European Urology Supplements

European Urology Supplements 4 (2005) 38–45

Clinical Urology Guidelines for the Initial Assessment and Treatment of Women with Urinary Incontinence: A Review☆

Lars Viktrup[a,b,*], Kent H. Summers[c], Susan L. Dennett[d]

[a]*Eli Lilly and Company, Faris II, Drop Code 6112, Indianapolis, IN 46285, USA*
[b]*Research Unit for General Practice, Frederiksborg County, Denmark*
[c]*Department of Pharmacy Practice, Purdue University School of Pharmacy, West Lafayette, IN, USA*
[d]*Strategic Health Outcomes, Carmel, IN, USA*

Abstract

Objective: Clinical practice guidelines (CPGs) are tools that urinary incontinence (UI) specialists can use to update and communicate their expertise with other specialists, health authorities and general practitioners to help promote a more uniform approach to the initial management of women with UI. The objective of this paper was to assess available recommendations for the initial management of UI in women from urology organizations in Europe and North America and compare with the recommendation from the International Consultation on Continence (ICI).
Methods: A review of the medical literature was conducted to identify and compare relevant CPGs for the initial management of UI in women.
Results: The European Association of Urology (EAU) and the Spanish National Association of Urology (SNAU) have developed CPGs for the initial management of UI in women, both of which are similar to those developed by the ICI. Differences exist in the pharmaceutical treatment of both stress urinary incontinence (SUI) and urge urinary incontinence (UUI). Few treatment options are supported by sufficient scientific evidence to qualify as ''A-level'' recommendations.
Conclusion: The recommended initial management of UI in women from the EAU and SNAU is in general agreement with that from the ICI, but some treatment options have limited scientific support. Endorsement or simplification accepted by urologists may enhance the credibility of CPGs and promote their adoption by other practitioners without detailed UI experience and improve the quality and consistency of care for women with UI.

Keywords: Female urinary incontinence; Urologist; Clinical practice guidelines

1. Introduction

Urinary incontinence (UI) is defined as the complaint of any involuntary leakage of urine [1]. It is a frequent and often bothersome disorder in women of all ages and common subtypes include stress urinary incontinence (SUI), urge urinary incontinence (UUI), and the combination of SUI and UUI; mixed urinary incontinence (MUI).

The prevalence of UI is higher in women than in men by a ratio of 2:1 [2]. In a survey of 29,500 women in the United Kingdom (UK), France, Germany, and Spain, Hunskaar and colleagues [3] found 23 to 44 percent of women reported involuntary loss of urine in the preceding 30 days. Similar prevalence rates were reported in a North American survey of 24,581 community-dwelling women, in which 37 percent reported UI symptoms during the previous 30 days [4].

Urinary incontinence adversely affects the psychological health, social functioning, and overall well-being of women who suffer from the condition [5]. In a recent Norwegian survey in community-dwelling women UI was reported to be a nuisance in 46% and increasingly bothersome in 34% [6].

Urinary incontinence also imposes a substantial economic burden to patients, health care systems, and governments. Using a US database of health services payments, Birnbaum and colleagues [7] used

☆ The production of this paper was supported by Eli Lilly and Company.
* Corresponding author. Tel. +1 3176516219; Fax: +1 3172764789.
E-mail address: Viktrup_lars@lilly.com (L. Viktrup).

1569-9056/$ – see front matter © 2004 Elsevier B.V. All rights reserved.
doi:10.1016/j.eursup.2004.10.006

an incremental cost-of-illness model to find that women with SUI had direct medical costs and indirect, productivity costs that were 134 and 163 percent, respectively, more than those without SUI. They estimated costs for an average woman with SUI in 1998 to be 5,642 ($US) in direct medical costs and 4,208 ($US) in indirect costs. Key drivers of treatment costs include personal care items (e.g., pads, laundry), professional service fees and surgery costs [8]. UI accounts for at least two percent of the total annual healthcare budgets in the UK [9,10]. Estimates from 2000 to 2001, suggest that 8,000 surgical procedures for UI were performed in England and Wales at a cost of £10.3 million to the National Health Service [11]. A US study suggests that annual direct medical costs for UI are similar to those of other chronic diseases, such as breast cancer, osteoporosis and arthritis [12].

1.1. Clinical practice guidelines

To address the increasing burden of disease and dysfunction, many health care authorities are incorporating strategies to optimize patient care while promoting efficient use of medical resources. Clinical practice guidelines (CPGs) are systematically developed sets of recommendations created to assist physicians, patients, and healthcare payers to make informed and appropriate decisions [13]. The process for the development of CPGs should include a verifiable, systematic literature search and review of existing scientific evidence published in peer-reviewed journals, including grading the quality of the scientific evidence used [13,14]. CPGs are often developed under the sponsorship of relevant professional organizations to ensure acceptability, content validity, clarity and applicability [13,15]. They are most useful when developed, reviewed, or revised regularly, usually every three to five years.

1.2. Clinical practice guidelines in UI

CPGs exist for both initial and specialized management of women with UI. Some physicians consider the best approach to be a diagnosis based on patient-reported symptoms and empiric treatment, while others rely more on specialized testing before initiating treatment [15]. In the UK, Thakar and Stanton [16] suggested there should be an emphasis on primary care management of women with UI. While this approach ensures that only patients who cannot be satisfactorily managed in primary care are referred for specialized care, it may also benefit the patient with simple UI who may not need to undergo uncomfortable invasive assessments.

Specialists in urinary incontinence such as urologists or urogynecologists, may have an opportunity to improve UI treatment by developing or adapting CPGs for initial management of women to be used by health care practitioners without detailed knowledge of UI [e.g., general practitioners (GPs), nurses, physiotherapists] to promote comprehensive and uniform initial management of UI in women [16]. Because of the wide variety of training and experience of these clinicians, inconsistencies in the initial management of UI in women currently exist [18,19].

1.3. Objective

The objective of this paper is to identify and compare the recommendations contained in CPGs for the initial management of UI in women developed by urology organizations in Europe and North America with those from an international, evidence-based consultation [the International Consultation on Continence (ICI)] (Fig. 1)] [20] to determine the most universally accepted recommendations for the initial management of UI. The ICI recommendations are based on a thorough review of the available literature and opinions of globally recognized continence experts including urologists, urogynecologists, neurophysiologists, family practitioners, physiotherapists and nurses serving on focused subcommittees [21]. Although the ICI CPGs represent the ‘‘best opinion’’ at the time of their creation (1998 and 2001), it is believed that these recommendations will inevitably change with time. This review includes the current ICI version from 2001. The updated CPGs from the 3rd ICI meeting held in Monaco June 2004 will be published in 2005.

2. Methods

A search of the medical literature was conducted using PubMed and Embase to access English-language citations contained in Current Contents/All Editions and MEDLINE through August 18, 2004. A combination of the search terms, ‘‘guidelines, treatment algorithms, pathways, recommendations, women and urinary incontinence’’ was used to identify relevant papers from peer-reviewed journals published from 1998 to June 2004. Additional Internet searches were performed, and approximately 50 websites of relevant professional societies, government agencies, and continence support organizations in English language were reviewed. Local language searches were also conducted for France, Germany, Italy, and Spain. The ICI’s 2001 Incontinence Book [22] was also reviewed to identify the grading of scientific evidence for suggested assessments and treatments recommended in their CPGs.