A 50-YEAR-OLD WOMAN WITH SIGNS OF URGE AND STRESS URINARY INCONTINENCE

Based on a presentation by David H. Thom, MD, PhD

**HISTORY**

A 50-year-old female complains of losing moderate amounts of urine consistently. She reports these involuntary losses occur even during activities of mild exertion, such as laughing or coughing. She also reports that during these periods, she often feels a strong urge to void, and she is unable to withhold her bladder contents long enough to proceed to the nearest bathroom. On occasion, these events result in relatively heavy urine loss, requiring her to change clothes. As a result, she voids very frequently, keeping her bladder as empty as possible.

**DIAGNOSIS**

The kind of urine loss exhibited by this patient, particularly from such minor strain as coughing, is considered fairly diagnostic for SUI. Although urge incontinence is defined clinically as urgency as well as the incapacity to delay voiding, patients with SUI also may show signs of urgency, particularly when the incontinence is mixed. In these patients, it is prudent to do a cough test; the test should be performed with a full bladder in order to determine actual urine loss from this mild form of exertion. This patient, positive for a cough test and clearly demonstrating signs of urgency, has mixed incontinence. Urodynamic testing reveals she has an overactive bladder and decreased urethral pressures.

**TREATMENT AND DISCUSSION**

Pharmacologic approaches may be necessary for this patient early in treatment. Her lifestyle appears to be profoundly affected by her incontinence. It intrudes on her daily life, forcing periodic clothing changes and frequent visits to the bathroom. It is likely that such a near-constant battle for bladder control is interfering in all areas of her life, such as work productivity, social participation, and family or community activities. Urine losses such as the kind experienced by this patient may persist without more invasive forms of intervention.

Her medical history excludes diabetes, heart complications, and other neurologic symptoms. Although she indicates she has taken medications for past health problems, some of which conceivably could have reduced bladder function, a full list of current drug therapies fails to support that pharmacologic agents may be playing a role in her incontinence.

This patient needs careful, intensive evaluation—no single approach is likely to resolve her problem. In addition, thorough patient education about the many alternatives and their associated outcomes is needed to
ensure realistic patient expectations. The patient needs to be informed that, although there are pharmacologic therapies available, none have been approved specifically for the use of treatment of incontinence and that other approaches, in her case, are unlikely to be completely curative.

Bulking agents have shown success rates ranging from about 50% to nearly 90%, but the results are variable and often short term. Surgical procedures, depending on the type, have a similar history. Newer therapies, such as implantable electrostimulating devices or radiowave applications to the pelvic floor, may be appropriate for this patient, but they have no established clinical record and are subject to frequent changes and refinement as they evolve technologically. For patients such as this woman, it is important to acknowledge that the result may be better control, not full dissolution of symptoms. For her and similar patients, improved targeted therapies offer hope. Until then, lifestyle modifications may be necessary to accommodate symptoms, although symptoms are likely to be diminished by a variety of treatments.