Urinary incontinence occurs when one of the continence mechanisms fails. The incidence of urinary incontinence rises with increasing age, in both men and women. The exact cause of this has not yet been established. Urinary incontinence occurs in several forms, including stress incontinence, urge incontinence and overflow incontinence. Urinary incontinence can, however, also be caused by the use of certain medicines. The article presents the scientific evidence for drug-induced urinary incontinence. Randomised double-blind trials showing drug-induced urinary incontinence are only available for hormone replacement therapy with oestrogen. Observational studies have found an association between drugs affecting the autonomous nervous system, such as atypical antipsychotics and alpha-blockers, and urinary incontinence. No evidence for an association with urinary incontinence was found in observational studies of cholinesterase inhibitors, which also influence the autonomous nervous system. What is important is that a number of the studies have found that the symptoms disappeared when the use of these drugs was discontinued, which strengthens the evidence for an association between the drugs in question and this side-effect. There is also evidence for a possible association between SSRIs and the development of urinary incontinence. Other drugs which have been associated with urinary incontinence include gabapentin, gonadorelin antagonists and trastuzumab.

Research into urinary incontinence as an adverse effect has been limited, and the level of evidence is low. One favourable exception to this is hormone replacement therapy (HRT). Paradoxically, this is because it was once assumed that HRT would have a favourable effect on urinary incontinence, so its efficacy in this respect was examined in a large-scale randomised double-blind trial. There is usually not enough funding available for thorough research into urinary incontinence as a side-effect, because there is rarely any profit to be made from it.

Since urinary incontinence can negatively affect quality of life, it is useful to check the medication use of patients presenting with this disorder. If patients are already known to have problems of urinary incontinence, the doctor might look for alternatives to the abovementioned drugs before prescribing them. Obtaining evidence for a direct relation between a drug and a side-effect requires that doctors, pharmacists and patients report any suspected adverse effects, preferably stating full details of any temporal relationships, co-medication or other potential causes.

This article is a translation of the French article 'Incontinence urinaire: des médicaments parfois en cause’ published in our French sister journal La Revue Prescrire 2015; 35: 271-274, adapted to the Dutch situation.

References*

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*The literature refers to the Dutch text.*