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GENERAL PRACTICE SUPERVISORS AUSTRALIA

Urinary incontinence

Urinary incontinence (UI) is a very common problem, estimated to affect over one third of Australian women. It is generally classified as one of urge, stress, or mixed incontinence. UI can have a significant impact on quality of life but is known to be significantly under-diagnosed. GPs play an important role in both case-finding patients at risk of UI, as well as managing such patients.

TEACHING AND LEARNING AREAS		• Types of incontinence – urge, stress, mixed • Case finding of people at higher risk • Appropriate history taking, including red flags for serious disease • Appropriate examination • Indication for investigations • Management options – non-pharmacological and medication • Approach to complex patients, including elderly, children, residents of RACFs • Indications for referral and appropriate local pathways
PRE- SESSION ACTIVITIES		• Read the 2014 Australian Prescriber article Management of urinary incontinence in adults
TEACHING TIPS AND TRAPS		• There is no evidence for screening for UI in the general population, but case-finding those at higher risk is worthwhile • Exclude UTI in all patients with urge symptoms • Consider the use of validated symptom scales • Imaging is not required for the routine assessment of women with UI, other than for the assessment of residual urine volume • First-line treatment for women with stress UI is a trial of pelvic floor muscle training of at least 3 months' duration • First-line treatment for women with urge UI is a trial of bladder training lasting for a minimum of 6 weeks • Up to one third of women with UI have spontaneous resolution after a couple of years • Controlled release medications for UI are generally better tolerated • The risk of adverse anticholinergic side-effects of antimuscarinics must be carefully weighed against the potential benefits in the elderly
RESOURCES	**Read**	• NZ Guidelines 2016 The Management of Urinary Incontinence in Women • 2012 AFP article Overactive bladder syndrome
	Watch	• Jean Hailes webinar Urinary continence management in women: a multidisciplinary approach
FOLLOW UP & EXTENSION ACTIVITIES		• Registrar to undertake clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Kim Castle is a 66-year-old retired primary school teacher who complains of worsening urinary symptoms over the past 6 months. She says that she thinks he has 'urge incontinence' after looking it up on the Internet.

QUESTION 1. What are the MOST IMPORTANT key features on history to help confirm Kim's self-diagnosis of urge incontinence? List up to SIX.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

QUESTION 2. Further history confirms a likely diagnosis of urge incontinence. What investigations are MOST IMPORTANT in establishing the diagnosis? List up to THREE.

1 _____

2 _____

3 _____

QUESTION 3. Investigations confirm a diagnosis of urge incontinence. What are the MOST IMPORTANT initial steps in management? List up to THREE.

1 _____

2 _____

3 _____

QUESTION 4. Kim presents again after 4 months with no improvement, despite adherence to initial treatment steps. What is the next step in management? List ONE.

1 _____

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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ANSWERS

Kim Castle is a 66-year-old retired primary school teacher who complains of worsening urinary symptoms over the past 6 months. She says that she thinks he has 'urge incontinence' after looking it up on the Internet.

QUESTION 1

What are the MOST IMPORTANT key features on history to help confirm Kim's self-diagnosis of urge incontinence? List up to SIX.

- Urinary urgency
- Frequency
- Nocturia
- Urine loss associated with urgency
- Absence of stress incontinence symptoms
- Absence of red flag symptoms e.g. dysuria, haematuria

QUESTION 2

Further history confirms a likely diagnosis of urge incontinence. What investigations are MOST IMPORTANT in establishing the diagnosis? List up to THREE.

- Urinalysis
- USS and measurement of post-void residual
- Bladder diary

QUESTION 3

Investigations confirm a diagnosis of urge incontinence. What are the MOST IMPORTANT initial steps in management? List up to THREE.

- Explanation
- Lifestyle interventions – fluid restriction, reduce caffeine and alcohol, weight loss
- Bladder training

QUESTION 4

Kim presents again after 4 months with no improvement, despite adherence to initial treatment steps. What is the next step in management? List ONE.

- Trial an antimuscarinic medication

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