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Jeanice Mitchell, MPT
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Medicare Certified
Home Health
&
Outpatient Therapy Clinic

Urinary Incontinence Drug vs. Behavioral Therapy

A study published in the *Journal of the American Medical Association* found behavioral therapy to be more effective than oxybutynin against incontinence (primarily urge).¹ Recently, Dr. Johnson and colleagues provided additional analysis of this data, and his observations were published in the *Journal of the American Geriatric Society*.² In this article, Dr. Johnson and colleagues specifically address nocturia, waking at night from sleep to void. Nocturia occurs in 25% to 50% of healthy older people, and it has been connected with sleep disruption and risk for nighttime falls. They followed 197 women with nocturia. Treatment arms included oxybutynin 2.5 mg per day to 5.0 mg 3xD, behavioral therapy, and placebo. Behavioral therapy included strategy teaching, pelvic floor strengthening, home exercises, and biofeedback. Behavioral therapy produced a 67% greater reduction in nightly voids than drug therapy (P=.02). When success was measured at a 50% or greater reduction in nocturia, behavioral therapy achieved 23.4% success while drug therapy achieved an 8.7% success.



Of course, the choice in treatment does not have to be behavioral therapy vs. drug therapy. Research supported by Pfizer and published this past August in the *Annals of Internal Medicine*³ adds to the evidence that drug therapy in combination with behavioral therapy works better than drug therapy alone.⁴ In this blinded, randomized trial, Burgio et al. treated 307 women with urge-predominant incontinence. The two treatment arms were 10 weeks of tolterodine and tolterodine drug therapy plus behavioral training. Behavioral training was delivered by a physical therapist or nurse specialist. It included pelvic floor muscle exercises with palpation and strategies to reduce urgency, suppress bladder contractions, and delay voiding. Patients in the "drug only" arm did receive some behavioral training such as a bladder diary and recommendations for fluid management, and this may have increased the success rate of the drug only arm. Even so, patients with the combined drug and behavioral therapy were 19% more likely to achieve 70% or greater reduction in incontinence.

Because of the extensive evidence supporting physical therapy approaches for incontinence,¹⁻⁹ Barry Weiss, MD (in his 2005 article published in the *American Family Physician*) recommends behavior therapies as the first-line treatment.¹⁰ For highly experienced incontinence treatment therapy, please refer your patients to Integrity Rehab and Home Health. For your homebound patients, Medicare pays 100% of costs for services from Integrity Home Health. Patients who are not homebound can receive the Incontinence Cure Program™ as outpatient physical therapy at Integrity Rehab.

Integrity's Incontinence Cure Program™ can include:



- **Pelvic Floor Muscle Exercises:** Integrity therapists guide patients through exercises that train them to maintain control in a variety of postures and relevant activities.
- **Biofeedback:** Integrity's equipment allows patients to see the result of their effort and enables them to develop better control.
- **E-Stim:** Gentle electrical stimulation to pelvic floor muscles can improve strengthening in some patients.
- **Vaginal Cones and Weights:** Small weights may be used to increase strength of the pelvic floor muscles.
- **Strategies:** Integrity therapists will help your patient develop and adhere to various strategies that improve continence (e.g. diet modifications, bathroom schedules, bladder retraining, etc.).

Please tell your patients about Integrity Rehab & Home Health

References

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