

Urinary Incontinence Clinical Practice Guideline



Overview of the Condition/Disease

Definition: Loss of bladder control that ranges in severity from leaking of urine to a sudden urge to urinate that is so strong you don't make it to the toilet in time

Pathophysiology: Urinary incontinence isn't a disease; it is a symptom. It can be due to an underlying medical condition or physical problem. Although it occurs more often as people get older, it is not an inevitable consequence of aging.

Types of Urinary Incontinence:

- Stress incontinence-urine leaks due to pressure on your bladder from coughing, laughing, sneezing, exercising, lifting heavy objects, etc.
- Urge incontinence-sudden, intense urge to urinate followed by an involuntary loss of urine
- Overflow incontinence-frequent or constant dribbling due to a bladder that doesn't empty
- Functional incontinence- a physical or mental inability to make it to the toilet in time
- Mixed incontinence- a person suffering from more than one type of incontinence



Best Practice Standards for Prevention and Management

Education: Talk with members about seeing their primary medical physician to discuss urinary incontinence and treatment options.

Interventions for prevention:

- Pelvic floor exercises (i.e. Kegels)
- Go to the bathroom on the first urge, do not wait
- Bladder training/toileting schedule

Lifestyle Changes:

- Maintain a healthy weight and consider increasing your dietary fiber
- Avoid bladder irritants like caffeine, alcohol, and acidic foods
- Quit smoking
- Discuss with your Primary Care Provider and follow up as recommended

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Additional conditions that negatively impact the condition/disease:

• Urinary tract infections	• Age (older adults)
• Constipation	• Neurological disorders
• Gender (usually women)	• Enlarged prostate issues
• Obesity	• Menopause, Pregnancy, Hysterectomy, Childbirth
• Urinary tract obstruction	
• Certain foods and drinks that act as a diuretic and stimulate the bladder	

Anticipating, Recognizing, and Responding to Symptoms



Seek timely medical attention when current interventions and/or medications are not managing symptoms.

Potential symptoms: Involuntary leakage of urine

Manifestation of symptoms: Spontaneous urine leakage, may be accompanied by urgency, or could occur upon exertion, sneezing, and/or coughing. May have a combination of symptoms.



Interventions to manage symptoms:

- Behavioral techniques (i.e. bladder training)
- Pelvic floor exercises
- Electrical nerve stimulation
- Medications
- Medical Devices (i.e. Urethral insert, pessary)
- Surgery
- Incontinence products
- Catheters
- Biofeedback



Guidelines and Process for Interdisciplinary Team

- Care teams will assess member every 6 months for urinary incontinence and document in member's assessment per program protocol.
- Care teams will encourage member to discuss incontinence with Primary Care Physician and Urologist if recommended.
- Care teams will ensure member has access to appropriate incontinence products to reduce risk of infection and prevent skin breakdown.

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Quality Assurance Monitoring

Internal file reviews are completed by internal staff utilizing an assessment tool developed by the Quality Management Department. Peer to Peer reviews occur quarterly. Findings are shared with Program Management and staff.



Additional Resources

See Care Management Resource: Incontinence Supplies Quick Reference



References

Lukacz, MD, MAS, E.S. (2020). Treatment of urinary incontinence in women. *UptoDate*. Retrieved April 7, 2021 from https://www.uptodate.com/contents/treatment-of-urinary-incontinence-in-females?search=treatment%20of%20urinary%20incontinence%20in%20women&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

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