



MEDICINES & URINARY INCONTINENCE

Medicines can reduce many types of urine leakage, but are generally most helpful in treating overactive bladder (urinary urgency/frequency, and/or urge incontinence). Your physician will discuss whether or not medicine may help your symptoms. Together you will decide if medicine is a good treatment choice, based on your symptoms, other health conditions, and other medicines you may be taking.

Good questions to ask when beginning a new medicine include:

1. What is the goal of treatment? (Will I be totally dry? Will this cure my problem?)
2. How long should the medicine be taken? (Will I take it forever?)
3. What kind of results should I expect from this medicine? (Immediate improvement, or gradual improvement over time?)
4. Are there any possible interactions with other medicines?
5. About how much does it cost?
6. Do you have any samples so I can try the medicine before getting the prescription filled?
7. When should I see results? When should I decide I'm not going to benefit from this medicine?
8. What are common side effects, and should I contact you about them? Will they go away, or will the side effect persist as long as I take the medicine?
9. How long should I try it before seeing you again?
10. Are there possible serious side effects I should immediately notify you about?

What do the different medicines do?

Anticholinergics

This type of medicine helps control the involuntary contractions (spasms you can't control) of the bladder muscle so the strong urge to urinate is less intense and less often. They help the bladder hold more urine before the need to urinate arises. Although the medicines in this category basically do the same thing, you may find that one works better, and has fewer side effects, than another. Your physician will

prescribe the one he/she believes will work best for you. Women with narrow-angle glaucoma should not take this type of medicine. Contact your eye doctor if this is a concern for you. Medicines in this group include:

- Detrol – taken twice a day
- Detrol LA – taken once every 24 hours; comes in different strengths
- Ditropan XL – taken once every 24 hours; comes in different strengths
- Oxytrol – a patch worn on the skin and changed two times a week

All medicines produce side effects. The most frequent side effect from these medicines is dry mouth which may go away after your body adjusts to it. Since a new medicine may interact with a medicine you are currently taking, it is vital that you keep your physician informed of all your current medicines, including over-the-counter medicine. Don't be afraid to tell your physician about any problems you may have with medicine he/she prescribes for urine leakage. There may be things you can do to improve the results or lessen the side effects. Sucking on sugar free hard candy helps with the dry mouth. Or you may need to try another medicine or treatment.

It may take 2-4 weeks to get the maximum benefit from any one of these medicines, so your physician will usually ask you to try it for a month before deciding if it is right for you. The dose can be adjusted to obtain the best results for you, while minimizing side effects. Don't hesitate to call the office with questions about your new medicine.

Estrogen Replacement Therapy

The drop in estrogen levels associated with menopause may contribute to both stress and urge incontinence. Vaginal

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estrogen cream may provide some improvement by helping to restore the urethral lining and/or desensitize the bladder. Estrogen replacement therapy has a greater impact on urge incontinence than stress incontinence. Full benefit may not occur for a year, although some improvement often occurs after 6 weeks of using the cream or tablet.

Antispasmodics

These medicines relax the bladder muscle to treat urge incontinence. Medicines in this category include Urispas and Bentyl. They may have more side effects than the newer anticholinergic medicines that were developed specifically for urinary problems to maximize compliance. Urispas has never been shown to be an effective medicine for treating urge incontinence in clinical research trials.

Alpha-Adrenergic Agonists

This category of medicine work to strengthen the smooth muscle that opens and closes the internal urethral sphincter and are most effective for treating mild stress incontinent patients. Decongestants like Sudafed are in this category. Phenylpropanolamine was the active ingredient in many dietary tablets and decongestants. This medicine has been banned by the FDA because of hemorrhagic strokes suffered by women taking this medicine.

Tricyclic Antidepressants

These older antidepressants may help incontinence by relaxing the bladder and strengthening the internal urethral sphincter. Newer formulations are being developed to treat stress urinary incontinence. There is some evidence that urge incontinence may be related to lower levels of serotonin, a chemical messenger found in the body. Low levels of

serotonin also play a significant role in depression. Research is currently underway to determine the relationship between depression and urge incontinence, due, in part, to the higher incidence of depression in women with urge incontinence.

As you can see, there are a variety of medicines that may help your urine leakage. Like any other medical condition, it sometimes takes trials of a few medicines or changing dosages of medicine before you and your physician are happy with the results.

