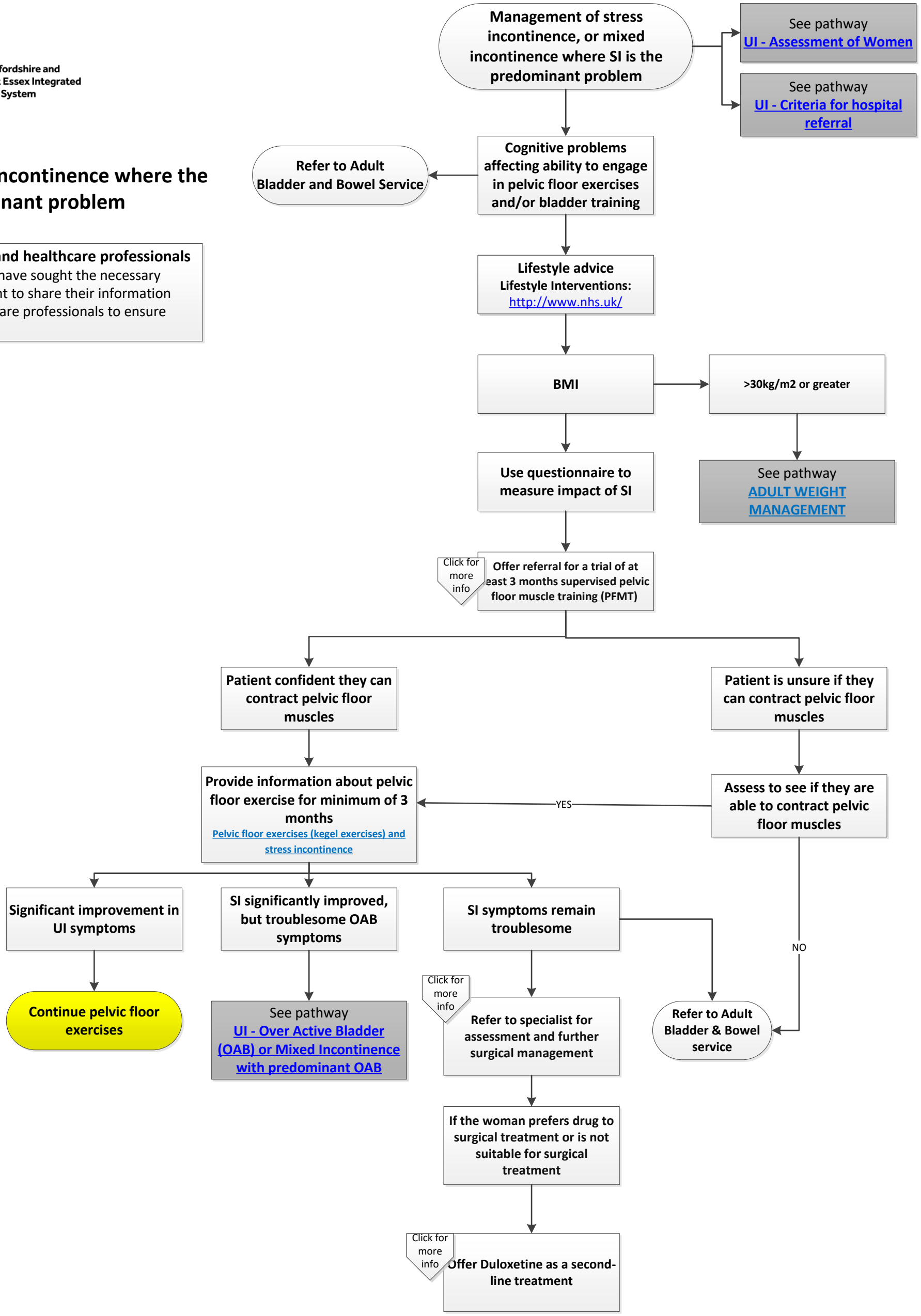
Hertfordshire and West Essex Integrated Care System

UI - SI or mixed incontinence where the SI is the predominant problem

Information for GPs and healthcare professionals
Please ensure that you have sought the necessary consent from the patient to share their information across different healthcare professionals to ensure continuity of care.

Click for info for patients



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- Bladder diary (minimum 3 days) **Bladder Diary - Urology Care Foundation.**
- Pelvic floor muscle training (minimum 3 months) **Pelvic floor exercises (kegel exercises) and stress incontinence**
- Patient education on self-management **Stress Incontinence | Symptoms and Treatment**
- **Self-help resources:** The NHS provides online information for people with **urinary incontinence,** available at www.nhs.uk

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Pelvic Floor Muscle Training (PFMT):

- Refer to an appropriate practitioner (such as a continence adviser, nurse specialist in urogynaecology, physiotherapist specialising in women's health).
- A minimum of eight pelvic floor muscle contractions should be performed at least three times a day.

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If no improvement after 3 months of supervised pelvic floor exercises or if the woman wants further management, consider:

- Referring to a urogynaecologist, gynaecologist, or urologist (depending on local service provision) for assessment and further surgical management.

Use a validated symptom and quality of life questionnaire e.g. ICIQ-UI Short Form

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Duloxetine:

- Offer the medication after counselling about its adverse effects.
- Check for drug cautions, interactions, contraindications and adverse effects on **Duloxetine | Prescribing information | Incontinence - urinary, in women | CKS | NICE** before prescribing.
- The recommended dose of duloxetine is 40 mg taken twice a day.
- Re-assess after 2–4 weeks of treatment to evaluate the benefit and tolerability of the treatment.
- If adverse effects are likely to be a problem, consider starting treatment at a dosage of 20 mg twice a day for 2 weeks before increasing to the recommended dosage of 40 mg twice a day.

- For information on treatment reduction and discontinuation, see the section on **Drug withdrawal or dose reduction.**
- **For monitoring: In people with hypertension or other cardiac disease,** monitor blood pressure, especially during the first month.
- If a sustained increase in BP occurs, consider either a dose reduction or a gradual discontinuation of duloxetine.
- **When withdrawing or reducing the dose of duloxetine:**
- Advise the person not to stop treatment abruptly.
- If duloxetine treatment is to be discontinued, reduce the dose gradually over at least 1 to 2 weeks to reduce the risk of withdrawal reactions.
- If intolerable withdrawal reactions occur after a dose reduction or on stopping treatment, resume the previously prescribed dose and continue decreasing the dose more gradually.