



National Prescribing Service Limited



# Case study 61: Achieving bladder control

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

## Scenario

Grace is a 70-year-old housewife, who presents to you complaining of 'troubles with the bladder'. She has limited her involvement in social activities following several public incidents involving incontinence and has started to wear pads. She voids 8 times a day and 5 times in the night. She complains of feeling tired and poor sleep quality because she has to get up at night to urinate. Sometimes Grace starts to leak urine on her way to the bathroom. On further questioning she also reveals urine loss when coughing or sneezing.

She has had 3 uncomplicated vaginal deliveries. She drinks 5 cups of coffee daily and enjoys brandy before bed. Her current medical conditions include hypertension (which is well controlled), osteoarthritis and obesity. Her current medications are amlodipine 5 mg daily, diclofenac 25 mg twice daily and temazepam 10 mg at bedtime. There is no history of surgery, or relevant family history.

On examination Grace is alert and interactive. Her Mini-Mental Status Examination score is normal. Her body mass index is 31 kg/m<sup>2</sup>, blood pressure is 130/74 mm Hg and pulse is 70 beats per min and regular. She is afebrile. Her gait is steady. Physical examination shows mild vaginal atrophy, positive urinary stress test and hard stools on rectal examination. The remaining physical examination is normal. Urinalysis, blood sugar and thyroid stimulating hormone levels are normal.

## How to participate

**All participants:** Complete ALL questions, fill in appropriate details and sign the consent agreement in the 'Your details' box (see over).

**GPs:** To be included in the **Quality Prescribing Initiative** of the **Practice Incentives Program** (PIP), quote your **provider and prescriber numbers** in the spaces provided.

**Pharmacists:** This activity is recognised for continuing professional development by the Pharmaceutical Society of Australia (PSA), the Society of Hospital Pharmacists of Australia (SHPA), the Australian Association of Consultant Pharmacy (AACCP) and the Pharmacy Board of South Australia. PSA members, quote your membership number in the space provided. Other pharmacists, please self-record this activity. For details on recording participation see <http://casestudy.nps.org.au>

**Send to NPS by:**  
**8 February 2010**

**Send to:** NPS  
PO Box 1147  
Strawberry Hills NSW 2012  
**Or fax to:** (02) 9211 7579

**Complete and submit your case study  
online at: <http://casestudy.nps.org.au>**

## Case study 61:

### Achieving bladder control

Read the scenario overleaf and complete ALL the questions.

NPS office use only

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1. Based on the symptoms that Grace complains of, specify the type(s) of urinary incontinence she is currently experiencing?

2. List 3 possible causes of Grace's urinary incontinence.

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

3. a) What changes if any would you consider making to Grace's current medication regimen?

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_

b) Identify any changes to Grace's current lifestyle that may improve her urinary incontinence.

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_

4. a) After following your advice in question 3, Grace visits your surgery with continuing symptoms of incontinence. What management plan would you recommend for Grace now?

- non-drug therapy
- drug therapy
- both non-drug and drug therapy

b) Please provide 2 reasons for your preferred management plan.

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_

c) If you recommended a non-drug therapy in question 4a, please specify the type:

\_\_\_\_\_

d) If you recommended drug therapy in question 4a, please specify:

Medication

Dose

Frequency

Duration

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Your details

Please tick one

- GP
- Pharmacist
- GP registrar
- Intern pharmacist
- Other medical specialist
- Registered nurse (RN Div 1)
- Enrolled nurse (RN Div 2)
- Other health professional
- Student – medical
- Student – other

Title

Family name

Given name

Postal address

Suburb/town

State

Phone number

### GPs

Provider no.

Prescriber no.

### Pharmacists (PSA members only)

Membership no.

(Other pharmacists, please self-report)

All participants must sign: I consent to these data being recorded (as applicable) for the purposes of PIP, PSA credit points and NPS evaluation.

Participant's signature

\_\_\_\_\_

Date:   /   /    
day month year

### Important:

Required for you to be included in the Quality Prescribing Initiative, or receive 1 PSA credit point.