

Drugs used to treat UI

Drug or type of drug	Used to treat	Dose	Evidence	Comments
Anticholinergics	Urge UI	Oxybutynin po (Ditropan®) : 2.5 to 5 mg bid to qid, XL or controlled release (e.g. Uromax® de 5 to 15 mg/day or transdermal (e.g. Oxytrol® 1 patch q 3-4 days Tolterodine (Detrol®) : 1 to 2 mg bid, XR 2 to 4 mg/day	I	The long-acting formulations have largely replaced the short-acting agents.
		Solifenacin (Vesicare®) 5 mg qd, can increase to 10 mg qd if needed Trospium Chloride (Trosec®) 20 mg bid, with dosage adjustment if >75 yo or renal dysfunction		Newer drugs with more bladder selectivity, but additional efficacy not yet proven.
Imipramine	Stress or mixed UI	Imipramine 10-25 mg bid to qid	III	Of limited efficacy, though dual mode of action makes it useful in mixed UI. Use with caution in elderly patients.
Agonistes alpha-adrénergiques	Stress UI	Pseudoephedrine @ 15-30 mg tid	I (but weak effect)	Of limited efficacy, but useful in patients who are poor surgical risks. Not recommended for elderly patients because it can cause hypertension.
Duloxetine	Moderate to severe stress UI	Duloxetine 40 mg bid	I	This is the only serotonin noradrenaline reuptake inhibitor with proven efficacy. Duloxetine is not yet available in Canada (as of March 2007).

Evidence for the use of estrogen to treat stress UI in postmenopausal women is conflicting and increasingly weak, with recent data suggesting a lack of objective benefit.

Surgery

Surgery, which involves improving the urethral/bladder support mechanisms or changing the angle at which the urethra and bladder meet, is a treatment option for stress UI and can be considered as a first-line treatment in select situations when compliance with nonsurgical treatments is poor. Types of surgery include open retropubic (bladder neck) colposuspension, laparoscopic colposuspension, and