

Types, Symptoms, and Management of Urinary Incontinence

	Type	Definition	Symptoms	Treatment Options	Dietary Approaches	Adjunct Therapy
Chronic Urinary Incontinence	Acute Or Transient	Temporary episodes of UI that are <u>reversible</u> once the underlying cause(s) is/are identified and treated	Sudden onset of involuntary loss of urine from dribbling to large amounts	<u>Behavioral</u> : use of toileting devices <u>Pharmacologic</u> : review meds/ dosaging / interactions /Side effects <u>Medical</u> : treat underlying condition i.e., delirium	Drink 6-8oz glasses of water Reduce caffeine and intake of diuretic fluids: coffee, tea, colas	<ul style="list-style-type: none"> • Bedside commode • Urinal/bedpan • Skin care • Absorbent products
	Urge (Overactive bladder)	Associated with detrusor muscle over activity (excessive contractions of the smooth muscle in the wall of the urinary bladder resulting in a sudden, strong urge (also known as urgency) to expel moderate to large amounts of urine before the bladder is full	Abrupt urgency, frequency and nocturia. Can feel the need to void but unable to inhibit voiding long enough to reach and sit on commode.	<u>Behavioral</u> : Bladder training Pelvic muscle exercises Biofeedback Electrical stimulation (P.T.) <u>Pharmacologic</u> : Review timing of diuretics, consider anticholinergics or antispasmodics	Drink 6-8oz glasses of water Eliminate caffeine and intake of diuretic fluids (coffee, tea, colas)	<ul style="list-style-type: none"> • Bedside commode • Urinal/bedpan • Skin care • Condom catheter • Absorbent products
	Stress	Associated with impaired urethral closure (malfunction of the urethral sphincter) which allows small amts of urine leakage when intra-abdominal pressure on bladder is increased. Small amounts of incontinence with any physical exertion. (Mostly in women who have had children).	Small amt of urine loss during physical exertion, coughing, laughing, sneezing, standing from a sitting position, lifting, climbing stairs	<u>Behavioral</u> : Pelvic muscle exercises Biofeedback/Somatic innervation <u>Pharmacologic</u> : Alpha-adrenergics, Estrogen <u>Surgical</u> : Retropubic suspension Sling operation Needle suspension Collagen injections	Drink 6-8oz glasses of water	<ul style="list-style-type: none"> • Pessary • Weight loss • Skin care • Absorbent products
	Overflow	Leakage of small amounts of urine when the bladder has reached its maximum capacity and has become distended. Can occur from outlet obstruction from BPH, prostate ca, or urethral stricture. May also be caused by hypotonic bladder (outlet obstruction or impaired/absent contractility or neurogenic bladder	Weak stream, hesitancy, or intermittency, dysuria, nocturia, frequency, incomplete voiding PVR- 5-10 min after void = 200ml (Dx-Overflow U.I.) **If 150-200- retest	<u>Behavioral</u> : Prompted voiding Double voiding Crede' maneuvers <u>Surgical</u> : Relieve obstruction	Drink 6-8oz glasses of water	<ul style="list-style-type: none"> • Intermittent straight catheterization • Indwelling foley catheter • Skin care • Absorbent products

Types, Symptoms, and Management of Urinary Incontinence

	Type	Definition	Symptoms	Treatment Options	Dietary Approaches	Adjunct Therapy
Chronic Urinary Incontinence	Mixed	Combination of <u>urge</u> incontinence and <u>stress</u> incontinence. Many elderly people (esp. women) will experience symptoms of both stress and urge.	Small amounts of urine with physical exertion, laughing, sneezing etc.. along with abrupt urgency. ("Gotta go right now")	<u>Behavioral</u> : Pelvic muscle exercises Biofeedback <u>Pharmacologic</u> : Alpha-adrenergics, Estrogen Review timing of diuretics, consider anticholinergics or antispasmodics. <u>Surgical</u> : Retropubic suspension Sling operation Needle suspension Collagen injections	Drink 6-8oz glasses of water	<ul style="list-style-type: none"> • Urinal / bedpan • Bed side commode • Environmental modifications • External collection devices • Skin care; absorbent products
	Functional	Incontinence that is secondary to factors other than inherently abnormal urinary tract function. May be related to physical weakness or poor mobility or dexterity (<i>i.e. d/t visual deficits, arthritis, stroke, contractures</i>) cognitive deficits (<i>i.e. confusion, dementia, unwillingness to toilet</i>) Medications (<i>i.e diuretics</i>) or environmental impediments (<i>i.e. excessive distance, poor lighting, low chairs, restraints, and toilets difficult to access</i>)	U.I. when there is impairment of physical or cognitive functions.	<u>Behavioral</u> : Scheduled toileting Bladder retraining Physical therapy <u>Pharmacologic</u> : Lower dosages or change medications	Drink 6-8oz glasses of water Consult dietitian Eliminate caffeine	<ul style="list-style-type: none"> • Bedside commode • Urinal / bedpan • Environmental modifications • External collection devices • Skin care • Absorbent products

F315 Urinary Tract Infections: Do not Treat Asymptomatic UTI
Indications to treat a UTI without a catheter should have 3 of the following:

- Fever > 2 ° F or single measurement of oral temperature >100 ° F
- New or increased burning, pain on urination, frequency or urgency
- New flank pain or tenderness
- Change in character of urine (new bloody urine, foul smell or amount of sediment), lab report (new pyuria or hematuria), positive leukocyte esterase and nitrates –recommended use dipstick urine test as applicable)
- Worsening of mental or functional status (Confusion, lethargy, recent onset incontinence, decreased activity or appetite)

#1 Goal is Prevention! Assess, good handwashing & pericare, increase fluids.
Asymptomatic bacteruria should NOT be treated

F315 Urinary Tract Infections: Do not Treat Asymptomatic UTI
Indications to treat a UTI with a catheter, must have 2 of the following:

- Fever or chills
- New flank pain or suprapubic pain/tenderness
- Change in character of urine
- Worsening of mental status or function

Local findings such as obstruction, leakage or hematuria may also be present.
NOTE: Catheters will always have bacteria, change catheter prior to obtaining culture. *Do not use catheters unless medically justified.*
Asymptomatic bacteruria should NOT be treated

★ RESIDENT ASSESSMENT MUST HAVE AN INTERDISCIPLINARY APPROACH