## NATIONAL CLINICAL GUIDELINE ON URGENCY URINARY INCONTINENCE IN WOMEN

### Quick guide

| ↑ | Consider offering supervised pelvic floor muscle training to women with urinary incontinence (⊕〇〇〇). |
| ↓ | Bladder training as a single treatment should only be offered to women with urgency urinary incontinence upon due consideration, since the beneficial effect is uncertain (⊕〇〇〇). |
| ↑ | Consider offering treatment with incontinence ring or incontinence tampon to women with urinary incontinence (⊕〇〇〇). |
| ✓ | It is good practice to offer basic assessment to women with urinary incontinence and impact on cognitive functions1. Further assessment should be based on the individual patient’s condition, taking into consideration the expected benefit of potential interventions. |
| ↑ | Consider offering a supervised weight loss programme to obese women with stress urinary incontinence (⊕〇〇〇). |
| ↑ | Consider offering pelvic floor muscle training to motivated women with stress urinary incontinence prior to potential mid-urethral sling surgery (⊕〇〇〇). |
| ↑ | Consider offering mid-urethral sling surgery to obese women with stress urinary incontinence on the same terms and conditions as for women of normal weight (⊕〇〇〇). |
| ↑ | When surgery is indicated, consider offering either retropubic mid-urethral sling (RMUS) or transobturator mid-urethral sling (TMUS) to women with stress urinary incontinence. There is no documentation of clinically relevant differences (⊕〇〇〇). |
| ↓ | Vaginal oestrogen should not be used as an add-on to antimuscarinics/beta3-agonist on a routine basis in women with urgency urinary incontinence for this indication(⊕〇〇〇). |
| ↑ | Consider treatment with beta3-agonist or antimuscarinics in women with urgency urinary incontinence. There is no documentation of clinically relevant differences (⊕⊕〇〇). |

1A basic assessment should include a chart of liquid intake and micturition, whenever possible, medical history of macroscopic haematuria, symptoms of bladder infection and constipation and examination for residual urine.
About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on urinary incontinence in women. The guideline was prepared by the Danish Health Authority (DHA).

The national clinical guideline on urinary incontinence in women focuses on, e.g., surgical interventions, hormonal therapy, training, weight loss and assessment.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for  
↓↓ = a strong recommendation against  
↑ = a weak/conditional recommendation for  
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high  
(⊕⊕⊕) = moderate  
(⊕⊕) = low  
(⊕) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.