اپروچ به خانم ۶۵ ساله با بی اختیاری ادرار در درمانگاه پزشکی خانواده

استاد راهنما: استاد امین الرعایا

ارائه دهنده: زهرا کریمی زاده

Chief complaint

- خانم ۶۵ ساله با شکایت بی اختیاری ادرار

Present illness

- بیمار خانم ۶۵ ساله، با شکایت بی اختیاری ادرار از یک ماه قبل که به صورت ناگهانی شروع شده است.
- بیمار کاملا فانکشنال هست.
- بی اختیاری مداوم است و هم در طول شب هم در روز رخ می دهد. روزانه ۵-۶ نوبت دفع غیرارادی ادرار دارد.
- به دنبال سرفه و عطسه نیست؛ هرچند با سرفه و عطسه تشدید می شود.
- به دنبال لیک ادرار، کامل تخلیه نمی شود و لازم است مجددا دستشویی برود.
- بی اختیاری مدفوع –
- یبوست -

- PMH: -
- PSH: سابقه جراجی دیسکوپاتی یک سال قبل
- DH: Solifenacin 5 BD از دو هفته قبل
- AH: -
- FH: -
- سابقه ۳ زایمان طبیعی

Urinary incontinence

- Involuntary leakage of urine
- Risk factors:
  - Age
  - Obesity
  - Parity
  - Mode of birth
  - Family history
  - Medical comorbidities and medications
  - Diet and smoking

Types of Incontinence

1. Stress Incontinence: Caused by Intrinsic sphincteric deficiency or Urethral hypermobility. Triggered by coughing, sneezing, or physical exertion.

Symptoms

- Leakage during physical activities.
- No urge prior to leakage.

Types of Incontinence

2. Urgency Incontinence: Resulting from overactive bladder or detrusor muscle overactivity.

Symptoms

- Strong, sudden urge to void.
- Frequent small-volume voids.

Types of Incontinence

3. Mixed Incontinence: Combination of stress and urgency incontinence, common in older women.

Symptom

- Symptoms of both stress and urgency types

Types of Incontinence

4. Overflow Incontinence: Due to incomplete bladder emptying, leading to frequent dribbling. Caused by detrusor underactivity or bladder outlet obstruction

Symptom

- Weak stream, frequent dribbling.
- Sensation of incomplete emptying
- Hesitancy, frequency

Types of Incontinence

- Other contributing factors/conditions such as:
  - ✓Genitourinary syndrome of menopause/vaginal atrophy ,
  - ✓Urinary tract infection,
  - ✓Other urologic/gynecologic disorders (urogenital fistulas, urethral diverticula, and ectopic ureters)
  - ✓Systemic causes (Neurologic disorders like Spinal cord disorders, stroke, and parkinson, cancers),
  - ✓Functional urinary incontinence,
  - ✓Cognitive impairment

Evaluations: History

- Document symptom onset, triggers, and frequency.
- Assess impact on quality of life.
- Systemic symptoms
- Medications
- Voiding Diaries: Tracks fluid intake, voiding frequency, and leakage episodes.
- Alcohol and caffeine

Appendix 13A. The 3 Incontinence Questions (3IQ)

1. During the last three months, have you leaked urine (even a small amount)?

   ☐ Yes ☐ No → Questionnaire completed.

2. During the last three months, did you leak urine (check all that apply):

   a. ☐ When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?

   b. ☐ When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?

   c. ☐ Without physical activity and without a sense of urgency?

3. During the last three months, did you leak urine most often (check only one):

   a. ☐ When you are performing some physical activities, such as coughing, sneezing, lifting, or exercise?

   b. ☐ When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?

   c. ☐ Without physical activity or a sense of urgency?

   d. ☐ About equally as often with physical activities as with a sense of urgency?

Definitions of the type of urinary incontinence are based on responses to Question 3

Response to question 3	Type of incontinence
a. Most often with physical activity	Stress only or stress predominant
b. Most often with the urge to empty the bladder	Urge only or urge predominant
c. Without physical activity or sense of urgency	Other cause only or other cause predominant
d. About equally with physical activity and sense of urgency	Mixed

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Evaluations: Physical examination

- Pelvic exam to evaluate muscle integrity and prolapse: in case of atypical symptoms, diagnostic uncertainty, or failure of initial treatment

- Neurologic examination: in case of sudden onset of urinary incontinence (especially urgency symptoms) or new onset of neurologic symptoms

Laboratory tests

- U/A: in all cases
- U/C: if UTI or hematuria is suggested on screening
- Kidney function: when there is concern for severe urinary retention resulting in hydronephrosis

Clinical Tests

- Bladder stress test,
- Postvoid residual measurement
- Urodynamic testing
- Urethral mobility evaluation

ارزیابی های بیمار

- U/A : نرمال
- سونوگرافی کلیه ها و مجاری ادراری: ابعاد، حدود و پترن هر دو کلیه طبیعی، Fullness در هر دو کلیه، افزایش ضخامت جداری مثانه
- حجم مثانه قبل از تخلیه = ۴۳۳ سی سی
- میزان باقی مانده ادراری = ۱۴۲ سی سی
- دو هفته مصرف Solifenacin 5 mg هر ۱۲ ساعت←بهبودی نداشته است

Specialist referral

- Associated abdominal or pelvic pain in the absence of UTI
- Culture-proven recurrent UTIs (three or more per year or two in six months)
- Gross or microscopic hematuria with risk factors for malignancy in the absence of a UTI
- Lifelong incontinence or suspected vesicovaginal fistula or urethral diverticula on vaginal examination
- Other abnormal physical examination findings (eg, pelvic mass, pelvic organ prolapse beyond the hymen)

Specialist referral

- New neurologic symptoms in addition to urinary and/or bowel incontinence
- Uncertainty in diagnosis
- History of pelvic reconstructive surgery or pelvic irradiation
- Persistently elevated PVR volume, after treatment of possible causes (eg, medications, stool impaction)
- Suspected overflow incontinence, particularly in the setting of underlying conditions (eg, neurologic conditions, diabetes)
- Chronic urinary catheterization or difficulty passing a catheter

Symptom management

- pads and protecting garments

- Moisture-wicking catheters

Initial treatment

- Modifying contributory factors
- Lifestyle modification
- Pelvic floor muscle (Kegel) exercises
- Bladder training
- Topical vaginal estrogen

Treatment

- Devices
- Surgery
- Urethral bulking injections procedures
- Tibial nerve stimulation
- Botulinum toxin
- Sacral nerve stimulation

Treatment

- Pharmacotherapy
  - Antimuscarinics (eg, Oxybutynin, Tolterodine, Fesoterodine, Solifenacin): Urge incontinence
  - Beta-3 adrenergic agonists (eg, mirabegron and vibegron): Urge and overflow incontinence
  - Duloxetine: Stress incontinence
  - Alpha-adrenergic agonists (eg, phenylpropanolamine): no longer recommended
  - Imipramine**:** mixed incontinence; insufficient evidence

Treatment: Neurologic disease

- Bladder or sphincter impairment resulting in complicated mixed stress, urgency and overflow incontinence
- Clean technique intermittent catheterization or chronic indwelling catheter
- fluid intake restriction of two liters a day
- Anticholinergic medications
- Alpha-blockers (eg, prazosin ,trazosin): in case of detrusor-sphincter dyssynergia
- Cholinergic medications (bethanchol): in case of hypotonic bladders
- Alpha adrenergic: in case of pathologic relaxation of the sphincter

سطوح پیشگیری

Primordial Prevention

Primary Prevention

Secondary Prevention

Tertiary Prevention

Quaternary Prevention

Primordial prevention

- کاهش وزن
- کاهش مصرف الکل، کافئین، و غذاهای اسیدی
- کاهش مصرف مواد قندی

Primary prevention

- ارائه مشاوره توسط مراقبین سلامت و بهورزان در خصوص بی اختیاری ادرار
- آموزش به بیماران برای مراجعه به پزشک در صورت شک به بی اختیاری ادرار
- ورزش های تقویت کننده عضلات کف لگن پس از زایمان در زنان

Secondary prevention

- شناسایی افراد در معرض خطر بی اختیاری ادراری
- شروع درمان بی اختیاری ادراری در بیماران

Tertiary prevention

- ارزیابی مناسب بیمار از نظر بروز UTI
- کمک به بهبود کیفیت زندگی با درمان های کاهنده علامت مثل استفاده از پدها

Quaternary prevention

- پرهیز از انجام اقدامات تشخیصی و درمانی اضافی در بیمار بی اختیاری ادرار

نقش پزشک خانواده