Box 1

Classification of urinary incontinence

Common types	
Stress UI	Involuntary loss of urine that occurs in association with an increase in intra-abdominal pressure. Possible causes are bladder neck weakness, poor pelvic floor muscle strength, nerve damage or obesity
Overactive bladder or urge UI	Overactive bladder is caused by overactivity of the detrusor muscle. This may be idiopathic or secondary to lesions affecting the motor or sensory pathways to the muscle e.g. MS, neurological injury, diabetes, stroke, Alzheimer's disease or Parkinson's disease
Mixed UI	This is a combination of stress UI and overactive bladder
Less common types	
Overflow UI	The bladder leaks as a result of overflow. Causes include detrusor muscle atony or bladder outlet obstruction, this may be secondary to previous incontinence surgery or to a prolapsed uterus
Functional UI	The patient has difficulty reaching the toilet in time because of restricted mobility or altered mental capacity
Nocturnal enuresis	Involuntary loss of urine during sleep. Causes include delay in the development of bladder control, inadequate toilet training, urinary infections or emotional distress. It has a strong familial association
Continuous UI	This is the involuntary and continuous loss of urine. It may be caused by a fistula or distorted anatomy
Postural UI	Involuntary loss of urine that occurs in association with a change in body position
Insensible UI	The patient is unaware of the occurrence and origin of the loss of urine
Coital UI	The involuntary loss of urine with coitus. It can occur during penetration or orgasm