Continence Current Awareness Bulletin
June 2020

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Title: Manage urinary incontinence in COPD depending on whether it is stress, urge or mixed.

Citation: Drugs & Therapy Perspectives; Jun 2020; vol. 36 (no. 6); p. 230-233

Author(s):

Abstract: Urinary incontinence is a seemingly common, but largely unexplored, comorbidity associated with chronic obstructive pulmonary disease (COPD). It is not only related to older age or the leakage of urine from increased abdominal pressure while coughing (i.e. stress incontinence), but is also possibly an adverse effect of respiratory or non-respiratory drugs. Physicians should actively and routinely screen COPD patients for urinary incontinence and choose the course of management depending on whether it is stress, urge or mixed. Management options include discontinuing or replacing offending agents, prompt referral to specialist continence therapists and antimuscarinic pharmacotherapy.

Title: Incontinence-associated dermatitis 3: systems for reporting skin damage.

Citation: Nursing Times; May 2020; vol. 116 (no. 5); p. 23-26

Author(s): Schofield

Abstract: Moisture-associated skin damage – in particular, incontinence-associated dermatitis – is a risk factor for pressure ulceration. The two problems can occur independently in the same patient but require different treatment regimens. This final article in this three-part series describes current reporting systems for pressure ulceration and explains why moisture-associated skin damage has been included. Risk factors for incontinence-associated dermatitis are discussed in part 1, while part 2 focuses on strategies to maintain and support skin function.

Title: Prevalence and Risk Factors of Urinary Incontinence in Frail Elderly Females.

Citation: Journal of Aging Research; Apr 2020; p. 1-8

Author(s): Aly, Walaa W.; Sweed, Hala S.; Mossad, Nora A.

Objectives: Urinary incontinence (UI) is an important geriatric health problem, and it is linked to frailty syndrome. We had conducted a study to detect the prevalence and risk factors of UI and its effect on quality of life (QOL) among frail elderly females living in Cairo, Egypt.

Methods: We carried out a cross-sectional study on 130 frail elderly females sixty years and older, attending Ain Shams Geriatrics Hospital, Cairo, Egypt. Each patient gave oral consent and then was subjected to history taking, full clinical examination, diagnosis of frailty (clinical frailty scale), assessment of UI by the Arabic version of International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF), assessment of QOL by using the Arabic version of Incontinence Impact Questionnaire Short Form (IIQ-7 SF), and complete urine analysis.

Results: The prevalence of UI among the studied population was 80%. Mixed UI was the most prevalent type. UI was significantly associated with older age, functional impairment, multiparity, osteoarthritis, stroke, vaginal prolapse, and laxative use. All IIQ-7 subscales were higher (worse health-related QOL) for women with mixed UI.
Conclusion: Urinary incontinence is prevalent in frail elderly females. Mixed UI, compared with other types, has a significant negative impact on all domains of quality of life.

Title: Diet Modification in Older Women with Fecal Incontinence.

Citation: OB/GYN Clinical Alert; Jun 2020; vol. 37 (no. 2); p. 1-3
Author(s): AHC MEDIA

Abstract: Older women with fecal incontinence manage their symptoms with dietary modification.

Title: The Impact of Urinary Incontinence on Sexual Function: A Systematic Review.

Citation: Sexual medicine reviews; May 2020
Author(s): Pinheiro Sobreira Bezerra, Leonardo Robson; Britto, Débora Fernandes; Ribeiro Frota, Isabella Parente; Lira do Nascimento, Simony; Morais Brilhante, Aline Veras; Lucena, Suellen Viana; Moura Brasil, Daniele Matos

Objective: Many studies have been developed to investigate the relationship between urinary incontinence (UI) and female sexuality especially how it interferes on the sexual function of affected women, but many questions remain unclear this study aims to summarize the relevant scientific literature published in the last 10 years that focused on the study of the impact of UI on the sexual function of incontinent women.

Methods: The PubMed and Bireme databases were searched using the keyword string "urinary incontinence" and "sexual function" or "sexual satisfaction" or "sexuality" for studies focusing the impact of UI on the sexual function of affected women older than 18 years, published in the last 10 years.

Main outcome measures: The main outcome measure was the review of published literature on the impact of UI on sexual function by reporting study design, group of population studied, type of UI, and findings.

Results: 18 studies were selected for the study. UI has a negative impact on sexual function. The type of UI affected the quality of life and sexual function of the women in different ways. There is a shortage of articles that further study the underlying mechanisms of negative UI outcomes in sexual function.

Conclusion: UI has negative impact on sexual function. It is probable that this interference, directly or indirectly, contributes decisively to the avoidance of women in having sex. The way this influence occurs remains unclear, especially when we seek to understand the mechanisms involved in this outcome.

Title: LASER therapy for urinary incontinence and pelvic organ prolapse: a systematic review.

Citation: BJOG: an international journal of obstetrics and gynaecology; Apr 2020
Author(s): Mackova, Katerina; Van Daele, Lise; Page, Ann-Sophie; Geraerts, Inge; Krofta, Ladislav; Deprest, Jan
Background: LASER therapy is now being proposed for the treatment of pelvic organ prolapse (POP) and urinary incontinence (UI). This study aims to systematically review the available literature on LASER therapy for POP and UI.

Search strategy: Pubmed, Web of Science and Embase were searched for relevant articles, using a three concept (POP, UI, LASER therapy) search engine composed as (concept 1 OR concept 2) AND concept 3.

Selection criteria: Only full text clinical studies in English.

Data collection and analysis: Data on patient characteristics, LASER setting, treatment outcome and adverse events were independently collected by two researchers. Due to the lack of methodological uniformity meta-analysis was not possible and results are presented narratively.

Main results: Thirty one studies recruiting 1530 adult women met the inclusion criteria. All studies showed significant improvement either on UI, POP or both; however the heterogeneity of LASER settings, application and outcome measures was huge. Only one study was a randomized controlled trial, two studies were controlled cohort studies. All three were on UI and used standardized validated tools. The risk of bias in the RCT was low on all seven domains; the controlled studies had a serious risk of bias. No major adverse events were reported; mild pain and burning sensation were the most common described adverse events.

Conclusions: All studies on vaginal and/or urethral LASER application for POP and UI report improvement, but the quality of studies needs to be improved.

Title: Guideline of guidelines: urinary incontinence in women.

Citations: BJU international; May 2020; vol. 125 (no. 5); p. 638-655
Author(s): Sussman, Rachael D; Syan, Raveen; Brucker, Benjamin M

Title: Guidelines on urinary incontinence: it is time to join forces!

Citation: BJU international; May 2020; vol. 125 (no. 5); p. 625-626

Title: Efficacy of telemedicine for urinary incontinence in women: a systematic review and meta-analysis of randomized controlled trials.

Citation: International urogynecology journal; May 2020
Author(s): Huang, Zehao; Wu, Siyu; Yu, Ting; Hu, Ailing

Objectives: The systematic review and meta-analysis were performed to summarize the available evidence and assess the efficacy of telemedicine for urinary incontinence in women.

Methods: PUBMED, EMBASE, Web of Science, The Cochrane Library, CBM, CNKI, WanFang, and VIP databases were electronically searched to identify eligible studies updated to February 2020 to collect RCTs regarding the efficacy of telemedicine for urinary incontinence in women. Two reviewers independently screened the literature, extracted data, and assessed the risk of bias of included studies with the Cochrane Handbook for Systematic Reviews of Interventions. A meta-analysis was performed using RevMan 5.3.
**Results:** Seven studies involving a total of 836 patients were included in the systematic review and meta-analysis. The results of the meta-analysis showed that compared with usual care, telemedicine intervention significantly reduced the UI severity (SMD = -0.90, 95% CI, -1.73 - -0.07, \( P = 0.003 \)) and improved QOL (SMD = 0.71, 95% CI, 0.21-1.20, \( P = 0.005 \)). The results of the descriptive analysis indicated that telemedicine intervention can also reduce the patients' anxiety and depression, improving patients' self-efficacy and their impression of improvement.

**Conclusion:** The systematic review and meta-analysis demonstrate that telemedicine can reduce the UI severity and anxiety and depression, improving QOL, self-efficacy, and impression of improvement for women with urinary incontinence. Due to the limited quality and quantity of the included studies, rigorous studies with adequate sample sizes are required to conclude with more confidence.

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**Title:** The Clinical Features and Predictive Factors of Nocturnal Enuresis in Adult Men.

**Citation:** BJU international; May 2020

**Author(s):** Song, Qi-Xiang; Wang, Lei; Cheng, Xin; Hao, Yiru; Liu, Zhiyong; Abrams, Paul

**Objectives:** To characterize the clinical features and to discover predictive factors of adult male with nocturnal enuresis (NE).

**Subjects and methods:** Forty-three eligible adult male subjects (mean age was 57.8 years), were recruited prospectively over a 2-year period. After documentation of medical history, lower urinary tract symptoms (LUTS) were assessed using the International Consultation on Incontinence Modular Questionnaire - male LUTS (ICIQ-MLUTS), and a 3-day International Consultation on Incontinence Modular Questionnaire - bladder diary (ICIQ-BD). Video-urodynamics were conducted conforming to the International Continence Society standards. Univariate and multivariate linear regression was performed to determine potential predictive factors.

**Results:** Men with NE demonstrated a variety of LUTS, and had a high incidence of obesity and comorbidities. On ICIQ-BD, NE was associated with nocturnal polyuria (NP), reduced nocturnal bladder capacity (NBC), or the combination of both. Subgroup analysis indicated that subjects with more frequent NE had: higher BMI; more comorbidities; increased daytime urinary frequency and urgency; worse quality of life (QoL), stress incontinence, and worse nocturnal bedwetting scores; and larger 24hr and nocturnal urine volumes. Men with reduced NBC only, had fewer NE episodes, while patients with NP only, or with both NP and reduced NBC were more likely to suffer from frequent NE. Multivariate analysis confirmed that: BMI; neurogenic causes; sub-scores of stress incontinence, QoL and bedwetting domain; the presence of reduced NBC, and both NP and reduced NBC; and bladder outlet obstruction, are all independent predictive factors for the severity of NE.

**Conclusions:** NE in the adult male should be systemically assessed and treated, since obesity, neurogenic disorders, excessive urine production, bladder storage and emptying dysfunctions are risk factors. Bladder diaries and video-urodynamics provide valuable information on potential pathophysiological causes which could assist clinical evaluation and selection of focused treatment.

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**Title:** A guide for urogynecologic patient care utilizing telemedicine during the COVID-19 pandemic: review of existing evidence.

**Citation:** International urogynecology journal; Jun 2020; vol. 31 (no. 6); p. 1063-1089
Author(s): Grimes, Cara L; Balk, Ethan M; Crisp, Catrina C; Antosh, Danielle D; Murphy, Miles; Halder, Gabriela E; Jeppson, Peter C; Weber LeBrun, Emily E; Raman, Sonali; Kim-Fine, Shunaha; Iglesia, Cheryl; Dieter, Alexis A; Yurteri-Kaplan, Ladin; Adam, Gaelen; Meriwether, Kate V

Objectives: The COVID-19 pandemic and the desire to “flatten the curve” of transmission have significantly affected the way providers care for patients. Female Pelvic Medicine and Reconstructive Surgeons (FPMRS) must provide high quality of care through remote access such as telemedicine. No clear guidelines exist on the use of telemedicine in FPMRS. Using expedited literature review methodology, we provide guidance regarding management of common outpatient urogynecology scenarios during the pandemic.

Methods: We grouped FPMRS conditions into those in which virtual management differs from direct in-person visits and conditions in which treatment would emphasize behavioral and conservative counseling but not deviate from current management paradigms. We conducted expedited literature review on four topics (telemedicine in FPMRS, pessary management, urinary tract infections, urinary retention) and addressed four other topics (urinary incontinence, prolapse, fecal incontinence, defecatory dysfunction) based on existing systematic reviews and guidelines. We further compiled expert consensus regarding management of FPMRS patients in the virtual setting, scenarios when in-person visits are necessary, symptoms that should alert providers, and specific considerations for FPMRS patients with suspected or confirmed COVID-19.

Results: Behavioral, medical, and conservative management will be valuable as first-line virtual treatments. Certain situations will require different treatments in the virtual setting while others will require an in-person visit despite the risks of COVID-19 transmission.

Conclusions: We have presented guidance for treating FPMRS conditions via telemedicine based on rapid literature review and expert consensus and presented it in a format that can be actively referenced.

Title: The influence of demographic characteristics on constipation symptoms: a detailed overview.

Citation: BMC gastroenterology; Jun 2020; vol. 20 (no. 1); p. 168

Author(s): Verkuijl, Sanne J; Meinds, Rob J; Trzpis, Monika; Broens, Paul M A

Objective: Diagnosing constipation remains difficult and its treatment continues to be ineffective. The reason may be that the symptom patterns of constipation differ in different demographic groups. We aimed to determine the pattern of constipation symptoms in different demographic groups and to define the symptoms that best indicate constipation.

Methods: In this cross-sectional study the Groningen Defecation and Fecal Continence questionnaire was completed by a representative sample of the adult Dutch population (N = 892). We diagnosed constipation according to the Rome IV criteria for constipation.

Results: The Rome criteria were fulfilled by 15.6% of the study group and we found the highest prevalence of constipation in women and young adults (19.7 and 23.5%, respectively). Symptom patterns differed significantly between constipated respondents of various ages, while we did not observe sex-based differences. Finally, we found a range of constipation symptoms, not included in the Rome IV criteria, that showed marked differences in prevalence between constipated and non-constipated individuals, especially failure to defeate (Δ = 41.2%).
Conclusions: Primarily, we found that certain symptoms of constipation are age-dependent. Moreover, we emphasize that symptoms of constipation not included in the Rome IV criteria, such as daily failure to defecate and an average duration of straining of more than five minutes, are also reliable indicators of constipation. Therefore, we encourage clinicians to adopt a more comprehensive approach to diagnosing constipation.

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline, King’s Fund & Health Foundation

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