

THE ROLE OF NURSING CARE IN TREATMENT OF PATIENTS WITH INCONTINENCE

NEUROLOGIC URINARY INCONTINENCE

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Neurologic urinary incontinence (NUI) may be caused by various disease affecting the nervous system controlling the lower urinary tract.

The urinary tract dysfunction depends on the location and the extent of neurological lesion.

Type of urinary dysfunction depends on the site, extent and the evolution of the lesion. Patients with lesion above the pons have reflex contraction of the detrusor but the cortical regulation of voiding is lost. Lesion in the suprasacral spinal cords may cause detrusor urethral sphincter dysinergia. Incontinence is a result of detrusor over reactivity. Detrusor becomes areflexic when the lesion is in the conus. In the case of lesion in cauda equina or lesion in peripheral nerves, urine retention or stress incontinence has been developed. Brain tumor can cause NUI in 24% of patients. In a group of patients with tumor in posterior fossa, voiding difficulty was reported in 30% of patients. The incidence of NUI caused by dementia is not known. In older age is very difficult to distinguish between age related NUI from those related to concomitant diseases such as dementia. The NUI

among patients with Alzheimer disease occur in 23 to 48%, but more often in females. We could also find NUI in patients with multi systemic atrophy and in patients with Parkinson disease. Sakakiara et al reported NUI in 53% of stroke patients. Most of patients with multiple sclerosis (MS) have NUI. NUI occurs more often in patients' grader mobility impairment and in patients with longer disease duration. Most patients with spinal cord disease developed NUI. Disk disease can cause NUI in 28 to 87% of patients. The NUI is also reported in about 60% of patients with spinal stenosis. The NUI may be present also in patients with peripheral neuropathy such as diabetes. Neurological dysfunction occurs in many patients with neurological disease and should be evaluated not only when urinary symptoms occur but also routinely among patients with neurological disease known to have high prevalence of urinary dysfunction.

In the case of NUI specific test should be performed, including history and voiding diary, urodynamic studies and neurophysiologic studies.