key points

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Urinary incontinence (UI) is the complaint of any involuntary loss of urine and is a common condition that is likely to be under-reported. In the UK, the prevalence is estimated to be 17-40%, and rates are higher in the elderly. UI is more common in women than men. Its frequency increases with age, parity, high BMI, and associated comorbidities.

The common types are stress UI, overactive bladder or urge UI, and mixed UI a combination of the two. In stress UI there is involuntary loss of urine that occurs in association with an increase in intra-abdominal pressure. 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.

The history should include the circumstances in which the incontinence occurs, the duration and how it affects the patient's quality of life. The initial assessment should include enquiring for symptoms of urinary tract infection and carrying out a urine dipstick test. Abdominal examination should exclude a large pelvic-abdominal mass and a palpable bladder post micturition. Vulval-vaginal examination should assess for atrophic vaginitis and prolapse, masses and pelvic floor muscle contraction.

General treatment measures include limiting fluid intake to 1.5-2 L/day and weight reduction for patients who have a BMI $\geq$ 30. Pelvic floor muscle training (PFMT) and management of other exacerbating conditions are indicated for stress incontinence. In overactive bladder caffeinated beverages should be restricted or stopped, bladder retraining should be carried out for a minimum of six weeks and drinking four hours before sleep avoided.

When conservative measures for OAB are unsuccessful, the next step is pharmacological treatment. Referral to secondary care should be offered when the response to two drugs has not been satisfactory. For stress UI, referral is indicated after failure of PFMT.

A well structured community referral system and network which includes physiotherapists, continence advisers and specialist nurses can provide patients with the necessary support and expertise. Women are often unsure about how to do pelvic floor exercises correctly and may need instruction or reassurance. Likewise patients may also need advice on bladder retraining. Involving a skilled continence nurse or dedicated pelvic physiotherapist will improve care and can reduce referrals to secondary care.