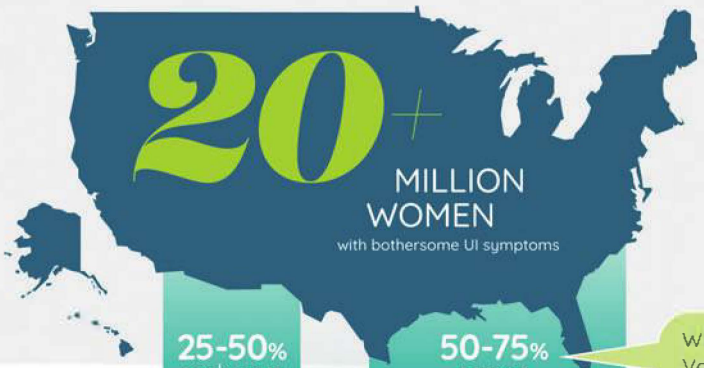
FEMALE URINARY INCONTINENCE (UI)

EVIDENCE-BASED TREATMENT PATHWAY

Risk factors

- Pregnancy
- Childbirth
- Aging
- Constipation
- Obesity
- Functional status

1. DIAGNOSIS



25-50% seek care

50-75% screen

WPSI* recommends screening
Validated surveys available

Barriers to care

INDIVIDUAL

- Disease awareness
- Knowledge of treatment options
- Symptom bother

INSTITUTIONAL

- Not asked by health care provider
- Accessibility
- Economic
- Health system structure

Transient causes

- Delirium
- Infection—urinary
- Atrophic urethritis/vaginitis
- Pharmaceuticals
- Psychologic disorders
- Excessive urine output
- Restricted mobility
- Stool impaction

2. EVALUATION

- Physical exam
- Symptom History
- Urinalysis
- Post-void Residual
- Validated Symptom & Quality of Life Questionnaires
- Bladder Diary

Specialist referral for complicated UI

- Congenital
- Neurologic
- Metabolic
- Fistula
- Retention
- Hematuria
- Prolapse
- Prior surgery

3. TREATMENT

STRESS UI | MIXED | URGENCY UI

FIRSTLINE TREATMENT FOR ALL TYPES

PELVIC FLOOR MUSCLE TRAINING (PFMT)

- ★ Supervised training = GOLD standard
- With or without biofeedback
- 67% cure or symptom improvement

PATIENT EDUCATION

- Timed voiding
- Weight loss
- Fluid schedule
- Smoking cessation
- Dietary modifications

Scalable via digital health, group therapy, unsupervised PFMT

No approved medications for Stress UI in US

- Pessary
- Peri-urethral bulking
- Surgical intervention

Consider vaginal estrogen

- Pharma
- Botox®
- Neuromodulation

Anticholinergics are associated with dementia risk

ADVANCED TREATMENT

TELEHEALTH OPTION

SHARED DECISION-MAKING THROUGHOUT THE PROCESS

* Women's Preventive Service Initiative

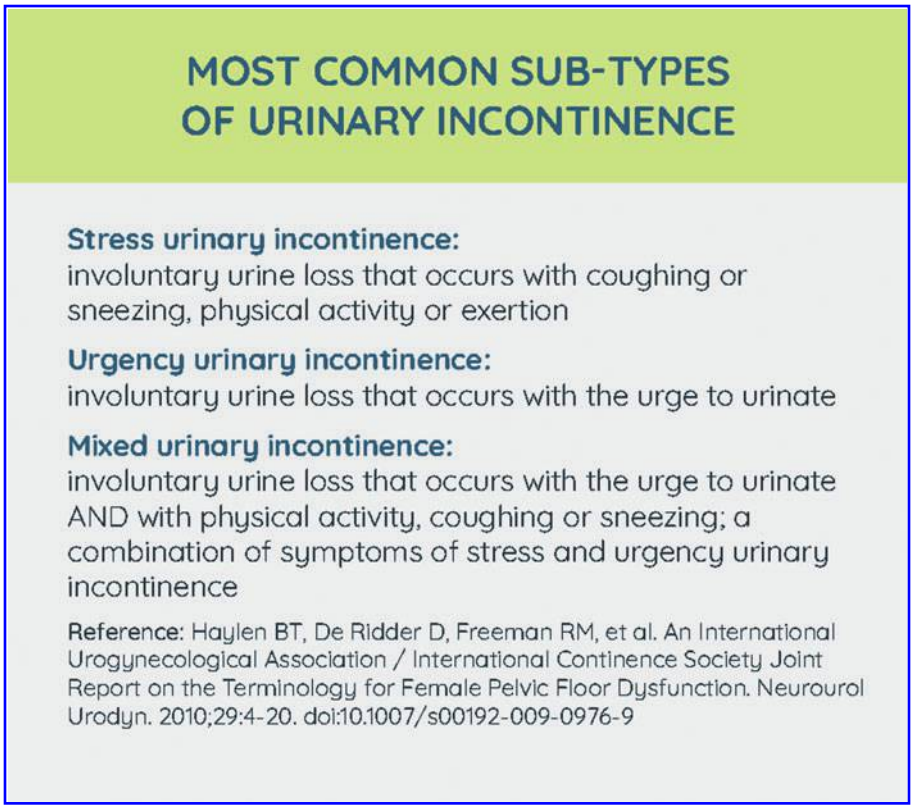


FIG. 2. Definitions of stress, urgency, and mixed urinary incontinence.

Supplementary Figure 1