Managing adults with urinary incontinence
Clinical practice guidelines

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Promoting a Collaborative Consumer-Focused Approach to Continence Care in Canada” was sponsored by the Canadian Continence Foundation. This initiative responded to consumers’ need for information on treatment options for incontinence and health care professionals’ need for information on managing urinary incontinence. It was funded by Health Canada’s Population Health Fund. Producing the guidelines involved review of international models of continence care, review of existing international clinical practice guidelines and management flow charts, an updated literature review, and a consensus conference followed by regional discussions during which consumers and health care professionals (“reactor panels”) could react to the material produced.

The Canadian Continence Foundation then convened a multidisciplinary committee of consumers and health care professionals knowledgeable about managing incontinence. The committee had representatives from family medicine, nursing, physiotherapy, gynecology, urology, urogynecology, geriatric medicine, and Health Canada’s Division of Seniors and Aging, along with an independent evaluator.

The committee accepted the second edition (1996) of the United States Agency for Health Care Policy and Research’s (AHCPR) “Clinical Practice Guideline for Urinary Incontinence in Adults” as a starting point. Committee teams did systematic literature searches from January 1995 to January 2000 using key search terms and reviewed relevant papers using established levels of evidence.

The committee then looked at the AHCPR guideline and recommendations again and endorsed or modified them according to the new evidence from their literature review. A series of flowcharts, produced for the First International Consultation on Incontinence in 1998, were adapted in light of the findings of the literature review to reflect management of incontinence in men, women, and frail elderly people. The positive message from the consensus conference to people with incontinence and to health professionals involved in their care is that urinary incontinence can be resolved, better managed, or better contained in 100% of people affected. The full text of the process, guidelines, and flowchart can be seen on the Canadian Continence Foundation website at www.continence-fdn.ca. A complimentary laminated copy of the initial management flow chart may be obtained by contacting the Canadian Continence Foundation at help@continence-fdn.ca.

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## Initial Management of Urinary Incontinence

**Presenting Symptoms**
- Mixed symptoms
- Urgency/frequency
- Other or unclear symptoms
- Isolated post-void dribble

**Initial History**
- General history
- Focused incontinence history
- Physical examination
- Investigations, including urinalysis &/or culture/sensitivity

**Presumed Etiology**
- Stress incontinence
- Mixed incontinence
- Urge incontinence
- Incomplete emptying

**Treatment/Management, Includes Containment & Skin Care**
- Environmental/functional assessment
- Voiding diary
- Post-void residual
- Focus on voiding diary & fluid intake

**Goals & Expectations of Treatment**
- Medications
- Previous medical history
- Chronic conditions
- Focus on environmental/functional factors
- Polypharmacy
- Drug interactions
- Comorbidity
- Constipation/fecal impaction

**Evaluation**
- Subjective/objective report of improvement
- Quality of life measures
- Goals/expectations met?

**Second-line Management or Care or Continuing Management in Community or Long-term Care**
- Multidisciplinary approach

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**Figure 1.** Initial management of urinary incontinence in men, women, and frail elderly people