When Urinary Incontinence is the problem

MEDICATION MAY BE THE CAUSE.

ELDERLY PATIENTS ARE PARTICULARLY PRONE TO SIDE-EFFECTS OF DRUGS. URINARY INCONTINENCE MAY REPRESENT AN ADVERSE EFFECT CAUSED BY SEDATIVES, DIURETICS, ANTI-PSYCHOTICS, COLD REMEDIES, SLEEP MEDICATIONS, OR MANY OTHER DRUGS.

INCONTINENCE IS NOT A NORMAL PART OF AGING.[1] Yet it is one of the most common problems affecting nursing home patients.[2] Incontinence can lead to poor self-image, skin breakdown, infection, and falls.[3] Caring for these patients also places an extra burden on staff . . . a burden that can often be prevented.

IN AN ELDERLY PATIENT, DRUGS CAN LEAD TO INCONTINENCE IN SEVERAL WAYS. Anticholinergic drugs such as antihistamines, many anti-psychotics, and some antidepressants can cause urinary retention. This in turn may lead to overflow incontinence.[4] Diuretics, especially when given late in the day, may overwhelm the older person's bladder capacity.[5] Sedatives can cloud the mental status and can cause patients to lose bladder control.[6]

MEDICATION REVIEW ALONE MAY INDICATE THE CAUSE OF INCONTINENCE.[1] *Stopping or changing a drug may cure the problem.* A patient with normal bladder function is more comfortable, is safer, is more functional, and is easier to care for.

SOME DRUGS THAT CAN CAUSE INCONTINENCE

ANTI-PSYCHOTICS
chlorpromazine (Thorazine) → ANTICHOLINERGIC & SEDATING
thioridazine (Mellaril) →
thiothixine (Navane) →
haloperidol (Haldol) →

ANTIDEPRESSANTS
amitriptyline (Elavil) → THE MOST ANTICHOLINERGIC & SEDATING ANTIDEPRESSANTS
doxepin (Sinequan, Adapin) →

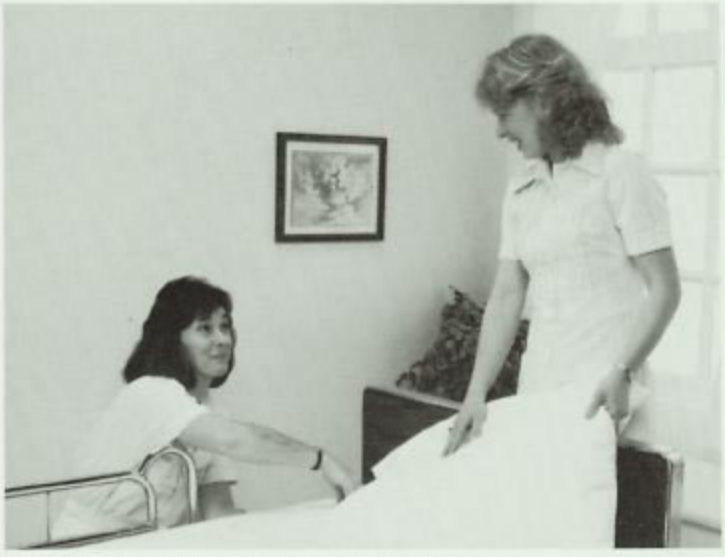
ANTIHISTAMINES
diphenhydramine (Benadryl) → VERY ANTICHOLINERGIC & SEDATING MAY ALSO BE ALPHA-BLOCKERS
hydroxyzine (Atarax) →
cold remedies →

DIURETICS
furosemide (Lasix) → MAY OVERWHELM THE OLDER PERSON'S ABILITY TO TOILET
bumetanide (Bumex) →
ethacrynic acid (Edecrin) →

ANTIHYPERTENSIVES
eg., methyldopa (Aldomet), clonidine (Catapres), prazosin (Minipress), guanethidine (Ismelin) and reserpine → AFFECT ALPHA RECEPTORS IN AUTONOMIC NERVOUS SYSTEM

FOR ALL INCONTINENT PATIENTS:

- **CONSIDER MEDICATION AS A POSSIBLE CAUSE**
- **REVIEW ENTIRE DRUG REGIMEN**
- **STOP OR CHANGE MEDICATIONS THAT MAY LEAD TO INCONTINENCE**
- **CONSIDER FURTHER EVALUATION IF SYMPTOMS PERSIST**



"NOW THAT MRS. SMITH IS ON FEWER MEDICINES AND IS DRY, SHE'S MUCH BETTER OFF."

"YES, AND SO ARE WE!"

REFERENCES: 1. Resnick N. Yalla S. Management of urinary incontinence in the elderly. New England Journal of Medicine 1985; 313:800-804. 2. Krane R, Siroky M. Diagnosis and treatment of urinary incontinence. Annual Review of Geriatrics 1982; 2:385-402. 3. Ebersole P, Hess P. Towards Healthy Aging. St. Louis, MO: CV. Mosby, 1985; pg. 219. 4. Resnick N. Urinary incontinence in the elderly. Medical Grand Rounds 1984; 3(3):281-290. 5. Willington FL. Urinary incontinence and the significance of nocturia and frequency. In: Cape R, ed. Fundamentals of Geriatric Medicine. New York, NY: Raven Press, 1983; pp. 117-127. 6. Williams M, Pannel F. Urinary incontinence in the elderly. Annals of Internal Medicine 1982; 97:895-907.

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