Key Points:

- Urge UI is involuntary urine leakage accompanied or immediately preceded by urgency, defined as a sudden compelling desire to urinate that is difficult to delay. • It can affect women of all ages, but the biggest risk factor is older age due to physiological changes that occur with natural ageing. • The reported prevalence of urinary incontinence varies widely (5–69%).
- Consider potential drug causes. Non-surgical management options include modification of lifestyle factors, bladder re-training via Community Continence Service (CCS) and anti-muscarinic drugs.
- Do not routinely offer absorbent pads, hand-held urinals, and toileting aids as treatments for UI.

Initial GP Consultation.

History: symptoms predominantly of urgency, frequency, nocturia. Patient may not necessarily have incontinence, but could have prolapse, stress and faecal symptoms.

Examination: Vaginal and abdominal examination to exclude pelvic mass. Assess for vaginal atrophy. Assess for prolapse.

Investigation: Urine dipstick; (look for haematuria, infection, glycosuria). U&Es.

Consultation: Give advice regarding lifestyle changes. Give patient overactive bladder leaflet, ICIQ-SF and a bladder diary to complete. Consider potential drug causes (i.e. opioids, antidepressants, antipsychotics, diuretics, anticholinesterases).

Referral: Refer patient to continence adviser at (Uniting Care) for minimum 6 weeks bladder training; [NICE CG171].

Prescribe: - first line choices. For frail elderly, use second line options. Prescribe the lowest recommended dose and titrate the dose up if required. See Table 1.

GP Review Consultation.

(Review required 4 weekly [NICE CG171]).

Review bladder diary.

Review medication – for effectiveness and side effects. ;

If no symptom improvement or intolerable side effects, offer alternative medication from second line choices. See Table 1.

Consider transdermal route and funding absorbent pads.

Treatment successful

Arrange review: yearly <75 6 monthly >75, with repeat ICIQ/diary.

Treatment unsuccessful – after treatment with 2 anti-cholinergics

- Arrange US KUB [if stones to urology]
- Repeat ICIQ/bladder diary.

Secondary Care Referral

Hinchingbrooke: Choose and Book (C and B) to uro-gynaecology at Hinchingbrooke and peripheral clinics with referral.

Addenbrookes and Peterborough: C and B to either uro-gynaecology or relevant urology clinics.

Red Flag Exclusions—refer immediately.

Haematuria – See CCG Cystoscopy Primary Care Haematuria Assessment Policy

Pelvic Mass – refer gynaecology Rapid Access Clinic

Bladder diary normal values

Frequency <5
Nocturia <1
Average void 300ml

Lifestyle measures:

Advise the patient to:

- Reduce caffeine intake
- Modify fluid intake—advise the woman to avoid drinking either excessive amounts. The recommended daily intake is six to eight glasses of water. Reduced fluid intake may worsen or cause constipation)
- Offer weight loss advice, (if the woman's body mass index is 30kg/m² or greater).
- Offer smoking cessation advice.

Based on the Joint Huntingdon LCG and Hinchingbrooke Primary & Secondary Care Pathways for Predominant Urge Incontinence. Lead Authors Dr Helen Johnson, Consultant Hinchingbrooke Hospital, Dr Uma Balasubramaniam. In collaboration with C & P CCG Medicines Management Team.
GP or CCS Physiotherapy Secondary Care Referral
All patients should have sequential QoL scores, USS KUB result, and negative dipstick, have tried 2 anti-cholinergics unless contra-indicated and had 6/52 weeks bladder retraining.

Initial Secondary Care visit.
One stop with uro-dynamics, if appropriate patient and suitable appointments available. Complete Proforma. N.B. One stop is currently not available at Doddington.

Investigation: urodynamics
May be part of one stop visit

Investigation: Cystoscopy OPD

Offer MDT + Botulinum toxin if appropriate

First Line
Solifenacin 5/10mg OD; if untried from primary care

Second line
Mirabegron MR 50mg OD [25mg if renal or hepatic impairment] NICE TA290

GP treatment recommendation given
GP to review medication at 4 weekly intervals to assess effectiveness and side effects. Offer alternative medication as directed if side effects or symptoms not improved.

3 month follow up Secondary care clinic visit
Assess clinical response and make further treatment recommendations as necessary

Treatment unsuccessful
MDT discussion

Third line: Fesoterodine (only if all other drugs tried and no other alternatives).

Treatment: Botulinum toxin- complete GPA form
PTNS for women who decline BOTOX if funded-complete

Nurse led assessment

Treatment successful - Refer back to GP
For Annual review <75; 6 monthly >75, with repeat ICQ/diary

Further continence advisor or physio support and discharge

UROLOGY
SNS /Clam cystoplasty
Agree direct referral consultant/consultant

Treatment successful
- Refer back to GP
- GP refer back directly for repeat botulinum

Exclusions
Stones or bladder tumour on scan REFER to urology.
<table>
<thead>
<tr>
<th>1st line</th>
<th>2nd line</th>
<th>Alternatives</th>
<th>Specialist Initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxybutynin IR 5mg BD-TDS</td>
<td>Oxybutynin M/R 5-20mg OD</td>
<td>Trospium Chloride 20mg BD before food</td>
<td>Solifenacin 10mg OD</td>
</tr>
<tr>
<td>Tolterodine IR 2mg BD</td>
<td>Tolterodine MR 4mg OD</td>
<td>(Can be considered if patient is on concomitant medication which interacts with other antimuscarinics). Solifenacin 5mg OD</td>
<td>Mirabegron MR 50mg OD</td>
</tr>
<tr>
<td>Darifenacin 7.5-15mg OD</td>
<td></td>
<td>(Can be considered if darifenacin unavailable due to stock issues or patient has not tolerated alternative anti-muscarinics) Transdermal Oxybutynin Apply 1 patch twice weekly</td>
<td>Fesoterodine 4-8mg OD</td>
</tr>
</tbody>
</table>

**Key**
- IR Immediate Release
- MR Modified Release
- OD Once Daily
- BD Twice Daily
- TDS Three times a day

**References:**

**Colour coded costs**
Cost brackets for 28 days of regular treatment at specified dose. PRN doses are priced per device.
- £0 - £4.99
- £5 - £9.99
- £10 - £14.99
- £15 - £19.99
- £20 - £29.99
- £30 - £39.99
- £40 - £49.99
- £50 +