

# European Academy for Medicine of Ageing

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## Advanced Postgraduate Course of the EAMA

### Training Session VII / 4

## Guidelines for abstracts on students' state of the art lectures

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Session : Services Organization and Management in Geriatrics

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### Pharmacological treatment of incontinence

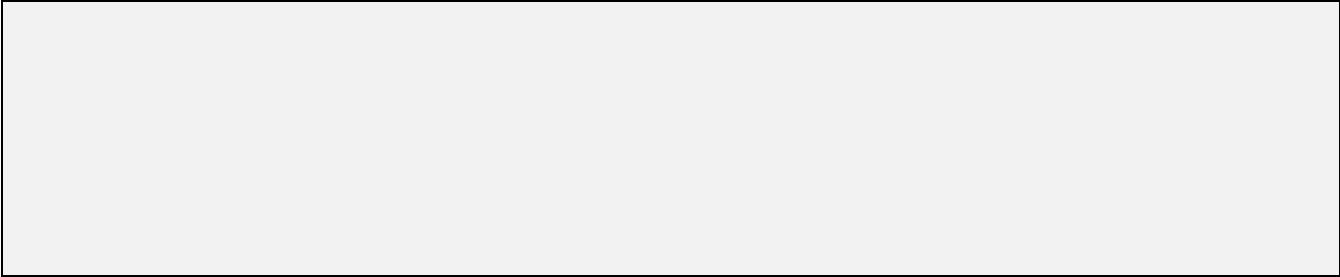
Incontinence is a serious health problem with great influence on quality of life and autonomy. The prevalence rises with age due to age-related changes of the urinary tract and concomitant factors like immobility, instability, cognitive impairment and polypharmacy. Incontinence is a leading cause of institutionalization among the elderly. The treatment depends on the type of incontinence, the functional status of the patient, his motivation and level of cooperation.

Several drugs are associated with incontinence (e.g. diuretics, sedatives, neuroleptics). An adjustment of the medication should always be considered.

Pharmacological treatment of stool incontinence aims mainly at control of diarrhea, constipation and fecal impaction. In clinical trials there was limited evidence that antidiarrhoeal drugs (e.g. loperamide) and drugs which enhance anal sphincter tone (e.g. topical phenylephedrine gel) may reduce fecal incontinence in patients with liquid stools. Urge-urinary-incontinence can be treated with anti-muscarinic drugs, but anticholinergic side effects are frequent (dry mouth up to 25%). Tricyclic antidepressants like imipramine in low dosage may show beneficial effect on nocturia and nocturnal enuresis, but side effects (hypotension, bradycardia, dysrhythmias, dizziness, fatigue) limit the use in the frail elderly.

Stress-urinary-incontinence can be treated with Duloxetine, a selective serotonin and norepinephrine reuptake inhibitor that increases urethral sphincter contraction during the storage phase of urination cycle. Topical estrogen is beneficial for treating vaginal atrophy, atrophic vaginitis and urethritis, but has no significant effect on stress incontinence. Alpha-adrenergic stimulants show a moderate effect on stress incontinence, but are not recommended for this indication because of side effects.

Bladder outlet obstruction with increased post-void residual urine and overflow-urinary – incontinence can be treated with alpha-adrenergic antagonists, but in most cases the therapeutic effect is limited and other procedures to assure the urinary outflow become necessary.



Short bibliography : maximum 5 references

- 1) 3<sup>rd</sup> International Consultation on Incontinence 2005
- 2) Harninkontinenz, Leitlinie der Deutschen Gesellschaft für Geriatrie, 2005
- 3) COCHRANE INCONTINENCE GROUP, *The Cochrane Library* Issue 3, 2006
- 4) M. Pfisterer, Management of urinary incontinence, EAMA VII June 2007
- 5) .....

- 1 page maximum to be sent to :**
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**BEFORE May 31, 2008**

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