

GYNAECOLOGY & OBSTETRICS UPDATE

Issue 58

June, 2007

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2005**

Reference

**NICE Clinical
Guideline 40**

Management
of urinary
incontinence in
women

www.nice.org.uk

NICE recommend that Duloxetine should not be used as first- or second-line treatment for Urinary Stress Incontinence

The medical treatment (Duloxetine) for stress incontinence has already been discussed in detail in the "Update" issue 41. The following was highlighted:

- * The improvement of incontinence associated with Duloxetine is only 15% better than that associated with a placebo (65% vs. 50%).
- * Duloxetine does not cure but only improve incontinence
- * Duloxetine should, theoretically, be used for life.
- * Its efficacy has not been evaluated for > 3 months in placebo-controlled studies.
- * Discontinuation rates up to 15%
- * Side effects are a major problem
- * Isolated cases of suicidal ideation or behaviours have been reported during therapy or early after discontinuation.

NICE (National Institute of Clinical Excellence) has recently recommended the following:

- * Duloxetine is not recommended as a first-line treatment for women with predominant stress urinary incontinence.
- * Duloxetine should not routinely be used as a second-line treatment for women with stress urinary incontinence
- * Duloxetine may be offered as second-line therapy if women prefer pharmacological to surgical treatment or are not suitable for surgical treatment.
- * If Duloxetine is prescribed, women should be counseled about its adverse effects:

Very common

nausea in 23%, dry mouth in 12%, insomnia in 12%, fatigue in 12%, constipation in 11%, headache in 9%, and dizziness in 9%.

Common

Anorexia, appetite decreased, thirst, sleep disorder, anxiety, decreased libido, loss of orgasm, headache, dizziness, somnolence, tremor, blurred vision, nervousness, diarrhoea, vomiting, dyspepsia, increased sweating, lethargy, vulval irritation and itchiness, and general weakness.

Suicidal ideation or behaviours

Cases have been reported during therapy or early after discontinuation.