Overactive Bladder and Incontinence in the Elderly

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Types of Incontinence

- Stress
- Urge
- Mixed
- Overflow
- Functional
Overactive Bladder

- Frequency / nocturia
- Urgency with or without incontinence
Aging Changes of Urinary System

- Pelvic floor muscle atrophy
- Reduced bladder capacity
- Increased detrusor instability
- Reduced urethral closure pressure
- Higher post void residual
- Increased nocturnal urine production
- Mobility changes
“DIAPPERS”

D-elirium
I-nfection--urinary (symptomatic)
A-trophic urethritis and vaginitis
P-harmaceuticals
P-sychologic disorders, especially depression
E-xcessive urine output (eg, from heart failure or hyperglycemia)
R-estricted mobility
S-tool impaction
Infections

- Bacteriuria ≠ Infection
- Treat based on culture
- Catheterized specimen if necessary
Atrophy

• Treating atrophy can reduce infections
• Rarely do estrogens alone resolve incontinence
Pharmaceuticals

- Cholinergic agonists / antagonists
- Diuretics
- Sedatives
- Alpha agonists / blockers
- Narcotics
- Constipating agents
Excessive Urinary Output

- Disease processes--edema
- DDAVP changes
- Nocturnal diuretics
- Evening cocktails
Restricted Mobility

- Nursing home patients
- After orthopedic treatments
- Fall risk
Stool Impaction

- Constipating medications
- Dam effect: bowel movements do not rule it out
Evaluating OAB & Incontinence

- Similar to evaluation in all age groups
- Attention to DIAPPERS
- Prolapse
- BPH
- Retention
Treating SUI

- Bladder neck slings
- Bulking agents
Treating OAB & UUI

• Beware constipation
• Beware cholinergic / anticholinergic side effects
• Pelvic floor therapy
• Behavioral / lifestyle modifications
Treating OAB & UUI

• Anticholinergics
• Beta 3 agonist (Myrbetriq)
• DDAVP (watch sodium)
• Amitriptyline (start 10 mg with caution)
Treating OAB & UUI

• Percutaneous tibial nerve stimulation
• BOTOX
• Indwelling foley catheter
  • Generally not recommended
  • Use when it is the “lesser evil”
Treating Mixed Incontinence

- Treat the dominant problem first
- Manage expectations
SUMMARY: Incontinence in the Elderly

- Functional Incontinence Difficult to Manage
- 90% of people can get meaningful improvement
- Age-specific issues need consideration