

# Drug Treatment for Urge Incontinence

## **Urge Incontinence**

Urge incontinence is also known as overactive bladder. Symptoms include urgency, frequency, frequent voiding at night, and a strong sensation to void. These symptoms result in leakage of urine.

## **Drug Treatment Goals**

Drug treatment for urge incontinence helps calm the overactive bladder by suppressing bladder urges and contractions and by helping the bladder hold larger amounts of urine. The ultimate goal is to reduce frequent voids and eliminate strong urges that provoke incontinence.

## **Types of Drugs**

A number of drugs are used for urge incontinence.

**Anticholinergics.** This category of drug is widely used for urge incontinence because the drugs suppress bladder urges and contractions, and they increase the ability of the bladder to hold more urine. Examples of anticholinergic drugs include...

- Oxybutinin (Ditropan)
- Oxybutinin Extended-Release (Ditropan XL)
- Hyoscyamine (Levsin/Levsinex, Cytospaz)
- Propantheline (Probanthine)
- Tolterodine (Detrol)

**Types of  
Drugs,  
continued**

**Tricyclic Antidepressants.** This category of drug helps reduce urgency and urge incontinence. These drugs can be particularly helpful for night-time incontinence or frequent night-time bathroom visits. The dosage for treating urge incontinence is very small compared to the dosage needed for the treatment of depression. An example of tricyclic antidepressants is Imipramine (Tofranil).

Tricyclic antidepressants help reduce bladder urgency and contractions as well as increase the muscle tone of the urethra. The result is fewer leaks. This can be especially helpful for women.

Cardiac side effects include orthostatic hypotension (sudden drop in blood pressure when going from sitting or lying to standing position) or cardiac conduction problems (problems with heart rhythm). Persons with heart or blood pressure problems should avoid these medications unless under close medical supervision.

People with narrow angle glaucoma or with urinary retention should not use anticholinergic drugs and tricyclic antidepressants. Older men with prostatic enlargement may develop urine retention when taking these drugs, so caution should be exercised and the bladder function closely supervised. The effects of tricyclic therapy may take several weeks before the best treatment response is noted.

**Types of  
Drugs,  
continued**

**Hormone Replacement Therapy.** For women who are post-menopausal, hormone replacement therapy with estrogen may help reduce symptoms of urge incontinence. Estrogens help improve or restore more normal tissue thickness, lubrication, and muscle tone of the mucosa of the urethra and the vagina. Increased closure of the urethra helps prevent urine leakage. Estrogen may also decrease bladder irritability and the urgency or frequency symptoms.

Women who have not had hysterectomies will require the addition of progesterone in their hormone replacement. The combination of progesterone with estrogen prevents over-stimulation of the endometrium and lessens the risk for endometrial cancer.

Women participating in hormone replacement therapy are advised to get a yearly pap smear and breast evaluation. Hormone replacement therapy is available in oral preparations as well as vaginal cream and skin patches. Some examples include:

- Premarin (conjugated estrogen)
- Estrace (estradiol)
- Ogen
- Climera estrogen patch
- Estraderm patch
- Provera (progesterone)

**Tips for Self-Care**

**Combine Drug Therapy with a Toileting Schedule.** Bladder training can be effective in combination with drug therapy. Another approach to setting up a toileting schedule is to plan to go to the bathroom upon getting up in the morning, before and after meals and at bedtime — allow for about 2 hours to pass between bathroom trips.

**Monitor Bowel Function Closely.** Many of the drugs used for incontinence can cause constipation. Increase your fluid and fiber intake. If you are prone to constipation, a bulking agent (such as Metamucil or Citrucel) may also be helpful. Avoid taking laxatives on a regular basis.

**Monitor Voids and Incontinent Episodes.** Do this several days a week to evaluate whether the drug is helping. Use a Bladder Diary for at least 2 days a week while on drug therapy.

**Monitor for Drug Side Effects.** Look for such side effects as dry mouth, blurred vision, bowel impaction, confusion, blood pressure changes, dizziness, and fatigue. Report any adverse drug effects or worsening of incontinence to your doctor.