

Urge Incontinence: Diagnosis and Treatment

Urge Incontinence Symptoms

Urge incontinence is associated with a strong and overpowering urge to urinate that cannot be delayed, followed by loss of a large amount of urine. The bladder contracts without warning and urine loss occurs involuntarily. Urge incontinence is also known as overactive, spastic, or unstable bladder. If you experience urge incontinence, "When you've got to go, you've got to go!"

There is no holding time that allows you to get to the bathroom quickly enough to prevent urine leakage. Urge incontinence is the most common type of incontinence in older people.

Causes

Urge incontinence occurs when the reflexes that control the bladder are disrupted. When the bladder contracts powerfully, the bladder outlet muscles cannot remain closed. When bladder filling signals that are transmitted to the brain are not inhibited properly, strong urge sensations are felt even when the bladder is not full. Involuntary urine leakage occurs when these unusually strong urge sensations occur.

While a number of medical problems or other conditions may be associated with urge incontinence, in many instances the direct cause is unknown. In some cases, urge incontinence may be the result of medical problems such as:

- Neurologic problems — Diabetes Mellitus, Parkinson's disease, stroke, spinal chord injuries, multiple sclerosis, dementia and Alzheimer's disease
- Urinary tract infection
- Urethritis or vaginitis

**Causes,
continued**

- Kidney or bladder stones or tumors
- Interstitial cystitis
- Enlarged prostate, tumor, or prostatitis
- Decreased estrogen in the post-menopausal woman
- Previous bladder or pelvic surgery
- Side effect from diuretics (water pills)

Other conditions that may lead to urge incontinence include...

- Constipation
- Bladder irritants such as caffeine
- Dehydration
- Excess urine production

Diagnosis

The primary goal of diagnosis is to identify the causes and the factors contributing to urge incontinence. Often there are multiple causes. Initial evaluation, therefore, includes the following components.

History. Your doctor needs to find out about the circumstances associated with the onset of urge incontinence and to determine any medical conditions that affect urinary tract function.

Bladder Diary. This is used to determine the timing, symptoms, and associated or precipitating factors of the incontinence.

Physical Exam. An exam is performed to assess cognitive, neuromuscular, gastrointestinal, gynecologic, or urologic abnormalities.

**Diagnosis,
continued**

Urinalysis and Urine Culture and Sensitivity. These tests are performed to evaluate urinary system functioning and to test for urinary tract infection.

Simple Cystometry. This is used to assess the function of the bladder when it is filled with fluid.

Stress Maneuver. This is used to screen for incontinence during a cough or sneeze with a full bladder.

Other laboratory and radiologic testing may be conducted, if necessary, to further evaluate possible abnormalities.

Treatment

There are a number of treatments that may be used alone or together to treat urge incontinence. They include:

- Bladder training
- Identification and elimination of bladder irritants
- Bowel management to prevent constipation and fecal impaction
- Pelvic muscle exercises
- Bladder urge control
- Medication — Anticholinergic, antidepressants, and hormone replacement therapy (see "*Drug Treatment for Urge Incontinence*" in the Tool Kit)

Treatment is tailored to the needs, symptoms, capabilities, and preferences of the individual.