



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION SUMMARY**

Title of guideline	SIGN 79 Management of Urinary Incontinence in Primary Care
Date of publication	December 2004
SIGN summary of the scoping search	<p>Guidelines American College of Obstetricians and Gynecologists (ACOG). Urinary incontinence in women. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2005 Jun. 13 p. (ACOG practice bulletin; no. 63 http://www.guideline.gov/content.aspx?id=10931)</p> <p>Amir B, Farrell SA, Sub-Committee on Urogynaecology. SOGC Committee opinion on urodynamics testing. J Obstet Gynaecol Can 2008;30(8):717-21 http://www.sogc.org/guidelines/documents/gui212CO0808.pdf</p> <p>Clinical Knowledge Summary. Incontinence - urinary, in women – Management. June 2009 http://www.cks.nhs.uk/incontinence_urinary_in_women</p> <p>Clinical Knowledge Summary. Lower urinary tract symptoms in men, age-related (including symptoms of benign prostatic hyperplasia/hypertrophy). August 2010 http://www.cks.nhs.uk/luts_in_men_age_related_prostatism</p> <p>Dowling-Castronovo A, Bradway C. Urinary incontinence (UI) in older adults admitted to acute care. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 309-36. http://consultgerim.org/topics/urinary_incontinence/want_to_know_more</p> <p>Finnish Medical Society Duodecim. Determining the volume of residual urine by ultrasonography. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2008 http://www.guideline.gov/content.aspx?id=13192</p> <p>Finnish Medical Society Duodecim. Urinary incontinence in women. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2008 Aug 8 http://www.guideline.gov/content.aspx?id=13195</p> <p>National Collaborating Centre for Women’s and Children’s Health. Urinary incontinence the management of urinary incontinence in women. NICE CG40. October 2006 (NOTE: NICE commissioned an update of this guideline in May 2010).</p> <p>Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 48 p. http://www.rnao.org/bestpractices/PDF/BPG_Continence_rev05.pdf</p> <p>Schröder A, Abrams P, Andersson KE, Artibani W, Chapple CR, Drake MJ, Hampel C, Neisius A, Tubaro A, Thüroff JW. Guidelines on urinary incontinence. Arnhem, The Netherlands: European Association of Urology (EAU); 2009 http://www.uroweb.org/gls/pdf/Urinary%20Incontinence%202010.pdf</p> <p>Society of Obstetricians and Gynaecologists of Canada, Robert M, Ross S, Farrel SA, Easton WA, Epp A, Girouard L, Gupta C, Lajoie F, Lovatsis D, MacMillan B, Schachter J, Schulz J, Wilkie DH. Conservative management of urinary incontinence. J Obstet Gynaecol Can 2006 Dec;28(12):1113-8.</p>

HTAs and Systematic reviews

Assessment

Holroyd-Leduc J M, Tannenbaum C, Thorpe K E, Straus S E. **What type of urinary incontinence does this woman have?** JAMA 2008; 299(12): 1446-1456

Physical therapies

Dumoulin Chantale, Hay-Smith Jean. **Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women.** Cochrane Database of Systematic Reviews: Reviews 2010 Issue 1

Hay-Smith Jean, Bo Kari, Berghmans Bary, Hendriks Erik, de Bie Rob, van Waalwijk van Doorn Ernst. **Pelvic floor muscle training for urinary incontinence in women.** Cochrane Database of Systematic Reviews: Reviews 2006 Issue 1

Hay-Smith Jean, Mørkved Siv, Fairbrother Kate A, Herbison G Peter. **Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women.** Cochrane Database of Systematic Reviews: Reviews 2008 Issue 4

Hunter Kathleen F, Moore Katherine N, Glazener Cathryn MA. **Conservative management for postprostatectomy urinary incontinence.** Cochrane Database of Systematic Reviews: Reviews 2007 Issue 2

Ostaszkiwicz Joan, Chestney Tracey, Roe Brenda. **Habit retraining for the management of urinary incontinence in adults.** Cochrane Database of Systematic Reviews: Reviews 2004 Issue 2

Ostaszkiwicz Joan, Johnston Linda, Roe Brenda. **Timed voiding for the management of urinary incontinence in adults.** Cochrane Database of Systematic Reviews: Reviews 2004 Issue 1

Shaikh Shafaque, Ong Eng K, Glavind Karin, Cook Jonathan, N'Dow James MO. **Mechanical devices for urinary incontinence in women.** Cochrane Database of Systematic Reviews: Reviews 2006 Issue 3

Wallace Sheila A, Roe Brenda, Williams Kate, Palmer Mary. **Bladder training for urinary incontinence in adults.** Cochrane Database of Systematic Reviews: Reviews 2004 Issue 1

Pharmacotherapy

Alhasso Ammar A, Glazener Cathryn MA, Pickard Robert, N'Dow James MO. **Adrenergic drugs for urinary incontinence in adults.** Cochrane Database of Systematic Reviews: Reviews 2005 Issue 3

Alhasso Ammar A, McKinlay Jayne, Patrick Kate, Stewart Laurence. **Anticholinergic drugs versus non-drug active therapies for overactive bladder syndrome in adults.** Cochrane Database of Systematic Reviews: Reviews 2006 Issue 4

Canadian Coordinating Office for Health Technology Assessment. Duloxetine for major depressive disorder and stress urinary incontinence. Ottawa: Canadian Coordinating Office for Health Technology Assessment (CCOHTA) 2004

Cody June D, Richardson Karen, Moehrer Birgit, Hextall Andrew, Glazener Cathryn MA. **Oestrogen therapy for urinary incontinence in post-menopausal women.** Cochrane Database of Systematic Reviews: Reviews 2009 Issue 4

Hay-Smith Jean, Ellis Gaye, Herbison G Peter. **Which anticholinergic drug for overactive bladder symptoms in adults.** Cochrane Database of Systematic Reviews: Reviews 2005 Issue 3

	<p>Mariappan Paramanathan, Alhasso Ammar A, Grant Adrian, N'Dow James MO. Serotonin and noradrenaline reuptake inhibitors (SNRI) for stress urinary incontinence in adults. Cochrane Database of Systematic Reviews: Reviews 2005 Issue 3</p> <p>Containment Fader M, Cottenden A, Getliffe K, Gage H, Clarke-O'Neill S, Jamieson K, et al. Absorbent products for urinary/faecal incontinence: a comparative evaluation of key product designs. Health Technology Assessment 2008; 12(29): 1-208</p> <p>Fader Mandy, Cottenden Alan M, Getliffe Kathryn. Absorbent products for light urinary incontinence in women. Cochrane Database of Systematic Reviews: Reviews 2007 Issue 2</p> <p>Fader Mandy, Cottenden Alan M, Getliffe Kathryn. Absorbent products for moderate-heavy urinary and/or faecal incontinence in women and men. Cochrane Database of Systematic Reviews: Reviews 2008 Issue 4</p>
Main conclusions from new evidence	<p>Assessment</p> <ul style="list-style-type: none"> • A systematic approach including history, examination and stress test increases the likelihood of a correct diagnosis <p>Physical therapies</p> <ul style="list-style-type: none"> • PFMT is recommended in first-line conservative management programmes for women with stress, urge, or mixed, urinary incontinence • some evidence that PFMT in women having their first baby can prevent urinary incontinence in late pregnancy and postpartum • The place of mechanical devices in the management of urinary incontinence remains in question. • The limited evidence available suggests that bladder training may be helpful for the treatment of urinary incontinence <p>Pharmacotherapy</p> <ul style="list-style-type: none"> • Local oestrogen treatment for incontinence may improve or cure it, but there was little evidence from the trials on the period after oestrogen treatment had finished and none about long-term effects. However, systemic hormone replacement therapy, using conjugated equine oestrogen, may make incontinence worse • There was weak evidence to suggest that use of an adrenergic agonist was better than placebo treatment. • The available evidence suggests that duloxetine treatment can significantly improve the quality of life of patients with stress urinary incontinence, but it is unclear whether or not benefits are sustainable <p>Containment</p> <ul style="list-style-type: none"> • Disposable insert pads are typically more effective than the other designs. However, because they are the most expensive, providing choice of designs (or combinations of designs for different circumstances) is likely to be cost-effective. • People have different preferences for absorbent product designs and using a combination (different designs for day/night, going out/staying in) may be more effective and less expensive than using one design all the time
New areas that could be added to the guideline	Role of portable bladder ultrasound
Summary of the recommendations that could be updated	

Please answer the following questions as fully as possible:

Specialties:	General practice (1), Nursing (2), Physiotherapy (1)		
1(a)	Is there still a requirement for an evidence-based guideline on this topic?		
	Yes		
1(b)	If no, should the guideline be withdrawn?		
	N/A		
2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>		
	Section 3: Update to clarify classification of incontinence and use of bladder scanning for assessment. Section 4: Update treatment in particular the role of surgery and role of self catheterisation. Section 5: Update pharmacological therapies to include topical oral oestrogen.		
2(b)	If no, is there a need to scope for new evidence on a yearly basis?		
	No, a yearly basis would be too frequent		
2(c)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?		
	Yes The new evidence will not impact on current assessment and treatment , which, if the present guideline is used, provides an excellent model of care		
2(d)	If yes, please suggest clinical questions that could be addressed in the revision?		
	The role of surgery? Is there any evidence regarding which drugs are better other than duloxetine?		
3(a)	Please list any additions to the remit of the guideline that you think would be beneficial		
	What pelvic floor muscle re-education is best? Use of Botox? Other containment aids/drainage devices that may suit some individuals needs? For example, male devices.		
3(b)	Please list any sections of the guideline that are no longer required		
	<ul style="list-style-type: none"> The section on "Bed pads" should be removed as these are not aids to manage incontinence or promote continence. They are procedure pads e.g. for re-catheterisation or administration of suppositories. Sheath section: The Scottish contract for urology items only has the one piece system on it therefore the "old-fashioned" two piece should be removed. 		
4	Please tick your preferred option for reviewing this guideline		
	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time		✓
	b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed		✓

5 SIGN COUNCIL			Date: 11/11/2011
Revalidate	Refresh	Revise	Remove
✓			