

Medications for urinary incontinence

Drugs can help some patients with incontinence. They are best used after ruling out reversible causes, and trying behavioral interventions. In considering drug treatment:

- establish a clear baseline with a careful history and bladder diary;
- plan a time-limited trial for about 6 weeks to assess benefits and side effects; review after 6 months to determine continuing need;
- have the patient or caregiver continue the bladder diary to determine the effectiveness of treatment; and
- discontinue treatment if it isn't working.

Incontinence type	Medications
Urge incontinence ("overactive bladder")	<p>Anticholinergics</p> <ul style="list-style-type: none"> • oxybutynin (generics, Ditropan, Geinique); darifenacin (Enables), solifenacin (Vesicare), tolterodine (Detrol), fesoterodine (Toviaz), trospium (Sanctura) <p>Other</p> <ul style="list-style-type: none"> • Intravaginal estrogen (cream, estradiol ring) for postmenopausal women with severe vaginal atrophy or atrophic vaginitis • Botulinum toxin (Botox) injected into the bladder
Stress incontinence	<ul style="list-style-type: none"> • duloxetine (Cymbalta); not FDA approved for this indication • [pseudoephedrine]*
Mixed incontinence	Choose one or a combination of above options for stress and urge incontinence, targeting most troubling symptom(s) first.
Overflow incontinence	<p>Caused by prostatic hypertrophy in men</p> <p>5-alpha-reductase inhibitors</p> <ul style="list-style-type: none"> • dutasteride (Avodart) or finasteride (generics, Proscar) can reduce the size of the prostate or stop its growth. <p>Alpha adrenergic antagonists</p> <ul style="list-style-type: none"> • Drugs that reduce prostatic and urethral smooth muscle tone: alfuzosin (Uroxatral), doxazosin (generics, Cardura), prazosin (generics, Minipress), terazosin (generics, Hytrin), and tamsulosin (Flomax) <p>Caused by underactive bladder</p> <p>Cholinergic agonist</p> <ul style="list-style-type: none"> • [bethanechol (generics, Urecholine)]*

*[Treatments in brackets have only weak evidence of benefit.]¹

1. Gibbs CF, Johnson TM, 2nd, Ouslander JG. Office management of geriatric urinary incontinence. The American Journal of Medicine 2007;120:211-20.

Selecting an anticholinergic agent for incontinence

- Cost
- Dose size and escalation
- Dosing frequency
- Timing with other meds
- Drug–drug interactions
- Drug–disease interactions

No differences

- Dry mouth (oral oxybutynin worst; topical oxybutynin may be best)
- Constipation (darifenacin, solifenacin, oxybutynin worse than tolterodine)
- Cognition (no agent clearly superior to/worse than others)

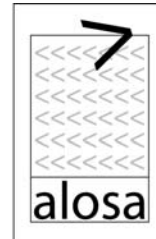
Options

- oxybutynin (generics, Ditropan, Gelnique (topical))
- darifenacin (Enablex)
- fesoterodine (Toviaz)
- solifenacin (Vesicare)
- tolterodine (Detrol)
- trospium (Sanctura)

Efficacy

Adverse effects

Figure adapted from: DuBeau CE. Therapeutic/pharmacologic approaches to urinary incontinence in older adults. *Clinical Pharmacology & Therapeutics* 2009;85(1):98-102.



The Alosa Foundation

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.

Copyright © 2010 by The Alosa Foundation.
All rights reserved.

