



Clinical Practice Guidelines: Rehabilitation Interventions for Urgency Urinary Incontinence, Urinary Urgency and /or Urinary Frequency in Adult Women

J. Adrienne McAuley, PT, DPT, MEd¹ , Amanda T. Mahoney, PT, DPT² , Mary M. Austin, PT, DPT³

1. University of New England, Portland ME
2. Louisiana State University Health Sciences Center at Shreveport, Shreveport LA
3. The Johns Hopkins Hospital, Baltimore MD

Abstract

Background/rationale:

The body of evidence for interventions specific to urgency urinary incontinence (UUI), urinary urgency, and / or urinary frequency is not as readily accessible to consumers or healthcare providers when compared to stress urinary incontinence. This clinical practice guideline (CPG) is presented to help inform readers of the current evidence for physical therapy intervention of UUI, urinary urgency, and/or urinary frequency, as well as identify the areas in which further research is needed.

Purpose of the CPG:

The aim of this (CPG) is to provide evidence-based recommendations for rehabilitation interventions of urgency urinary incontinence, urinary urgency, or urinary frequency in adult women.

Methodology:

Five electronic databases (OVID Medline, EMBASE, Cochrane Library, CINAHL, and ProQuest) were used to search for scientific literature published from January 1, 1995 to June 30, 2017. Critical readers formally assessed the procured articles. The authors collaborated to establish the levels of evidence and create the recommendations.

Results:

Thirty-one articles informed the development of seven of the recommendations for intervention of urgency urinary incontinence, urinary urgency and / or urinary frequency. Summary tables of the articles that support each of the recommendations are presented. Two additional recommendations for best practice are presented as expert opinion.

Conclusion:

The CPG offers guidance to healthcare providers and patients for the treatment of urinary urge incontinence, urinary urgency, and urinary frequency. Recommendations, in order of strength of evidence, include behavioral interventions and pelvic floor muscle training (Grade A) followed by electrical stimulation (Grade B), and then lifestyle modifications (Grades B and C).

Recommendations

Behavioral interventions:

- Evidence Quality: II
- Grade of recommendation: A
- Healthcare providers must prescribe behavioral interventions including bladder retraining, dietary & fluid modification, and urge suppression techniques for symptoms of urgency urinary incontinence, urinary urgency, and / or urinary frequency.

Pelvic floor muscle training:

- Evidence Quality: I
- Grade of recommendation: A
- Healthcare providers should prescribe pelvic floor muscle training programs when contraction quality has been confirmed for symptoms of urgency urinary incontinence, urinary urgency, and / or urinary frequency.

Transcutaneous tibial nerve neuromodulation:

- Evidence Quality: II
- Grade of recommendation: B
- Healthcare providers should use low frequency transcutaneous tibial nerve electrical stimulation for symptoms of urgency urinary incontinence, urinary urgency and / or urinary frequency in the absence of contraindications for electrical stimulation.

Transvaginal neuromodulation:

- Evidence Quality: II
- Grade of recommendation: B
- Healthcare providers should consider low frequency transvaginal electrical stimulation for symptoms of urgency urinary incontinence, urinary urgency and / or urinary frequency in the absence of contraindications for electrical stimulation.

Medication:

- Evidence Quality: I
- Grade of recommendation: B
- Healthcare providers who prescribe medications for urgency urinary incontinence, urinary urgency and / or urinary frequency should inform patients of the improved outcome when combined with pelvic health rehabilitation.

Weight loss:

- Evidence Quality: II
- Grade of recommendation: B
- Patients and healthcare providers should consider weight loss to reduce symptoms of urgency urinary incontinence, urinary urgency and / or urinary frequency in those with a body mass index (BMI) > 25 kg/m².

Mindfulness-based stress reduction (MBSR):

- Evidence Quality: IV
- Grade of recommendation: C
- Patients and healthcare providers may consider use of mindfulness-based stress reduction to reduce symptoms of urgency urinary incontinence, urinary urgency and / or urinary frequency.

Constipation management:

- Evidence Quality: V
- Grade of recommendation: P (Best Practice)
- Patients and healthcare providers should address constipation to reduce symptoms of urgency urinary incontinence, urinary urgency and / or urinary frequency.

Fall risk management:

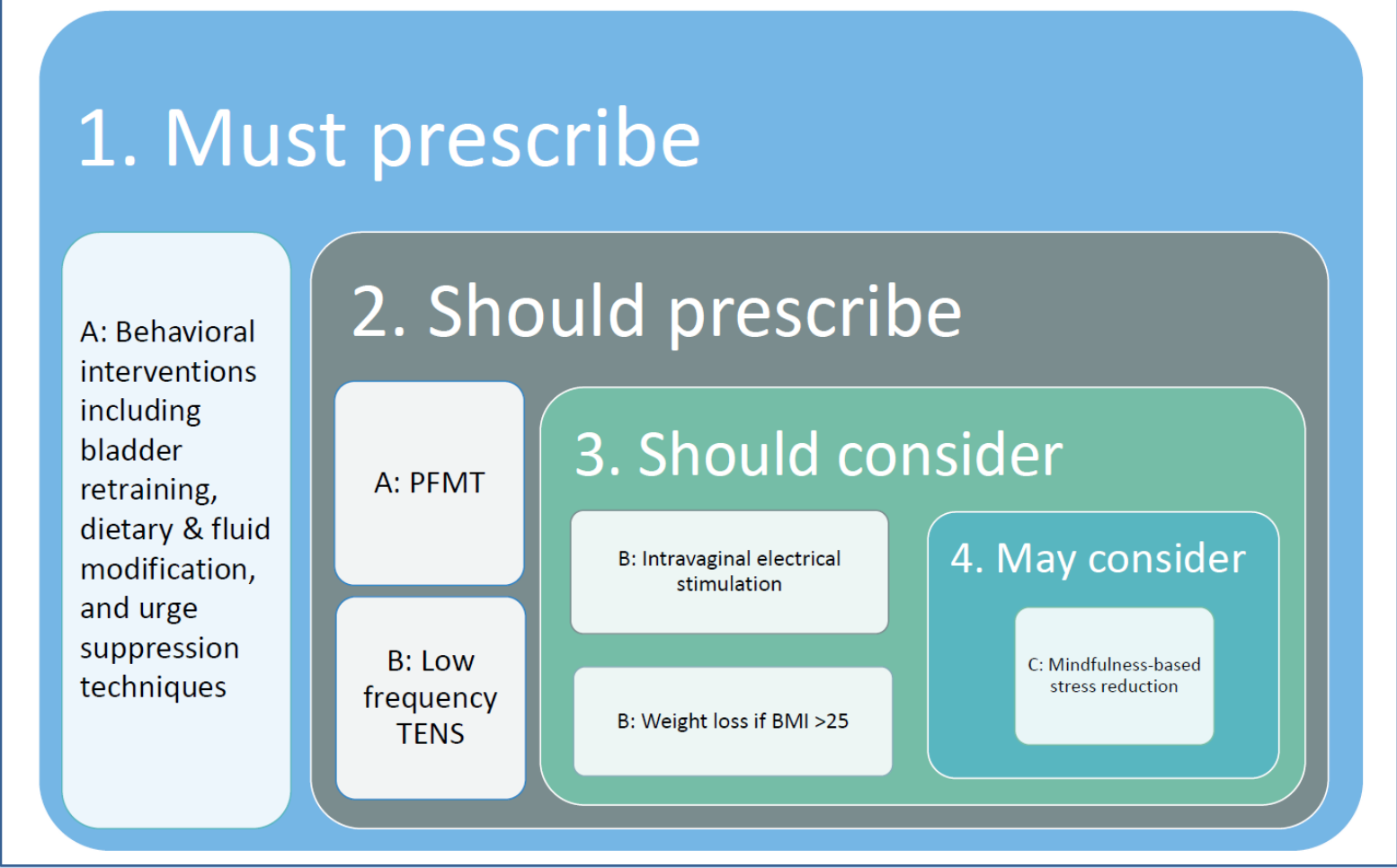
- Evidence Quality: V
- Grade of recommendation: P (Best Practice)
- Healthcare providers should address fall risk management for patients with urgency urinary incontinence, urinary urgency and / or urinary frequency.

TABLE 7. GRADE ASSIGNMENTS FOR LEVEL-OF-EVIDENCE RECOMMENDATIONS

Letter Grade	Level of Obligation	Definition
A	Strong	A high level of certainty of <i>moderate to substantial</i> benefit, harm, or cost, or a <i>moderate</i> level of certainty for <i>substantial</i> benefit, harm, or cost (based on a preponderance of Level 1 or 2 evidence with at least 1 level 1 study)
B	Moderate	A high level of certainty of <i>slight to moderate</i> benefit, harm, or cost, or a <i>moderate</i> level of certainty for a <i>moderate</i> level of benefit, harm, or cost (based on a preponderance of level 2 evidence, or a single high-quality RCT)
C	Weak	A moderate level of certainty of <i>slight</i> benefit, harm, or cost, or a weak level of certainty for moderate to substantial benefit, harm, or cost (based on
D	Theoretical / foundational	A preponderance of evidence from animal or cadaver studies, from conceptual/theoretical models/principles, or from basic science/bench research, or published expert opinion in peer-reviewed journals that supports the recommendation
P	Best practice	Recommended practice based on current clinical practice norms, exceptional situations in which validating studies have not or cannot be performed yet there is a clear benefit, harm, or cost, expert opinion
R	Research	An absence of research on the topic or disagreement among conclusions from higher-quality studies on the topic

Levels of Evidence, APTA CPG Development Manual ©2022

Action Statements



References

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