

The Effects of Aging on Incontinence

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There is an urgent need for studies of the long-term consequences of menopause on incontinence, says the director of the Geriatric Incontinence Clinic at the Montreal General Hospital.

Dr. George Kuchel said clinical research on incontinence should include patients aged 80 and over. "A 90 year-old woman has been postmenopausal for nearly half a century," Dr. Kuchel said. Clearly the impact of that amount of time is going to be different from the impact than if she was postmenopausal for five, 10 or 15 years, he noted.

Speaking at the Royal College of Physicians and Surgeons of Canada annual meeting in Montreal, Dr. Kuchel noted the majority of incontinent patients are women, often in their 70s and 80s. However, while incontinence is common in the elderly, it is far from universal later in life. The take home message is that aging may contribute to incontinence, but it does not cause incontinence, said Dr. Kuchel, who is also an associate Professor of Medicine and Director, Division of Geriatric Medicine at the McGill University Health Centre.

One statement that has made it into the urologic literature is that the bladder is an unreliable witness for incontinence. That is a myth, Dr. Kuchel said. If that statement holds true for the non-geriatric population, it would be even more valid for the geriatric population.

In fact, Dr. Kuchel said, a history can always be obtained from the patient and or the caregiver. History, examination and selected tests are sufficient to guide therapy in most elderly.

Dr. Kucher said while there is "a race for a cure" for disease such as Alzheimer's, the "race for a cure" for other problems such as incontinence is just beginning.

In addition, small improvements in the quality of life of patients with incontinence can make a major difference, he noted. "Sometimes changes in their quality of life may seem small to ourselves, but if they allow you to go out of the apartment and buy your own groceries...that can be a major increase."

Dr. Kuchel noted that studies have found no relationship between the presence of dementia and detrusor hyperactivity. Detrusor hyperactivity is equally common in demented and normal individuals.

Oxybutynin has demonstrated some efficacy in improving urge incontinence in women, both in symptom relief and quality of life, with an effective cure in 28% to 44% of patients.

Tolterodine, a competitive muscarinic receptor antagonist, which came into the market in Canada a year ago, also has some potential, he said.

Clinical studies have shown the effectiveness of the drug for symptoms of overactive bladder is similar to that of oxybutynin. However, fewer patients on tolterodine require dose reductions and there is better compliance due to fewer adverse events.