

# GYNAECOLOGY & OBSTETRICS UPDATE

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## Reference

**electronic Medicines  
Compendium**  
<http://emc.medicines.org.uk>  
Drug Information Eli  
Lilly and Company Limited

## Medical Treatment of Stress Urinary Incontinence

**Duloxetine** is a new medication (**40 mg bd**) to improve (rather than cure) moderate to severe cases of urinary **stress incontinence** (*not* urgency *nor* urge incontinence). It is a serotonin & nor-adrenaline reuptake inhibitor that increases urethral contraction leading to a stronger closure during urine storage. It has been recently licensed in a smaller dose (**30 mg bd**) as **antidepressant**. *There are important criteria to be fulfilled prior to prescribing it for stress incontinence (see patient selection).*

**Effectiveness: 15– 17% better than placebo:** The reduction of incontinence episodes associated with Duloxetine is only 17% better than that associated with a placebo (50% vs. 33%). The improvement of incontinence associated with Duloxetine is only 15% better than that associated with a **placebo** (65% vs. 50%). Patients on Duloxetine were happy to skip surgery for incontinence in 20% of cases (**80% of patients on Duloxetine preferred to have surgery**)

**Duration of therapy:** In theory as Duloxetine does not cure but only improve incontinence it should be used for life. However its efficacy has not been evaluated for longer than 3 months in placebo-controlled studies. The benefit of treatment should, therefore, be re-assessed regularly

**Side effects: Discontinuation rates up to 15%**

*Very common* nausea in 23%, dry mouth in 12%, insomnia in 12%, fatigue in 12%, constipation in 11%, headache in 9%, and dizziness in 9%.

*Common* Anorexia, appetite decreased, thirst, sleep disorder, anxiety, decreased libido, loss of orgasm, headache, dizziness, somnolence, tremor, blurred vision, nervousness, diarrhoea, vomiting, dyspepsia, increased sweating, lethargy, vulval irritation and itchiness, and general weakness.

*Isolated cases of suicidal ideation or behaviours* have been reported during therapy or early after discontinuation. Please encourage the patient to report any distressing thoughts or feelings

**Management of side effects** beyond 4 weeks: reduce the dose to 20 mg bd but efficacy is unproven

**Discontinuation:** after more than 1 week of therapy: the dose should be tapered to 40 mg once daily for 2 weeks before discontinuation to decrease the risk of possible discontinuation symptoms.

**Contraindications:** Hepatic impairment, Pregnancy & lactation and if on non-selective irreversible MAOIs or CYP1A2 inhibitors (e.g. fluvoxamine, ciprofloxacin, enoxacin)

**Caution:**  The ability to drive a car or operate hazardous machinery may be impaired

- Elderly as reduction of the body sodium has been rarely reported
- If combined with centrally acting drugs or substances, including alcohol and sedatives.
- If used concomitantly with antidepressants like tricyclics, venlafaxine, or triptans, tramadol and tryptophan as serotonin syndrome has been reported
- History of mania, bipolar disorder, or seizures.
- Patients who suffer from increased eye pressure or at risk of acute narrow-angle glaucoma.
- Anticoagulants or products that affect platelet function and those with bleeding tendencies.

**Patient selection**  Initial assessment of all patients is mandatory to exclude pelvic pathology and to determine any of the indications for direct specialist referral (see Update Issue 8)

- A full course of pelvic floor muscles exercises should be tried first by all patients.
- Factors to be considered: Duloxetine is not curative, the associated improvement is only 15% better than that with placebo, the associated side effects, the discontinuation rate and that theoretically it will be needed for life in comparison to surgery which is associated with > 90% cure, > 95% improvement, being minimally invasive (average 15 minutes) with minimal recovery (average 2 weeks) and being associated with potential risks (see Update Issue 10& 26)
- It can be used for patients who would like to have surgery but have not completed their family or surgery is contraindicated.
- If Duloxetine is used, pelvic floor exercises should be continued with the medication as the combination is more effective than either treatment alone.