

U-M guidelines help family physicians evaluate, manage urinary incontinence for women

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Millions of women experience a loss of bladder control, or urinary incontinence, in their lifetime.

It's a common and often embarrassing problem that many patients don't bring up with their doctors – and when they do, it may be mentioned as a casual side note during a visit for more pressing medical issues.

Now, new guidelines from doctors at the University of Michigan Health System offer [family physicians](#) a step-by-step guide for the evaluation of urinary leakage, to prevent this quality-of-life issue from being ignored.

"I think a lot of physicians don't realize that this problem can be successfully treated without surgery or other major interventions and there are some pretty simple things they can do in the office to make a big difference for a lot of women," says lead author Abigail Lowther, M.D., clinical lecturer in the Department of [Family Medicine](#). "We hope to give primary care providers a framework for how to evaluate and treat different many forms of incontinence without the need for referral to a specialist."

The U-M article was published in the [Journal of Family Practice](#) this month.

Studies have found that 10 to 40 percent of women older than 18 years

old – and as many as 53 percent of those over 50 – are affected by urinary incontinence. Among the long list of culprits are childbirth, aging and obesity.

Despite the prevalence of female incontinence, however, busy family physicians may not hear about the problem until well into a visit focused on separate [health issues](#) – and some doctors may not feel like they can help.

But the paper suggests three simple, immediate steps a physician can take to address the problem while keeping the appointment on track: Collecting a [urine sample](#), asking the patient to keep a diary that charts fluid intake and urination and scheduling a follow-up visit.

By the second visit, the physician will have more information for further evaluation and a management plan. High-yield questions will also classify the type of incontinence being experienced. Questions may include asking how worried patients are that coughing will lead to a leak, how quickly patients need to find a bathroom when their bladder is full and whether washing hands – or the sound of running water – leads to leakage.

[Urinary incontinence](#) of all types can be a great disruption to daily activities, ranging from occasionally leaking urine after a cough or sneeze to having an urge so sudden that patients may not make it to the bathroom in time. For some, bladder leakage may be a symptom of another underlying medical condition.

Lowther says some women don't broach the subject with doctors because they think loss of bladder control is a normal part of aging. But left untreated, it may get worse with time and lead to more restrictions, she says.

"We want to emphasize to women that this is not something they have to live with, that they should tell their primary care physicians about their symptoms," Lowther says. "We also want to remind physicians that simple interventions can go a long way towards improving this problem for patients."

More information: "Managing incontinence: A 2-visit approach," *Journal of Family Practice*, September 2012, Vol. 61, No.9.

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