Review: several non-pharmacological, pharmacological, and surgical treatments may be effective in urinary incontinence


Clinical impact ratings GP/FP/Primary care ★★★★★★ IM/Ambulatory care ★★★★★ Geriatrics ★★★★★

In women with urinary incontinence, which management strategies are effective?

METHODS

Data sources: Medline, EMBASE/Excerpta Medica, the Cochrane Library, and the ACP Journal Club (all between January 1998 and March 2003), bibliographies of relevant articles, and experts.

Study selection and assessment: randomised controlled trials (RCTs) or systematic reviews of RCTs in the English language that focused on the treatment of urinary incontinence in women. Studies of oestrogen or hormone replacement therapy were excluded. Studies were assessed for blinding, random allocation, concealment, description of withdrawals, presence of clinically relevant outcomes, and intention to treat analysis.

Outcomes: clinical outcomes including cure or improvement in urinary incontinence and frequency of incontinent episodes.

MAIN RESULTS

66 studies were included, of which 34 were treatment studies. A Cochrane review of trials in stress, urge, and mixed incontinence reported that pelvic floor muscle training (PFMT) increased self reported cure or improvement more than no treatment (relative risk [RR] 23.0, 95% CI 7.6 to 70.2) or placebo (RR 1.5, CI 1.3 to 1.9). 1 RCT reported cure or improvement more than no treatment (relative risk reported that pelvic floor muscle training (PFMT) increased self reported cure or improvement for urge incontinence reported greater self reported cure or improvement than for PFMT alone (RR 1.20, CI –0.39 to 2.83) but a common adverse effect was dry mouth.

CONCLUSIONS

In women with urinary incontinence, non-pharmacological treatments including pelvic floor muscle training, electrical stimulation, bladder training, and prompted voiding may be effective. Anticholinergic drugs are effective for urge incontinence, and several surgical interventions (eg, open retropubic colposuspension and the suburethral sling procedure) may be effective for stress incontinence.