependent older adults: Scheduled toileting and prompted voiding (dependent on nursing staff or family caregiver).

Absorbent products: Explore the many types of absorbent products based on their form, fit, function, and disposability or reusability. Many products can be mail ordered.

Pharmacological Treatment: Consider pharmacological treatment if a three-month trial of lifestyle and behavioral strategies does not provide relief. Age-related changes in pharmacodynamics and pharmacokinetics, polypharmacy, and comorbidities must be considered when deciding which UI drug to prescribe for the specific type of UI. As with any medication prescribed for an older person, start low and go slow with drug dosing. Consider using an initial dose that is one-half of the recommended starting dose, and increase slowly while monitoring for adverse drug effects. If polypharmacy is present, a review of patient medications should be done to identify the potential anticholinergic load. Adverse drug effects are common and cause many people to discontinue their use. Avoid using anti-muscarinic drugs if patient uses cholinesterase inhibitors.

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Conservative and Pharmacological Treatments for Various Types of Urinary Incontinence

Treatment Option	Type of Incontinence				
	Stress	Urgency	Mixed	Overflow	Disability
Lifestyle Interventions					
Maintain adequate fluid intake		•	•		
Minimize or eliminate bladder irritants		•	•		
Quit smoking	•	•	•		
Manage constipation	•	•	•	•	
Lose weight	•		•		
Adjust timing of diuretic medications		•	•		
Engage in regular physical activity	•	•	•		•
Environmental modifications					•
Behavioral Strategies					
Pelvic floor muscle exercises	•	•	•		
Volitional pelvic floor muscle contraction to preempt urine loss	•	•	•		
Urgency suppression techniques		•	•		
Bladder training	•	•	•		
Double voiding				•	
Scheduled voiding		•	•	•	•
Prompted voiding					•
Pharmacological Treatment					
Antimuscarinic drugs (i.e., dairfenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, trospium)		•	•		
Beta-3 agonists (i.e., mirabegron)		•	•		
Alpha blockers (i.e., alfuzosin, tamsulosin)				•	
Vaginal estrogen	•	•	•		

When to Refer to Specialist
(Urogynecologist, Urologist, Or Continence/Pelvic Floor Specialist Nurse or Physical Therapist)

Uncertain diagnosis and inability to develop a reasonable management plan based on the basic evaluation • Failure to respond to an adequate therapeutic trial • Abnormal post voiding residual (PVR) • Hematuria without infection • Symptomatic pelvic prolapse • When surgical or invasive interventions (e.g. neuromodulation, botulinum toxin and bulking injections) for UI are being considered • History of previous anti-incontinence surgery, as well as radical pelvic surgery or pelvic radiotherapy • Incontinence associated with recurrent UTI • Persistent symptoms of difficult bladder emptying • Prostate nodule, asymmetry or other suspicion of prostate cancer • Neurologic conditions, such as multiple sclerosis, spinal cord lesions or injury, some cases of stroke or Parkinson's disease.

Teaching Tips: Ask students to. . .

- Find and share patient education materials that address the type of urinary incontinence a patient is experiencing
- Compare and contrast treatment goals and options for two patients who differ on what matters to them. For example, compare a robust older person with a frail older person.
- Ask a patient with incontinence about what types of absorbent products they are using and what it costs them on a daily basis. If cost is an issue, refer them to the Simon Foundation for Continence directory of US diaper banks.

Preceptor Resources

- International Continence Society's downloadable Algorithm for Urinary and Fecal Incontinence in Frail Older People
- National Association for Continence patient and caregiver education materials
- Simon Foundation for Continence patient education materials
- Simon Foundation for Continence directory of US diaper bank for adult absorbent products
- Minnesota Northstar GWEP Managing Urinary Incontinence in Older Adults: Teaching and Learning Resources

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Geriatrics Workforce Enhancement Program. Additional funding for the Minnesota Northstar GWEP is provided by the Otto Bremer Trust and the University of Minnesota Office of Academic Clinical Affairs.

Content created January 2022 by Kristine Talley