

Urinary Incontinence Clinician Pocket Guide

PURSUIT Team

This project was funded under grant number U18HS02873 from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS). The authors are solely responsible for this document's contents, findings, and conclusions, which do not necessarily represent the views of AHRQ or of HHS. Readers should not interpret any statement in this report as an official position of AHRQ or of HHS. None of the authors has any affiliation or financial involvement that conflicts with the material presented in this report.

URINARY INCONTINENCE

Diagnosis, Treatment, & Products at the VA

⇩ **Initiate lifestyle and behavioral strategies first —** ⇩
refer Veteran to the PURSUIT team
(vhabirpursuitstudy@va.gov)

	Item	Department
Incontinence Products	Liners	Possible NF Request from Pharmacy
	Pads – assess need for extended coverage	Pharmacy (Outpatient)
	Diapers	Pharmacy (Outpatient)
	Briefs (Pull-ups)	Pharmacy (Outpatient)
	Bed pads	Pharmacy (Outpatient)
	Urinal	Prosthetics
	Pessaries [†]	Prosthetics
Skin Care	Perineal Cleanser	Pharmacy (Outpatient)
	Petroleum based ointment	Pharmacy (Outpatient)
	Zinc based ointment	Pharmacy (Outpatient)
	A&D ointment	Pharmacy (Outpatient)

[†]Referral may be needed for fitting.

This project was funded under grant number 1U01AG020003 from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services.



U.S. Department of Veterans Affairs
 Veterans Health Administration
 Geriatrics Research, Education, and Clinical Centers

Common Diagnoses (ICD-10 Code)

Stress UI (N39.3)	Overactive bladder (N32.81)
Urge UI (N39.41)	Nocturia (R35.1)
Mixed UI (N39.46)	Nocturnal enuresis (N39.44)
Incontinence without sensory awareness (N39.42)	

	Medication	Dosage
VA-Approved	Oxybutynin (First line)	<ul style="list-style-type: none"> 5-20 mg/d (XL formulation)** 2.5-5 mg q6-12h (IR formulation) 3.9 mg/24h (apply patch 2x/wk)** <i>Available OTC, not VA formulary</i>
	Tolterodine	<ul style="list-style-type: none"> 1-2 mg q12h 2-4 mg/d (LA formulation)**
	Trospium	<ul style="list-style-type: none"> 20 mg q12-24h (on empty stomach) 20mg/d, if age > 75 years 60 mg/d (XR formulation), <i>Not VA formulary</i>
	Solifenacin	<ul style="list-style-type: none"> 5-10 mg/d
	Mirabegron*	<ul style="list-style-type: none"> 25-50 mg/d
	Vaginal estrogen cream	<ul style="list-style-type: none"> Indication for atrophic vaginitis [Pharmacy (Outpatient)]
Available but Not Approved	Darifenacin	<ul style="list-style-type: none"> 7.5-15 mg/d
	Fesoterodine	<ul style="list-style-type: none"> 4-8 mg/d
	Vibegron	<ul style="list-style-type: none"> 5-10 mg/d

^{*}Preferred agent when anticholinergic medication is contraindicated;
^{**}Associated with fewer side effects than IR formulation.

Resource Description: This is a urinary incontinence pocket guide for providers in the VA that outlines lifestyle modifications, diagnosis codes, and treatment options.