NACDS
NATIONAL ASSOCIATION OF CHAIN DRUG STORES FOUNDATION

The Practice Memo

VOLUME 8 | NUMBER 11 | DECEMBER 2004

KEY PRACTICE AND OPERATIONAL ISSUES FOR TODAY'S COMMUNITY PHARMACIST

Pharmacists' Guide to Stress Urinary Incontinence

A growing concern… stress urinary incontinence (SUI) is the most common form of urinary incontinence in women, affecting one in seven women ranging from ages 35 to 60 years.

Stress urinary incontinence… common, yet widely unrecognized

Stress urinary incontinence (SUI) is a widely unrecognized but common form of urinary incontinence. Affecting mostly women, this condition is typically described as involuntary urine leakage induced by normal but stressful activities such as coughing, sneezing, or exercising. SUI occurs when the urethral sphincter, which normally works to prevent the leakage of urine, is unable to stop urine flow due to pressure from the patient's bladder… the result is possible urine leakage during any stressful activity.

Middle-aged women are at greatest risk

The primary risk factor for SUI is gender… approximately 85% of patients with SUI are female between the ages of 35 and 60 years. Anatomy plays a role because women have a shorter urethra than men… urine in women has a shorter distance to travel before leakage occurs. Vaginal childbirth and multiple pregnancies also contribute to many cases of SUI. Overall, any factor or condition that might damage or weaken the muscles involved in the urinary process has the potential risk to lead to SUI (see box, right).

Conditions that may lead to SUI…

- Chronic cough
- Bronchitis
- Asthma
- Smoking
- Obesity
- Constipation
- Menopause

A chronic problem for women… but treatments are available

SUI can create many challenges in patients' lives including embarrassment and social isolation. This distressing condition leaves many women unable to enjoy daily activities such as exercising… or even laughing with friends… as this type of stressful activity may lead to urinary leakage. Most women are reluctant to seek medical attention or talk to others… so many live indefinitely with this disorder. SUI is a chronic condition with symptoms that will not go away without proper treatment. However, a number of options are available. See page 3 for information on current treatments.

Stress urinary incontinence vs. overactive bladder… know the difference

Stress urinary incontinence (SUI) is often confused with another condition known as overactive bladder (OAB). They are both types of incontinence and some symptoms may be similar, however, distinct differences exist between the two. SUI is an inability to store urine in the bladder and OAB is simply what the name says… an overactive bladder causing an urge to urinate up to eight times per day. SUI primarily affects women and usually occurs when the person is performing some stressful activity such as sneezing, coughing, or exercising. OAB affects both men and women and can occur at any time during the day with no activity causing its onset.

Stress urinary incontinence

- Storage problem;
- 85% women, 15% men;
- Loss of urine while sneezing, coughing, or exercising.

Overactive bladder

- Overactivity in the bladder;
- Men and women equally affected;
- Urge to urinate, frequent urination up to eight times in 24 hours, wetting accidents.

Some medications may cause incontinence… pharmacists can help

Many commonly used medications can cause different types of urinary incontinence, including SUI. Pharmacists play a valuable role in detecting these drug-disease interactions and catching problems before they occur. Watch out for the following medications in patients with any type of incontinence:

- ***Diuretics*** introduce high urine volumes into the bladder leading to urine leakage and accidents.
- ***Sedatives,*** such as diazepam, can cause the inability to recognize the urge to urinate.
- ***Beta-blockers,*** such as propranolol, relax the sphincter muscle causing urine leakage.
- ***Calcium-channel blockers,*** such as diltiazem, relax the bladder muscles… causing a different type of incontinence called overflow incontinence.
- ***Caffeine, alcohol, antidepressants, and antihistamines*** are other common drugs that may increase the risk of incontinence.

See next page for valuable treatment options ☛

Patients may be reluctant to seek treatment… educate them on available options

SUI can be an embarrassing and inconvenient problem for patients. Although SUI cannot be cured, a number of treatment options exist that can reduce the symptoms. These include medication therapy, behavioral modifications, exercises, and surgery. The majority of women, however, never seek medical attention because of embarrassment or because they feel incontinence is just a normal part of aging. Patients should know they have a legitimate medical problem, and pharmacists can help get them on the right track to seeking treatment.

Treatment options for patients with SUI

The goals of SUI therapy include limiting symptoms, improving quality of life, decreasing costs (see box, below), and minimizing adverse effects from medication. Most patients will need a combination of the options below to properly control symptoms.

Medication therapy

Medication tends to be more successful in patients with mild to moderate SUI and less successful in those with more severe cases.

- Pseudoephedrine, an alpha-adrenergic agonist, increases urethral sphincter tone… and improves symptoms in approximately 50% of patients.
- Estrogen therapy is used in postmenopausal women to improve symptoms of urinary frequency and urgency. After menopause, it is believed that decreased estrogen levels lead to weakened pelvic muscles… by supplementing with exogenous estrogen, tone of the urethral sphincter muscle is enhanced.

A costly condition

SUI is a serious condition associated with significant costs. SUI is estimated to incur a direct medical cost to the patient of $5,642 per year and an indirect workplace cost, i.e. missed work days, of $4,208 per year… a total of nearly $10,000 per year.

Behavioral changes

Behavioral changes and lifestyle modifications can be an important first step in managing SUI. Options to patients include changing their amount of daily fluid intake, urinating more frequently to prevent leakage, and decreasing or eliminating activities that may increase abdominal pressure.

Pelvic floor exercises

Pelvic floor, or "Kegel" exercises help by strengthening the pelvic floor muscles, thereby improving urethral sphincter function and control of urine. See page 4 for more detailed instruction on Kegel exercises.

Surgery

Surgery is used to add support to the bladder neck in patients whose incontinence is so severe that it does not respond to medication. Surgery is typically considered a final option in patients with SUI and is not always an effective option.

A prescription for Kegel exercises…

Symptoms of SUI can be reduced in up to 70% of women who perform Kegel exercises correctly, but their success depends on proper execution. Here are some tips to help patients:

- First, the patient must locate the sphincter muscle by urinating and trying to stop the flow of urine without tensing the leg muscles.
- To perform the exercises, patients should repeatedly tighten this muscle for three seconds, and then relax for three seconds. Exercises should be performed several times a day, every day… and done regularly over a period of six to 12 weeks to be effective.

While uncommon… SUI does occur in men

The rate of SUI in men is much lower than women but it can still occur. Only 1.5% to 5% of men will experience any incontinence in their lifetime as opposed to 10% to 30% of all women. SUI will occur mostly in older men who have prostate problems. Some common causes of SUI in men include surgery or radiation for prostate cancer and surgery for benign prostatic hyperplasia (BPH). Make sure these patients are not overlooked as they are at risk for SUI.

Facts on SUI… pharmacists can clear up misconceptions

Myths about SUI may prevent some women from getting help… overcoming the stereotypes can be achieved by removing these false ideas and replacing them with facts about the disease. Often, convincing the patient they have a legitimate medical problem is the largest obstacle to overcome. Use these facts to help explain the truth about SUI to patients.

- SUI is not a natural part of aging… it is a legitimate medical condition that normally affects women ranging from 35 to 60 years of age.
- Only one out of 12 women with SUI seeks treatment... it is not until the symptoms become unmanageable that most women think they even have a medical condition.
- The underlying cause of SUI is not due to drinking too much water or engaging in sexual activity.
- Many patients with SUI experience some feelings of shame or personal failure often leading to depression… 82% of women with severe incontinence and 41% of women with moderate incontinence reported at least a two week episode of depression in the year following an incontinent period.

The Practice Memo is published by the National Association of Chain Drug Stores (NACDS) Foundation, P.O. Box 1417-D49, Alexandria, VA 22313-1480.

ISSN 1092-4272

Visit our website at www.nacdsfoundation.org

Kurt A. Proctor, Ph.D., R.Ph.
President

Edward J. Staffa, R.Ph.
Editor

Stefan S. Merlo, Pharm.D.
Writer

Jessica Kapusta, Mark Johnson
Contributing Writers/Researchers

Ellie Nigretto
Designer

Through educational and research initiatives, the NACDS Foundation supports programs that advance the chain pharmacy industry for the benefit of the public it serves. In addition to its own initiatives, the NACDS Foundation supports other educational and charitable causes across the country.

Supported by

Boehringer Ingelheim Lilly

The NACDS Foundation is solely responsible for the content provided in this issue of The Practice Memo. References for information included in The Practice Memo are available by request:practicememo@nacds.org.