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Title (type in CAPITAL LETTERS) THE RELATIONSHIP BETWEEN MEDICATION TYPE, URINARY SYMPTOMS AND CLINICAL MEASURES OF SEVERITY.

Aims of Study. The types of medications used by patients and their association
with urinary incontinence has been previously examined in elderly populations
(1). This study aims to investigate the relationship between medication type,
urinary symptoms and objective clinical measures of urinary incontinence in a
community based population sample of men and women aged 40 years and above

Methods. 184 patients (62 men, 122 women, mean age 66 years, SD 43.50) over
the age of 40 yrs, residing within the county of Leicestershire, were
recruited as part of a community based trial investigating Continence Nurse
treatment of urinary dysfunction. All patients were taking prescribed
medications. Medications were grouped into the following categories:-
Diuretics, HRT, NSAID, CNS acting, Respiratory acting, Insulin, Oral
Hypoglycaemics, Antibiotics, Beta blockers, Calcium channel antagonists,
ACE inhibitors, Antianginal, Antiarrythmic, Anticoagulant, Analgesics and
Miscellaneous.
Patients urinary symptoms reported at the start of nursing interventions
(frequency, urgency, nocturia, stress and urge incontinence) were compared
with the types of medication. Objective clinical measures of severity of
urinary incontinence obtained at the start of nursing intervention, in the
form of a 24hr home pad test and 3 day Frequency-Volume Chart(FVC) measures
(Mean daytime frequency, Mean nightime frequency, Mean 24hr frequency, Mean
voided volume, Functional bladder capacity and number of Incontinent
episodes), were also compared with medication type. Data were analysed using
Mann-Whitney U testing.

Results. There was no statistically significant association between medication
types and urinary symptoms or objective clinical measurements of severity (24hr
home pad test and 3 day FVC measures). However there were clinically significant
associations, particularly when comparing medication type and objective measures
of severity of incontinence.

Conclusions. There seems to be little association between the type of
medications patients are using and their subjective reporting of urinary
incontinence in the community. However, there are possible clinically
significant associations when comparing medication types and clinically
objective measures of severity. This work is ongoing and we will report with
larger numbers in the future.

References.
(1) Drug Intell Clin Pharm 1988 Oct;22(10):789-7