Discontinuation of Treatment Using Anticholinergic Medications in Patients With Urinary Incontinence

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1. Discuss the signs and symptoms of stress urinary incontinence versus urgency urinary incontinence. How are they similar? How do they differ? The authors focused their study on the treatment of any urinary incontinence rather than just urgency urinary incontinence. How might this have influenced the results in this study?

2. Review American College of Obstetricians and Gynecologists’ Practice Bulletin No. 63, “Urinary Incontinence in Women.” Describe the recommended workup of women with urinary incontinence. What workup do patients in your practice undergo when they present with incontinence symptoms?

3. The authors identify their main outcome measure as discontinuation of their anticholinergic medication within 36 months. Treatment discontinuation was defined as a period of 90 days without prescription of urinary incontinence therapy; but, with at least one visit to the same doctor after 90 days. Discuss why this may or may not be a good indication of discontinuation.

4. Discuss the mechanism of action of anticholinergics and why expected side effects in this study included gastrointestinal upset, constipation, dry eyes, and headache. How do cholinergic receptors vary at these different sites?

5. Overall the authors report a very low continuation rate of anticholinergic medication in this largely insured population. Review continuation rates for antihypertensives and lipid-lowering medications. Is the discontinuation rate for anticholinergics different than treatments for other chronic diseases? Discuss why discontinuation rates are high and how providers might address this problem.

6. What other first-line therapies are proven effective for the treatment of urgency urinary incontinence? The authors suggest that physiotherapy was underutilized in this population. Describe how you would counsel patients regarding other therapies for urinary incontinence.

7. The authors acknowledge limitations of using a large database. What limitations did they list? Are there other limitations that you feel are important to acknowledge?

8. Review American College of Obstetricians and Gynecologists’ Committee Opinion No. 604, “OnabotulinumtoxinA and the Bladder.” Which patients are candidates for onabotulinumtoxinA injections? What are the risks and benefits of this treatment intervention? What other treatments are available for women with refractory urgency urinary incontinence. Compare and contrast the risks and benefits of these other treatments.