These notes are for use together with the Colley Model.

Symptoms most likely due to
URGENCY URINARY INCONTINENCE

AN OVERVIEW OF URGENCY URINARY INCONTINENCE (UUI)

UUI is the complaint of involuntary loss of urine associated with urgency. Not everyone with symptoms of urgency will be incontinent. Those with full mobility may have the ability to reach the toilet before involuntary leakage occurs, whereas others may experience leakage and urgency, simultaneously. Therefore, urinary leakage can vary between individuals and sometimes the full contents of the bladder can be lost. UUI may occur secondary to other disease. Often the cause is not known and is termed idiopathic.

OVERACTIVE BLADDER (OAB, URGENCY) SYNDROME

This symptom is defined by the International Continence Society as: urinary urgency, usually accompanied by increased daytime frequency and/or nocturia, with urinary incontinence (OAB-wet) or without (OAB-dry), in the absence of urinary tract infection or other detectable disease. (Haylen BT et al 2010)

Reference:

Haylen BT, de Ridder D, Freeman RM, Swift SE, Berghmans B, Lee J, Monga A, Petri E, Rizk D, Sand PK, Schaer GK An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. Neurourol Urodyn, 2010,29:4-20; International Urogynecology J, 2010,21:5-26

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Urgency Urinary Incontinence
Contributing Factors

CONTRIBUTING FACTORS IN URGENCY URINARY INCONTINENCE (UUI)

Urinary tract infection (UTI)
A UTI can give symptoms of frequency and urgency therefore ensure urine testing has been undertaken. (Refer to the latest local and national guidelines regarding urine dipstick in the over 65's and also refer to notes under urinalysis, blue box 2).

Local bladder pathology
Pathology within the bladder such as calculi, chronic infection or malignancy may contribute to frequency and urgency.

Fluid intake and type
High or low fluid intake may contribute to urinary frequency and urgency. Caffeinated drinks, carbonated drinks, citrus drinks, alcoholic drinks and some foods can contribute to the symptoms.

Medication
The side-effects of medication can affect bladder function.

Disease affecting the nervous system
Demyelinating or inflammatory disease of the nervous system can cause UUI. Also trauma to the brain from CVA for example, will disrupt nerve pathways.

Menopause
The lining of the urethra and the base of the bladder (trigone) are oestrogen sensitive. Lowering of oestrogen levels may cause urinary frequency and urgency.

Mobility, environment and anxiety
Poor mobility and an environment which is not sympathetic to toileting needs may contribute to UUI.

Weight
Being overweight may contribute to reduced mobility.

Anxiety
Being anxious can contribute to urinary frequency and urgency.

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Urgency Urinary Incontinence Treatment

TREATMENT FOR URGENCY URINARY INCONTINENCE

Urinary tract infection (UTI)
Exclude UTI as a cause of the symptoms. Investigate recurrent UTI and suspected underlying bladder pathology. Follow local and national guidelines for referral if haematuria is detected. Refer to the latest local and national guidelines regarding urine dipstick in the over 65's. Also refer to notes under urinalysis, blue box 2.

Fluid intake and type
Consider modification of high or low fluid intake. Food and drinks with high caffeine content such as coffee, tea, chocolate and energy drinks, should be avoided in those with overactive bladder syndrome as caffeine can be an irritant to the bladder and is diuretic. Similarly, carbonated drinks with or without caffeine, citrus fruit juices, tomatoes and alcohol may cause irritant bladder symptoms in some individuals.

Mobility, environment and anxiety
Improve mobility and access to the toilet where possible, and help to relieve anxiety. Individual toileting programmes and / or prompted toileting may help those with cognitive impairment.

Medication
Review current medication and note any side effects which may affect bladder function.

Weight
Advise weight loss if BMI is over 30 kg/m^2. (NICE, 2019)

Neurological symptoms
Ensure referral is made for further investigations if other symptoms indicate a possible underlying, undiagnosed neurological condition

Pelvic floor muscle training
It is recommended that a vaginal examination is undertaken by a competent professional to estimate the strength of the pelvic floor muscles, and plan an individual programme for the patient.
Pelvic floor muscle training programmes should comprise at least 8 contractions performed 3 times per day for at least 3 months. If this intervention is beneficial, it should be continued. (NICE, 2019)
By contracting the pelvic floor muscles the bladder muscle, the detrusor muscle relaxes which can help to reduce urgency.
Pelvic floor muscle exercises - female
Pelvic floor muscle exercises - male

Bladder training
Offer bladder training lasting for a minimum of at least six weeks (NICE, 2015). Plan an individual programme to meet the patient's needs / goals.
Bladder training

Menopause

Overactive bladder (OAB) symptoms may occur in women around the time of the menopause due to the lowering of oestrogen levels. Women who complain of new bladder symptoms at this time may benefit from medical advice regarding hormone replacement therapy. Intravaginal oestrogen for the treatment of OAB symptoms in postmenopausal women with vaginal atrophy may be helpful. (NICE, 2019).

OAB Medication

OAB medication may be useful if lifestyle changes and bladder training are initially unsuccessful.

Absorbent products

Absorbent products are not a 'treatment' as such but the patient may already be purchasing absorbent containment products as a coping strategy. If so, ensure these are fit for purpose and if not, give general advice about where more suitable products can be purchased from. Some product companies may provide samples before purchase.

View and download Product Information for the NHS and Care Providers here

For further information on a wide range of products available for users, carers and healthcare professionals, follow this link to the Continence Product Advisor

Reassessment

Ensure that there is a date documented in the patient's record to assess the effectiveness of the treatment plan.

References:

NICE Guideline [NG123] Published date: April 2019. Urinary incontinence and pelvic organ prolapse in women: management

Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline [NG123]

NICE Quality standard [QS77] Published date: January 2015. Urinary incontinence in women:

Urinary incontinence in women NICE Quality standard [QS77]

Menopause: diagnosis and management. NICE guideline [*NG23*] Published date: November 2015 Last updated: December 2019

Menopause: diagnosis and management. NICE guideline [NG23]