

## Urinary Incontinence in Older Females

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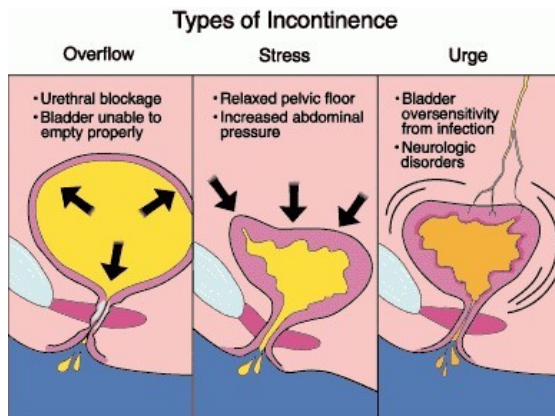
### Introduction

Urinary incontinence is one of the major geriatric syndromes and it is defined as the involuntary leakage of any amount of urine. It is estimated to be present in 20- 50% of women over the age of 65. Women are often ashamed of their incontinence and hesitant to discuss it with their physicians.



Urinary incontinence is a potentially treatable condition and various lifestyle modifications, medications and procedures can be employed to help improve symptoms and therefore, quality of life.

Type	Cause	Symptoms	Risk factors	Diagnosis	Treatment
<b>Urge</b>	Detrusor muscle overactivity	Sudden urge to urinate	Stroke, MS, Parkinson's, spinal cord injury, bladder irritation	Urodynamic studies, UA	Anticholinergics, intravesicular botulinum toxin, sacral nerve neuromodulation
<b>Stress</b>	Increased intra-abdominal pressure	Leakage of urine during sneezing, coughing, laughing or lifting	Obesity, multiparity, prolapsed organs, constipation	Stress test, physical exam (special attention to pelvic and neuro exams)	Pelvic floor muscle exercises, pessaries, surgical procedures
<b>Overflow</b>	Incomplete bladder emptying	Frequent dribbling of urine	Neurogenic bladder, spinal cord injury, blockage of urethra	Urodynamic studies	Catheterization
<b>Functional</b>	Inability to physically get to toilet	Cannot reach toilet in time but aware of need to urinate	Cognitive impairment	History	Scheduled toileting



## Consequences

- Associated with an increased incidence of mechanical falls
- Sleep deprivation due to nocturia
- Dermatitis and even cellulitis when women spend a great deal of time in wet underwear and clothes.
- Sexual dysfunction, depression and increased social isolation
- Financial burden on patients and their families
- Placement in assisted living and nursing facilities
- Urinary incontinence in older females is very common, has a variety of causes, and is amenable to multiple treatment modalities, depending on the etiology
- Always remember to specifically ask older female patients about urinary symptoms, including incontinence, as they often will not bring up the subject of incontinence themselves. Use 3IQ for screening.

**3IQ**

Q1. During the last three months have you leaked urine (even a small amount)?  
Yes (Ref. to question 2)  
No (End of questions)

Q2. During the last three months did you leak urine?  
(Check all that apply)

- When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
- When you had the urge or the feeling that you needed to empty your bladder, but you couldn't get to the toilet fast enough?
- Without physical activity and without a sense of urgency?

Q3. During the last three months did you leak urine most often:  
(Check only one)

- When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
- When you had the urge or the feeling that you needed to empty your bladder, but you couldn't get to the toilet fast enough?
- Without physical activity and without a sense of urgency?

Key

Most often with physical activity: stress-only or stress-predominant urinary incontinence.  
Most often with the urge to empty the bladder: urge-only or urge-predominant urinary incontinence.  
Without physical activity or sense of urgency: incontinence due to other causes.  
About equally with physical activity and sense of urgency: a mix of incontinence type.

## Take Home Points

- Urinary incontinence in older females is very common, has a variety of causes, and is amenable to multiple treatment modalities, depending on the etiology.
- Always remember to specifically ask older female patients about urinary symptoms, including incontinence, as they often will not bring up the subject of incontinence themselves. Use 3IQ for screening.

## References

- Lindman BR, Patel JN. Multimorbidity in Older Adults with Aortic Stenosis. *Clin Geriatr Med*. 2016 May;32(2):305-14. doi: 10.1016/j.cger.2016.01.006. Epub 2016 Feb 12. PMID: 27113148; PMCID: PMC4848459.
- Coppola et al. Urinary incontinence in the elderly: relation to cognitive and motor function. *Archives of gerontology and geriatrics* 2002; 35: 27- 34.
- DeBeau C. Urinary Incontinence. *Geriatric Review Syllabus 10th Edition*, 300- 310.
- Meneszes et al. Predictors of female urinary incontinence at midlife and beyond. *Maturitas*. 2010; 65: 167- 171.
- Milsom et al. The prevalence of urinary incontinence. *Climacteric* 2019; 22: 217-222.
- Silay et al. Occult urinary incontinence in elderly women and its association with geriatric condition. *European Review for Medical and Pharmacological Sciences*. 2016; 20: 447-451.
- Sohn et al. Association between female urinary incontinence and geriatric health problems: results from Korean longitudinal study on ageing. *Korean J Fam Med*. 2018; 39: 10-14.
- <http://www.physiotherapyvictoria.ca/womens-health/>
- [https://www.researchgate.net/figure/The-3-Incontinence-Questionnaire-3IQ\\_fig1\\_325004884](https://www.researchgate.net/figure/The-3-Incontinence-Questionnaire-3IQ_fig1_325004884)