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Urinary incontinence in the older patient

The BEACH program (Bettering the Evaluation and Care of Health) shows that urinary incontinence of organic origin is managed relatively rarely in general practice, at a rate of two per 1000 encounters.

Table 1. Management of urinary incontinence

Management method	Number	Rate per 100 urinary incontinence problems (n=802)	95% lower confidence limit	95% upper confidence limit
Medications	304	37.9	33.9	41.9
Oxybutin	91	11.4	—	—
Imipramine	42	5.2	—	—
Other treatments	280	34.9	30.7	39.1
Referrals	266	33.2	29.5	36.9
Gynaecologist	87	10.9	8.6	13.1
Urologist	73	9.1	7.1	11.1
Physiotherapist	38	4.7	3.2	6.2

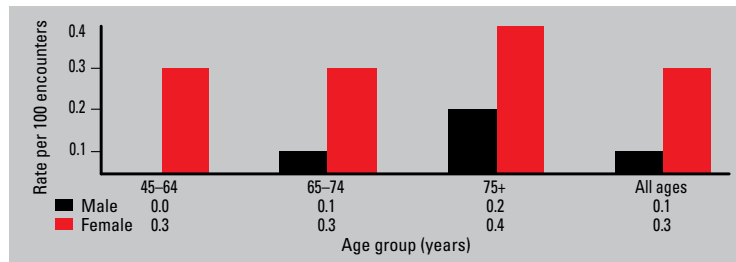
■ Over a 7 year period from April 2000 to March 2007 urinary incontinence was managed 802 times for patients aged 45 years and over. Women made up 85% of these encounters. Women had a significantly higher rate of incontinence management than males in all age groups. However, the management rate for men rose significantly among those aged 75 years and over, compared with men aged 45–74 years (*Figure 1*).

Hypertension was managed often in conjunction with incontinence, at a rate of 14 per 100 of these encounters, reflecting the age of this group of patients. Other common problems managed were female genital check up, menopausal complaints and diabetes.

Management of urinary incontinence

The rate of prescribing, providing or giving advice about medication was low for the management of incontinence (38 per 100 incontinence problems managed, compared with the BEACH average of about 70 per 100 problems). Of the bladder function disorder medications, oxybutin was most commonly prescribed, followed by imipramine. Other treatments were provided at an average rate, but referrals were given at almost three times the BEACH average, mainly to gynaecologists, urologists and physiotherapists (*Table 1*).

Figure 1. Age-gender specific management rates of urinary incontinence



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