



Credit for Learning

URINARY INCONTINENCE

THE QUESTIONS

1. Regarding urinary incontinence:

- a) The incidence rises with increasing age in both sexes T F
 b) Men are more likely to suffer stress incontinence than urge incontinence T F
 c) Around 25 per cent of women aged 30–60 years are likely to be sufferers T F
 d) Incontinence occurs more frequently in white women than in black women T F
 e) 70 per cent of residents in nursing homes are estimated to suffer to some extent T F

2. Considering the lower urinary tract:

- a) The bladder consists of four distinct layers of muscle T F
 b) Parasympathetic innervation of the detrusor muscle causes relaxation T F
 c) The internal urethral sphincter leading to the urethra is closed by sympathetic innervation T F
 d) Bladder instability can be caused by uninhibited contraction of the detrusor muscle T F
 e) The external urethral sphincter is predominantly under parasympathetic control T F

3. These drugs may increase detrusor tone:

- a) Propranolol T F
 b) Morphine T F
 c) Diazepam T F
 d) Bethanechol T F
 e) Nifedipine T F

4. With stress incontinence:

- a) Lifestyle changes may often improve even severe symptoms T F
 b) Pelvic floor exercises may result in complete resolution of symptoms in 50 per cent of patients T F
 c) Pelvic floor exercises are of little value in men T F
 d) Surgery may cure 75 per cent of patients T F
 e) Bladder training completely resolves symptoms in less than 15 per cent of patients T F

5. Oxybutynin:

- a) Acts exclusively via anticholinergic mechanisms T F
 b) Does not cross the blood-brain barrier T F
 c) May aggravate reflux oesophagitis T F
 d) Commonly causes anticholinergic side effects at therapeutic dosage T F
 e) May be cleared more slowly in the elderly T F

6. Tolterodine:

- a) After absorption, is mainly converted to an active metabolite T F
 b) May accumulate if co-administered with macrolide antibiotics T F
 c) May inhibit the metabolism of other co-administered drugs T F
 d) Has shown higher affinity for muscarinic receptors in the bladder than for receptors in the salivary glands T F
 e) Has shown prolongation of the QT interval in patients in clinical trials T F

7. Propiverine:

- a) Exhibits anticholinergic and calcium channel blocking properties T F
 b) May cause a reduction in blood pressure T F
 c) Requires a lower dose in the elderly T F
 d) May aggravate pre-existing thyrotoxicosis T F
 e) May be used in renal impairment, but with a reduced dosage T F

8. Trospium chloride:

- a) May cause central nervous system side effects T F
 b) Is largely metabolised to an inactive metabolite T F
 c) Is a quaternary ammonium salt T F
 d) Appears to be better tolerated than oxybutynin in published trials to date T F
 e) Appears more effective than tolterodine at reducing incontinence episodes T F

9. Antimuscarinic drugs are contraindicated if the patient has:

- a) Glaucoma T F
 b) Depressive illness T F
 c) Myasthenia gravis T F
 d) Severe ulcerative colitis T F
 e) Epilepsy T F

10. From published trial results:

- a) Controlled-release oxybutynin is more effective than conventional release T F
 b) Evidence suggests that controlled-release oxybutynin has a lower incidence of dry mouth than the conventional-release formulation, at equivalent doses T F
 c) Tolterodine (conventional-release) 2mg twice a day is consistently better tolerated than oxybutynin (conventional-release) 5mg three times a day T F
 d) Tolterodine (modified-release) may be more effective than tolterodine (conventional-release) when given at equivalent doses T F
 e) Tolterodine appears more effective than oxybutynin when both are given in conventional-release formulations T F