

**Causes include** - UTI, weak pelvic floor muscles, prolapse, atrophy, detrusor muscle dysfunction, obstruction, incompetent sphincter, urethral diverticulum, fistula, congenital lesion, cognitive impairment

GP/PN/midwife notes  
**FEMALE URINARY INCONTINENCE**

[Information sources](#)

**Fast track**  
2 week referral to appropriate specialty

**Suspected CA**  
Haematuria  
Palpable mass

[Establish predominant symptom \(stress, urge or mixed\)](#)  
History and exam (abdo, neurol, pelvic) including dipstix urine.  
[Bladder diary](#) for 3 days.

**Red flags**  
Refer direct to secondary care

**Advice for all patients:**  
Lifestyle advice, bladder diary assessment, pelvic floor exercises & bladder training. Patient Info: [Female Bladder Health](#)

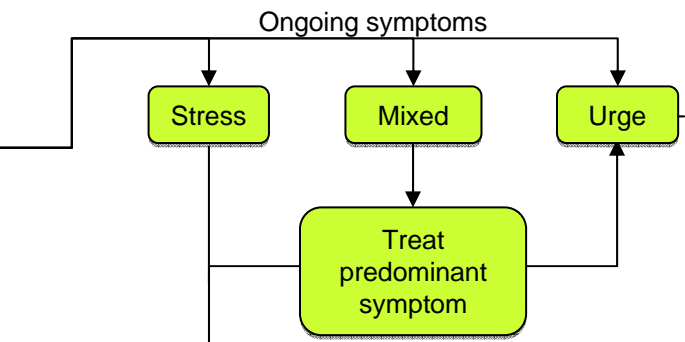
**Review 6 weeks**

**Discharge**

**COMMUNITY CONTINENCE SERVICE**  
(OR ACCREDITED ALTERNATIVE PROVIDER)  
refer using proforma:  
[Word](#), [EMIS PCS](#), [SystemOne](#), [Vision](#)  
Assessment, advice, supervised pelvic floor exercises 3/12 and/or 6/52 bladder training

**Review**  
Symptoms improved?

**Discharge**



1<sup>st</sup> line 2 months oxybutinin (immediate release) but be aware of risk of side effects in >65s  
2<sup>nd</sup> line M/R or T/D oxybutinin  
**If no success then try alternatives**  
Consider vaginal oestrogen if atrophy and OAB  
[Cambridgeshire formulary](#)  
[NICE](#)

**Review 4-8 weeks**  
Symptoms improved?

Consider stopping drugs after 3-6 months

**Specialist Continence Service**

Blue: GP  
Green: Community Continence Service  
Orange: Secondary Care

## Referral options for Female continence

- Red flags
  - Palpable bladder
  - Bladder/pelvic pain
  - Failed previous stress incontinence
  - Neurological disease CVA/MS/SCI
  - <12 m post partum and abnormal examination-> refer to specialist post partum clinic
- Simple continence -> via community continence service (community continence clinic or alternative accredited provider)
  - Choice offered at point of referral to community continence service, see MSK for example
  - Direct referral on to secondary care from community continence service using proforma, incorporating a box to allow GPs to specify “do not refer on direct, please pass back to GP if conservative measures have failed”
- Symptomatic prolapse -> may be dealt with by
  - GP surgery (for a pessary)
  - Community continence service
  - GPSI
  - Secondary care

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### Choice of antimuscarinic

#### Drugs

1<sup>st</sup> line oxybutinin but be aware of the potential for side effects, especially cognitive impairment in the >65s

#### Alternatives

Different oxybutinin formulations, solifenacin, tolterodine or trospium .

Expert opinion suggests that some women may respond to one anticholinergic but not others so it may be worth trying a second alternative

For potential interactions see [BNF antimuscarinics](#)

From NICE full guideline "Treatment with darifenacin, oxybutynin, solifenacin, tolterodine and trospium in women with OAB is associated with improvements in frequency, leakage episodes and quality of life. There is no evidence of a clinically important difference in efficacy between antimuscarinic drugs. Based on the cost minimisation analysis undertaken, non-proprietary immediate release oxybutynin is the most cost effective antimuscarinic drug."

#### Costs/month from BNF 59 March 2010

|                       |                     |
|-----------------------|---------------------|
| Oxybutinin 5mg bd     | £7.36               |
| Oxybutinin 5mg qds    | £14.72              |
| Oxybutinin MR 5mg od  | £11.03              |
| Oxybutinin MR 10mg od | £22.05              |
| Oxybutin transdermal  | £27.20              |
| Trospium 20mg bd      | £26.00              |
| Tolterodine 2mg bd    | £30.56              |
| Solifenacin 5mg od    | £27.62              |
| Solifenacin 10mg od   | £35.91              |
| Darifenacin 7.5mg od  | £26.13 – Red listed |
| Dafifenacin 15mg od   | £26.13 – Red listed |

NB: Fesoterodine is Red-listed with no use foreseen

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**Assessment of incontinence (map of medicine)**

**Stress Incontinence**

Urinary loss when coughing, sneezing, exercise

**Urgency incontinence**

Urinary loss accompanied or preceded by urgency (sudden desire to urinate that is difficult to defer)

**Overactive bladder**

Urgency occurs with or without urgency incontinence and is usually associated with frequency and nocturia

**Mixed urinary incontinence**

Symptoms of both stress and urgency incontinence

**Overflow incontinence/voiding dysfunction**

Is secondary to bladder distension-characterised by difficulties voiding. Infrequent voiding, unconscious voiding, leakage including nocturia

**Functional incontinence**

An acute or chronic impairment of physical or cognitive function

ie inadequate perception of urge to void or physical ability to respond to urge

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**Information sources**

[NICE](#)

[Map of Medicine](#)

[BNF](#)

[Cambridgeshire PCT formulary](#)

[Patient.co.uk](#)

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| <b>Cambridgeshire PCT Formulary March 2010</b> |  |   |  |
|--|--|---|--|
| <b>Drugs for incontinence (page 11)</b>        |  |   |  |
| <b>BNF Class</b>                               | <b>Drug Group</b>                                      | <b>1st Line Formulary Choice</b>  | <b>2nd Line Formulary Choices</b>  |
| <b>7.4.2</b>                                   | Drugs for urinary frequency, enuresis and incontinence | <p>Oxybutinin immediate release</p> <p>Oral desmopressin (nocturia only)</p> <p>(Drug treatment should not be the first-line therapy - pelvic floor training, bladder training etc preferred initially. Where medication is indicated, NICE recommends use of least expensive drug and formulation. Intravaginal oestrogens recommended for overactive bladder symptoms in women with vagina atrophy - see section 6.4)</p> | <p>Transdermal or MR oxybutynin (for patients unable to tolerate dry mouth with immediate release product).</p> <p>Note – higher strength (20mg) MR considerably more expensive than other options.</p> <p>Trospium (for patients where drug interactions with oxybutynin are a concern)</p> |

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**NICE pharmacological recommendations  
(from guidelines 2006)**

Urge incontinence

First line treatment should be bladder training for at least 6/52

From NICE full guideline "Treatment with darifenacin, oxybutynin, solifenacin, tolterodine and trospium in women with OAB is associated with improvements in frequency, leakage episodes and quality of life. There is no evidence of a clinically important difference in efficacy between antimuscarinic drugs. Based on the cost minimisation analysis undertaken, non-proprietary immediate release oxybutynin is the most cost effective antimuscarinic drug."

Drugs

1<sup>st</sup> line oxybutinin

Alternatives

Darifenacin, solifenacin, tolterodine, trospium, or different oxybutinin formulations.

In post-menopausal women with vaginal atrophy, offer intra-vaginal oestrogens for OAB symptoms

Costs/month from BNF 59 March 2010

|                       |        |
|-----------------------|--------|
| Oxybutinin 5mg bd     | £7.36  |
| Oxybutinin 5mg qds    | £14.72 |
| Oxybutinin MR 5mg od  | £11.03 |
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| Solifenacin 10mg od   | £35.91 |
| Darifenacin 7.5mg od  | £26.13 |
| Darifenacin 15mg od   | £26.13 |
| Duloxetine 40mg bd    | £36.96 |

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