

Urinary Incontinence and Pelvic Organ Prolapse



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KEYWORDS

- Urinary incontinence • Stress urinary incontinence • Urinary urge incontinence
- Pelvic organ prolapse • Geriatric assessment • Urinary tract disorders

KEY POINTS

- Urinary continence and pelvic organ prolapse in the elderly is widely prevalent and significantly affects quality of life. The primary care physician should ask about urinary incontinence in all geriatric patients.
- Accurate characterization of type of incontinence and prolapse is essential in forming an appropriate treatment plan.
- Behavioral and lifestyle modification is the cornerstone in treatment for stress, urgency, and functional incontinence.
- Frail elderly require special attention to avoid complications of urinary incontinence and prolapse. Care should be delivered with a multidisciplinary team-based approach.

INTRODUCTION

Urinary incontinence (UI) as defined by the International Continence Society is the complaint of any involuntary leakage of urine.¹ Urinary incontinence affects approximately 36% of women older than 60 years and 11% to 16% of men older than 65 in the United States.^{2,3} An increase in UI prevalence with age is caused by multiple factors including increased incidence of comorbidities such as obesity and diabetes, polypharmacy, and age-related cognitive and functional decline. Urinary incontinence in the community and care facility setting is a significant economic burden with as estimated \$19.5 billion spent in 2000 on the care of incontinence.⁴ Pelvic organ prolapse (POP) can occur concomitantly with urinary incontinence. It can significantly affect quality of life in women of all ages. It is estimated that 3% and 4.1% of women age 60 to 79 and greater than 80, respectively, are affected by POP.⁵

Disclosures: None.

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Lower urinary tract function is dependent on 2 basic processes: the ability to fill or store urine and the ability to empty urine. In the absence of filling-phase dysfunction, the bladder is able to accommodate an increasing volume of urine at low pressures. This must occur in the absence of involuntary bladder contraction with adequate bladder outlet resistance to avoid unwanted leakage of urine. Normal emptying requires a coordinated contraction of detrusor muscle with a simultaneous decrease in outlet resistance provided by the voluntary and involuntary sphincter mechanisms. Lower urinary tract dysfunction can be broadly categorized as failure to fill or store or empty owing to failure of the bladder, bladder outlet, or a combination (Fig. 1). Urinary incontinence can result from a failure of either of these mechanisms or a combination. Urinary incontinence is categorized as outlined in Table 1.

This article reviews the diagnosis and medical management of urinary incontinence and prolapse in the outpatient primary care setting. Conditions that should prompt referral to a surgical specialist are also briefly discussed.

INITIAL EVALUATION OF URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

The initial evaluation in primary care should include a careful history, physical examination, and urinalysis. A thorough history can aid in distinguishing between the different types of incontinence, although this can be difficult in elderly patients with cognitive decline. Correctly identifying the type of urinary dysfunction is important when considering management options, although many patients will have a combination of symptoms (Table 2). Additionally, it is important to determine if the UI is acute or an established condition. Acute incontinence is typically a result of an acute change that, once corrected, may resolve the incontinence. Consideration should be given to various conditions that cause incontinence that may prompt referral to a surgical specialist after the initial visit (Table 3). Microscopic (≥ 3 red blood cells per high-power field on microscopy) or gross hematuria, rectal or prostatic mass, palpable bladder, and failure of initial therapies should also prompt referral to a specialist (Fig. 2).

Similar to UI, POP should be initially evaluated with a careful history and physical examination. A thorough history can aid in distinguishing between the different types of prolapse. The most common prolapse complaint is the awareness of a vaginal

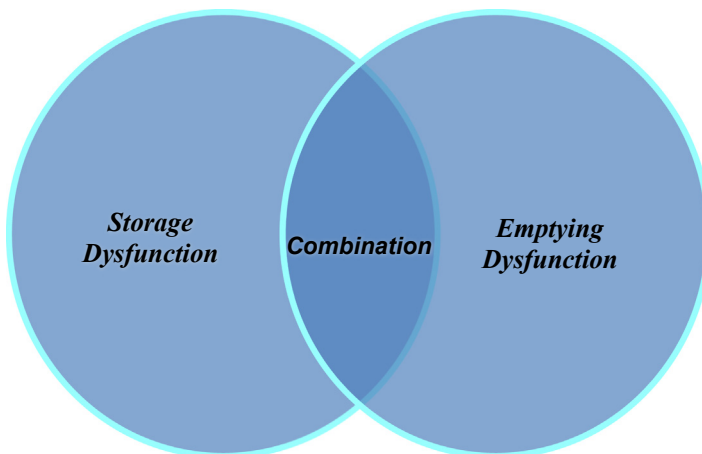


Fig. 1. Categorization of lower urinary tract dysfunction.

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