

**Week 5 > Genitourinary Disorders & Sexuality**

**Genitourinary Disorders**

- **Urinary incontinence**

- **TYPES:**

- **Urge** > most common in older persons; urgency followed by leakage; need to rush to toilet
- **Stress** > leakage with effort (sneezing, coughing, laughing)
- **Mixed** > presence of urge and stress UI symptoms
- **Overflow** > inability to void completely because of insufficient bladder contraction and/or bladder outlet obstruction (frail or BPH)
- **Overactive** > **SYMPTOM SYNDROME** (not a condition) consisting of urgency, frequency, and nocturia, with or without urge

- **RISK FACTORS:** falls, functional dependence, weakness, obesity, diabetes, stroke, fecal incontinence, hysterectomy, cognitive impairment

- **CAUSES:**

- **Urge** > inability to store urine d/t uninhibited contractions of detrusor muscle
- **Stress** > inability to store urine d/t inadequate sphincter closure
- **Mixed** > combination of urge and stress physiology
- **Overflow** > inability to void completely d/t insufficient bladder contraction
- **Detrusor hyperactivity w/impaired contractility (DHIC)** > seen in frail adults in which urge UI coexists w/ impaired detrusor contractility, evidenced by elevated postvoiding residual volume (PVR) when no other causes of impaired emptying is identified
- **Medical Conditions** > HF, arterial vascular disease; GI disease, DM, Vitamin B12 deficiency, Hypercalcemia; RA, Osteoarthritis, Cervical Myelopathy; CVA, delirium, dementia, MS, normal- pressure hydrocephalus, PD, spinal cord injury, spinal stenosis; OSA; Peripheral venous insufficiency; Pulmonary disease; Affective and anxiety disorders, alcoholism, psychosis
- **Medications** >

**Medications Associated With Urinary Incontinence**

Medication	Effect on Continence
Alcohol	Frequency, urgency, sedation, delirium, immobility
α-Adrenergic agonists	Outlet obstruction (men)
α-Adrenergic blockers	Stress leakage (women)
ACE inhibitors	Associated cough worsens stress and possibly urgency leakage in older adults with impaired sphincter function
Anticholinergics	Impaired emptying, retention, delirium, sedation, constipation, fecal impaction
Antipsychotics	Anticholinergic effects plus rigidity and immobility
Calcium-channel blockers	Impaired detrusor contractility and retention; dihydropyridine agents can cause pedal edema, leading to nocturnal polyuria
Cholinesterase inhibitors	Urinary incontinence; potential interactions with antimuscarinics
Estrogen	Worsens stress and mixed leakage in women
Gabapentin, pregabalin	Pedal edema causing nocturia and nighttime incontinence
Loop diuretics	Polyuria, frequency, urgency
Narcotic analgesics	Urinary retention, fecal impaction, sedation, delirium
NSAIDs	Pedal edema causing nocturnal polyuria
Sedative hypnotics	Sedation, delirium, immobility
Thiazolidinediones	Pedal edema causing nocturnal polyuria
Tricyclic antidepressants	Anticholinergic effects, sedation

- **SCREENING:** recommended annually for all older persons
  - Ask about urine control, leaking urine, bladder problems, sudden urge to void with leaking before reaching the toilet.