

## Urinary incontinence : screening, management, prevention

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### ABSTRACT

Urinary incontinence (UI) is a common geriatric syndrome with a negative impact on quality of life. The prevalence of UI is about 30% in old women living in the community and up to 65% in institutional setting. Even these great frequencies and its consequences (e.g. economics, social isolation), UI remains underdiagnosed and undertreated. Yet, some relevant and reliable screening tools are available (e.g. ICIQ-IU-sf). In daily practice when functional independency is evaluated (using ADL scale) UI and fecal incontinence must be systematically screened and subsequently properly investigated.

The management of UI needs first a standardized clinical approach. Patients and their proxies should be interviewed (duration and daily frequency of UI episodes), previous medical, surgical, and obstetrical history collected. Daily medical treatment and physical examination have to complete the assessment process that should be always carry out in primary care offices.

Few are the complementary tests that could be necessary. Post-voiding residual volume and urine analyses (specifically when an infection is suspected) are carried out. Urodynamic assessment are restricted to very rare and specific situations.

This simple clinical strategy is effective for aged adults and considered as satisfactory to find out the mechanism of UI. Finally, patients will be classed into 4 groups according the IU type (stress, urge, overflow or mixed), and managed accordingly.

Therapeutic approach should be individualized and personalized through a multidisciplinary team strategy combining behavioral (namely non-pharmacological treatment), medical, and/or surgical procedures.

Surgical procedures for stress incontinence (e.g. TVT) or urge (neuro-sacral stimulation, bladder instillation with Botulinum toxin A) are well codified. On average they improve symptoms of 60 to 80% of elective patients. Specifically in Urge incontinence anticholinergic drugs are frequently prescribed but in aged patients these drugs should be carefully considered because of their potential adverse effects (cognitive impairments, falls, constipation, urinary retention).