

Drug treatment for urinary incontinence effective, but side-effects can derail success

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Women with UI suffer physical, psychological, and social consequences of not being in full control of their bladders.

Women with mild UI may occasionally leak urine when they cough or sneeze, while women with more severe UI may have extreme, sudden urges to urinate that can result in embarrassing accidents. Standard treatment for women with urgency UI includes [lifestyle changes](#), pelvic floor [muscle training](#), and bladder training. In addition, several drugs have been approved for adults with [overactive bladder](#) with or without urgency UI.

Researchers systematically reviewed 94 published randomized controlled trials to determine the safety and efficacy of drugs available in the U.S. for urinary incontinence. The researches focused on continence and quality of life as primary outcomes. Fifty percent or more reduction in daily UI episodes was defined as a clear, clinically important response to treatment.

Adverse effects and treatment discontinuation due to side-effects also were examined. The researchers found that drugs were more effective than placebo in achieving continence and improving UI, but the improvements were small and treatment discontinuation due to bothersome adverse effect was frequent.

Few studies were available to compare one drug to another. Among individual drug comparisons, festerodine was more effective than

tolterodine in achieving continence and improving UI. Discontinuation due to adverse effects occurred more often with fesoterodine or oxybutynin than with tolterodine. The lowest rates of treatment discontinuation with 5 mg of solifenacin.

The researchers conclude that [treatment decisions](#) should be based on side-effects profile and patient preferences.

Provided by American College of Physicians

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