



University

Episode 3 Show Notes Continence

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Learning Objectives

Knowledge:

To recall that the four types of urinary incontinence are:

- Stress
- Urgency (aka Overactive Bladder or OAB)
- Overflow
- Functional (i.e. non urinary tract in origin)

To understand the main limitations of pharmacological therapies

To explain the initial lifestyle measures for continence management

Skills:

To recall the strategies that may be employed practically in optimising continence (bladder training etc).

Attitudes:

To know that incontinence is not an inevitable part of ageing

To understand the role of each member of the MDT in assessing continence



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Definitions:

Formal / Scientific Definition:

There are four main type of urinary incontinence:

Stress incontinence - where the dam is not large enough to hold back the reservoir force

Urgency - where the reservoir contracts and overflows the dam

Overflow - where the reservoir keeps growing until it constantly laps over the top of the dam

'Functional' - where there is no problem with the urogenital tract at all, but circumstances mean voiding of urine happens in a socially unacceptable way for the patient.

Key Points from Discussion

In General

If you don't ask people will not volunteer symptoms... if you do ask often patients are glad to talk about their problems.

Start management looking at the lifestyle measures and a bladder diary- a good guide is in the NICE guidance for continence in women.

[NICE Guidance on Urinary Incontinence in Women and Family Practice 2001](#)

Stress

With Stress based symptoms - strengthening the pelvic floor muscles is really the cornerstone of interventions and is easily taught.

Having regular and repeated contact with a trained professional improves the benefit from the exercises but doing this in a group or on a 1:1 basis does not make a difference.

[Lamb et al. BMC Women's Health 2009, 9:26](#)

[Cochrane Review](#)

Overflow

Generally in men

Bladder scanning is essential

Drug and surgical therapy available

Needs referral to GP or urologist

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Urge

Symptoms can be remembered with the FUN acronym - but they most definitely are not and are associated with poor health outcomes.

F- Frequency

U- Urgency

N - Nocturia

[Good overview of OAB symptoms and treatment](#)

Management -

Step 1: Lifestyle measures (as above)

Step 2: Bladder retraining

[Physiotherapy works](#)

Step 3: Medications - although they often come with side effects and only ~30% of patients are taking them at the end of a year.

[Persistence with prescribed antimuscarinic therapy for overactive bladder: a UK experience.](#)

Worth noting that much incontinence is of a mixed pathology and medications will only target the urgency part of any symptoms.

Functional

This is not a problem with the patients urogenital tract - more so that the whole system is not working for them. i.e an older lady in a hospital bed having to wait for someone to come and help her to the toilet. Management here needs a truly multi-disciplinary assessment as part of a CGA ([See episode 1](#))



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Curriculum Mapping:

This episode covers the following areas (n.b not all areas are covered in detail in this single episode):

Curriculum	Area																		
NHS Knowledge Skills Framework	Suitable to support staff at the following levels: <ul style="list-style-type: none"> ● Personal and People Development: Levels 1-3 ● Service Improvement: Level 1 - 2 																		
Foundation curriculum	<table border="1"> <thead> <tr> <th>Section</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>1.4</td> <td>Team working</td> </tr> <tr> <td>2.1</td> <td>Patient as centre of care</td> </tr> <tr> <td>7.2</td> <td>History and examination</td> </tr> <tr> <td>7.3</td> <td>Diagnosis and decision making</td> </tr> <tr> <td>7.5</td> <td>Safe prescribing</td> </tr> <tr> <td>7.9</td> <td>Interface with different specialities and other professionals</td> </tr> <tr> <td>10.1</td> <td>Long-term conditions</td> </tr> <tr> <td>10.5</td> <td>Health promotion, Patient Education and public health</td> </tr> </tbody> </table>	Section	Title	1.4	Team working	2.1	Patient as centre of care	7.2	History and examination	7.3	Diagnosis and decision making	7.5	Safe prescribing	7.9	Interface with different specialities and other professionals	10.1	Long-term conditions	10.5	Health promotion, Patient Education and public health
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Core Medical Training	Team working and patient safety Management of long term conditions and promoting self-care Communication with colleagues and cooperation Evidence and guidelines Micturition Difficulties Geriatric Medicine																		
GPVTS program	Section 2.03 The GP in the Wider Professional Environment <ul style="list-style-type: none"> ● Core Competence: Managing medical complexity Section 3.05 - Managing older adults <ul style="list-style-type: none"> ● Core Competence: Managing medical complexity ● Core Competence: Working with colleagues and in teams ● Core Competence: Practising holistically and promoting health 																		
ANP (Draws from KSF)	7.3 Complications of medications and inappropriate prescribing of medications, once an independent prescriber 7.8 Urine retention, incontinence, infection																		



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Check out our cool infographic *A sip of...* summarising 5 key points on *topic*. It's made for sharing!

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