

Summary of comparative efficacy, safety and cost of interventions for urge incontinence

Therapy	Efficacy	Adverse effects			Cost	Overall value
		Dry mouth	Constipation	Sedation		
<b>Behavioral/Physical</b>						
Pelvic floor muscle training	#					#
Bladder training						
Prompted voiding						
<b>Drug (oral)</b>						
oxybutynin (generics, Ditropan)*						
darifenacin (Enablex)						
fesoterodine (Toviaz)						
solifenacin (Vesicare)						
tolterodine (Detrol)*						
tropium (Sanctura)*						

Unknown or no effect	Best outcome	Intermediate	Problem
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# May be of value when used in combination with bladder training.

\*Topical (oxybutynin) and extended release forms of these drugs may lower the risk/severity of adverse effects compared to immediate release formulations e.g., transdermal oxybutynin has the lowest incidence of dry mouth.

**Other:** Topical estrogen may be useful for urge incontinence associated with severe vaginal atrophy or atrophic vaginitis. Systemic estrogens may worsen incontinence and are therefore not recommended.

Behavioral/physical interventions can be very effective with or without medication, and should be considered for all patients.

References: Hartmann KE, McPheeters ML, Biller DH, et al. Treatment of overactive bladder in women. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/bladder/bladder.pdf>. Evidence report/technology assessment 2009; DuBeau CE. Therapeutic/pharmacologic approaches to urinary incontinence in older adults. Clin Pharmacol Ther 2009;85:98-102; Wallace SA, Roe B, Williams K, Palmer M. Bladder training for urinary incontinence in adults. Cochrane Database of Systematic Reviews 2004, Issue 1. Art. No.: CD001308. DOI: 10.1002/14651858.CD001308.pub2.; Scottish Intercollegiate Guidelines Network 2005. Management of urinary incontinence in primary care: a national guideline. Available at: <http://www.sign.ac.uk/pdf/sign79.pdf>.