Urinary Urgency and Urge Urinary Incontinence

INTRODUCTION — The treatment of urinary incontinence will depend, in part, upon the type and cause of the incontinence. In most cases, treatment begins with conservative therapies, such as changes in lifestyle and treatment of potentially reversible factors, or behavioral treatments. If these therapies are inadequate, medication or surgery may be considered.

TREATMENTS FOR URGE INCONTINENCE

Bladder irritants — Some foods and beverages are thought to worsen frequency and urgency. This includes caffeinated beverages and alcohol, spicy foods, and acidic foods or beverages.

Fluid management — People who drink large amounts of fluids (especially those containing caffeine) often find that decreasing fluid intake can reduce the frequency of leakage. The body requires a certain amount of fluids to function; for most people, thirst is a good indicator of when fluids are needed. Older people may need to make a special effort to drink enough as they may not become thirsty in the initial stages of dehydration.
Drinking excessive amounts of fluid is of little benefit despite the popular misconception that drinking water can "flush out toxins," improve skin health, or assist with weight loss. Between 32 and 64 ounces of fluid per day (from food and fluids) is sufficient for most people; more fluids may be needed for people who are active and perspiring or when outdoor temperatures are high.
Decreasing evening fluid intake (eg, no fluids after 6 to 7 PM) is advised for people with frequent nighttime voids or overnight leakage.

Bladder retraining — Bladder retraining can reduce symptoms of urge incontinence by slowly increasing the amount of urine the bladder holds, and therefore the time interval between voids. This regimen retrains the nerves and pelvic muscles, which can improve control of bladder contractions. For people with dementia or memory impairment, treatment focuses on encouraging the patient to use the toilet at regular intervals (usually every two to three hours) and providing positive feedback for successful toileting.

Constipation — Constipation can lead to fecal impaction (when stool collects in the rectum and is difficult to pass), which can increase symptoms of frequency and urgency. Increasing the amount of fiber in their diet to between 20 and 30 grams per day can prevent constipation.

Medications — When bladder retraining and fluid management alone are not successful in treating urge incontinence, medications can be added. Medicines that are available are called bladder relaxants or anticholenergic agents. Medications work best when combined with behavioral therapy. In general, these drugs have similar effectiveness, but may differ somewhat in the type and severity of side effects, such as dry mouth, constipation, and heartburn.
The medication should be taken for at least four weeks to determine the response. A person who does not respond to one drug may respond to another. People who take these medications for long periods of time need to practice good dental care because dry mouth can increase the risk of cavities. There is a small risk of urinary retention (causing the bladder to incompletely empty) or changes in mentation with these medications, especially in older people.

Electric stimulation — A sacral nerve stimulator (SNS) is a surgically implanted unit that stimulates a nerve in the lower back to decrease urge incontinence. The "bladder pacemaker" has been approved by the Food and Drug Administration (FDA) for the treatment of voiding dysfunction since the late 1990s, urge incontinence since 1997, and non-obstructive urinary retention since 1999. Numerous independent clinical trials have confirmed the efficacy of SNS therapy for improving voiding function in appropriately selected patients [Boschand Groen, 2000; Chartier-Kastler et al., 2000; Hassouna el al., 2000; Dasgupta et al., 2004; Brazzelli et al., 2006]. Patients often experience dramatic results with almost 70% experiencing significant improvement or complete resolution of their urinary symptoms. It is a promising treatment for people with severe symptoms of urge incontinence or urgency and frequency who have not improved with more conservative treatments. It is not clear how the treatment works, although studies show good results in most patients. Potential risks of the surgery include pain at the site where the unit is implanted (in the buttocks), movement of the unit over time, infection, movement of the wires, and others.

MORE HELP — A number of web sites have information about medical problems and treatments, although it can be difficult to know which sites are reputable. Information provided by the National Institutes of Health, national medical societies and some other well-established organizations are often reliable sources of information, although the frequency with which they are updated is variable.

National Association for Continence
    1-800-BLADDER
    (www.nafc.org)
American Urological Association Foundation
    (www.auafoundation.org)