



# Effective Health Care

## Urinary Incontinence

### Nomination Summary Document

#### Results of Topic Selection Process & Next Steps

- Urinary incontinence will go forward for refinement as an update to or expansion of an existing comparative effectiveness or effectiveness review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/getInvolved.cfm?involveType=subscribe>.

#### Topic Description

**Nominator:** Health care professional association

**Nomination Summary:** The nominator questions the effectiveness and comparative effectiveness of diagnostic evaluations for urinary incontinence as well as pharmacologic and non-pharmacologic treatment techniques.

**Key Questions from Nominator:**

1. What constitutes an adequate diagnostic evaluation on which to base treatment of UI?
2. How effective is pharmacologic treatment of UI?
3. How effective is non-pharmacologic treatment of UI?
4. Does site of care (office, hospital, nursing home) influence choice of best treatment?
5. Do medication interventions with their adverse drug reactions make QoL sense vs pads?
6. Does urology surgeon's input vs primary care result in better outcomes (QoL, complications, etc)?
7. Are there validated tools to distinguish stress from overflow incontinence in primary care? Does this make a clinical difference in response to treatment?
8. Do any of the following have evidence of clinical benefit in the treatment of patients with incontinence:
  - a. Medications
  - b. Kegel exercises
  - c. Minimally invasive techniques (e.g., collagen injection, etc.)
  - d. Surgical bladder repair
  - e. Pessary
9. Are there clinical predictors of response to the (above) interventions?

## Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Urinary incontinence is a highly prevalent condition, and the prevalence increases with age. It is associated with both economic and noneconomic burdens, including emotional burdens, physical discomfort, and disruptions that occur with episodes of incontinence.
- In December 2007, the National Institutes of Health (NIH) convened a State-of-the-Science conference to assess the available scientific evidence related to urinary and fecal incontinence. This conference was informed by a systematic literature review prepared by the Minnesota EPC under contract with AHRQ.
  - Shamlivan T, Wyman J, Bliss DZ, Kane RL, Wilt TJ. Prevention of Fecal and Urinary Incontinence in Adults. Evidence Report/Technology Assessment No. 161 (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-02-0009.) AHRQ Publication No. 08-E003. Rockville, MD. Agency for Healthcare Research and Quality. December 2007. <http://www.ahrq.gov/downloads/pub/evidence/pdf/fuiad/fuiad.pdf>. The key questions from this review include:
    1. What are the prevalence and incidence of urinary and fecal incontinence in the community and long-term care settings?
      - Race
      - Ethnicity
      - Gender
    2. What are the independent contributions of risk factors for urinary and fecal incontinence, including:
      - Age
      - Functional impairment
      - Institutionalization
      - Parity, childbirth, and postpartum state
      - Menopause
      - Dietary factors
      - Smoking
      - Obesity
      - Genetic factors
      - Prostate disorders
      - Dementia
      - Psychiatric disorders, specifically depression
      - Diabetes
      - Urinary tract infection
      - Chronic gastrointestinal (GI) conditions such as irritable bowel syndrome (IBS), diarrhea, constipation, and inflammatory bowel diseases (IBD)
      - Cardiovascular and pulmonary conditions
      - Gastrointestinal, gynecologic, and urological procedures
      - Neurological disorders, such as stroke and spinal cord problems

3. What is the evidence to support specific clinical interventions to reduce the risk of urinary and fecal incontinence?
  4. What are the strategies to improve the identification of persons at risk and patients who have urinary and fecal incontinence?
  5. What are the research priorities for identifying effective strategies to reduce the burden of illness in these conditions?
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- A scan conducted for trials on diagnosis and treatment of urinary incontinence published since the last search date of the AHRQ review listed above (March 2007) identified 9 trials related to diagnostic tools for urinary incontinence and 80 trials addressing many different forms of treatment for urinary incontinence. It appears from the volume and type of available literature that a focused update of the 2007 AHRQ review may be feasible; therefore, this topic will move forward as an update to or expansion of the 2007 AHRQ review. Draft key questions will be developed to define the perspective and scope of this report; it is likely that the report will be focused on urinary incontinence only.