PRACTICALITIES OF DIAGNOSIS & MANAGEMENT OF NOCTURIA

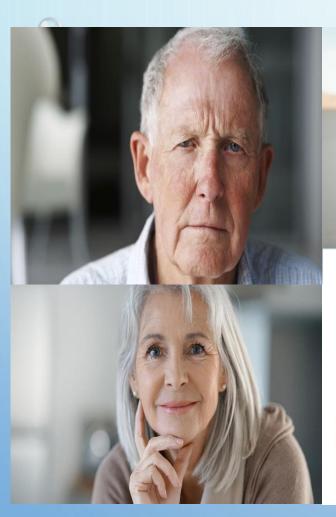
BY

DR ANN WILLIAMS

DEFINITION OF NOCTURIA

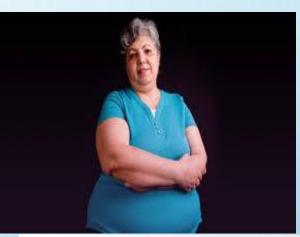
- ONE OF THE MOST BOTHERSOME LOWER URINARY TRACT SYMPTOMS IN OLDER ADULTS, NOCTURIA
 IS DEFINED AS CLINICALLY SIGNIFICANT IF IT INVOLVES THE DISTURBANCE OF SLEEP TWO OR MORE
 TIMES (I.E., >2 VOIDS) AT NIGHT, AS THIS IS WHEN BOTHER IS PERCEIVED.
- AN INDIVIDUAL HAS TO WAKE AT NIGHT ONE OR MORE TIMES TO VOID EACH VOID IS PRECEDED AND FOLLOWED BY SLEEP.
- WAKING AT NIGHT TO PASS URINE, THIS IS A SYMPTOM THAT CAN BE CAUSED BY A WIDE VARIETY
 OF CONDITIONS, SUCH AS: CONGESTIVE HEART FAILURE, POORLY CONTROLLED DIABETES,
 MEDICATIONS, MENOPAUSE, SLEEP PROBLEMS OR DISEASES OF THE RENAL TRACT ITSELF.

"10 MINUTES"











"I KEEP GETTING UP AT NIGHT!!!!"

- WHAT DO YOU NEED TO KNOW?
- HOW MANY TIMES?
- FOR HOW LONG?
- IS IT YOUR BLADDER WAKING YOU UP OR ANYTHING ELSE?
- WHAT ABOUT DURING THE DAY?
- ARE YOU WAKING UP FOR OTHER REASONS?
- DO YOU HAVE TO RUSH TO THE TOILET
 DAY & NIGHT?

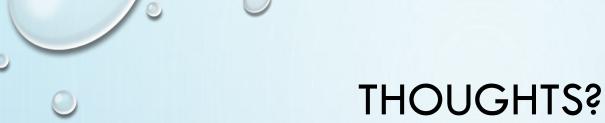
- DO YOU FEEL YOU EMPTY YOUR
 BLADDER?
- MEN: HAVE YOU NOTICED A CHANGE IN YOUR FLOW?
- SLOWER OR STOPPING & STARTING?
- SNORING SLEEP APNOEA
- WOMEN: DO YOU LEAK ON COUGHING/SNEEZING?



CONT...

- DID YOU WET THE BED AS A CHILD?
- IS THERE ANYTHING THAT MAKES IT WORSE?
- RUNNING WATER?
- THE COLDS
- WONEWELLS
- AGE MEN ? BPH?
- WOMEN MENOPAUSE?
- BOTH HF, DIABETES

- HOW MUCH TEA AND COFFEE
 DO YOUR DRINK?
- WORRY QOL? BOTHER



- IS THIS PRIMARY OR SECONDARY?
- DRUGS? CA2+ BLOCKERS, THIAZIDES OR GABA-ERGIC AGENTS
- BPH? ? SECONDARY DETRUSOR INSTABILITY OR CHRONIC RETENTION
- MENOPAUSE? SWEATS, DETRUSOR INSTABILITY OESTROGEN RECEPTORS
- HEART FAILURE? NOCTURNAL DIURESIS
- CANCER? BLADDER
- PROLAPSE? INSTABILITY
- ANXIETY? INSOMNIA
- UTI'S ICS?

WHAT NEXT?

- ANY MORE INFORMATION? RENAL FUNCTION, LFT, CA2+, PSA, HBA1C, BNP, ECHO, URINE DIP?
- PHYSICAL EXAMINATION? BP, CHEST EXAM, EXTERNAL GENITALIA,
 DRE, ABDOMEN, LOWER LIMB OEDEMA
- USS

FREQUENCY VOLUME CHART - YES

FVC - INTERPRETATION

- SIMPLE 4 COLUMNS TIME, IN, OUT AND COMMENTS
- AT LEAST 2 DAYS OVER THE WEEKEND
- WHY GIVES OBJECTIVITY TO SUBJECTIVE SYMPTOMS FOR ME AND PATIENT
- REVIEW WITH PATIENT PLUS OR MINUS BLOODS
- LOOK AT INTAKE (QUALITY & TIMING OF FLUID) ? BIG CUP OF TEA AT BEDTIME
- TIMINGS OF VOIDS IN RELATION TO INTAKE IS IT EQUAL URINE PRODUCED OVER 24HRS MORE
 AT NIGHT POLYURIA > 20% YOUNG 33% ELDERLY OVER 65, SMALL FREQUENT VOIDS OAB OR
 RETENTION WITH OVERFLOW
- TRUE NOCTURIA ASK MORE DETAIL IS THEIR BLADDER WAKING THEM UP? WHAT TIME ARE THEY
 GOING TO SLEEP? FIRST VOID OF THE DAY?

355	TIME	IN	OUT	
	11.50	k	150 ML	COMMENT
1	12.35	v	154 ML	
	12.45	Z BEER 880ML	134 MIL	1 1
	13.30		150 ML	
	13.35	1 BEER 440ML		
	14.10		350ML	
	14.45		150ML	
	16.00	u_	ZOBALL	
	17.20		IDDWL	1
	17.Zo	TEA 250m		3
	18.45	0 00 -	IDAML	رغ
24 HRS	22 40	COFFEE 150ML		JORMAL (
4 FIKS	01.00		100 ML	\$
1	02.00		150 ML	9
	07.50		150 ML	7
	0421		150ML	
	0450		150ML	
	10527		100 ML	
	DD14		ZOD ML	
	D730 -	TEA ZOOML	200	
	0830	TEA 300	250 ML	
	109.15 L	OFFEE ZADML		1
1	10.30		IDDML	
5/	10.45	EA BOOML		
	1	OTAL IN	TOTAL BUT	
		.720 m	3,000 ML	

28yr q							
Time	10	OUT	NOTES				
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8.45am		360 m15	Weice up				
9:1540	320mis tea	20-1-					
10.3000	-	30mis					
11. 40am	-	Somis	-				
11.5500	_	2cmls	-				
13.00pm	-	zomis					
1850 pm	-	nomis	Rehm home fall				
14.00 pm	320mls tea	-	from chropping dughter				
- In- 10 tw	-	20mls					
15.40 pm		Bomis					
16.10pm		ionis					
12.00 pm		3combs .					
18.3000	320mls tea	125mb	seel crowns need to				
20.10pm		100mls					
20 : 30pm	-	Somis					
21.00pm	-	Somb					
22.00pm	320mls 100	THE RESERVE TO SHARE THE PARTY OF THE PARTY	No petus				
22.5gm	-	ioms					
13.30 pm		200mls	water from)				
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2.20am		zoemis	non- Rosning				
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g.00em	-	Samis					
9.309m	320215 de	ea.					
10.30 am	-	20ml5					
11. 20gm	1	20mls					
12.150		20mls	******				
12-50-m		Tioms	Held as long as plassible				
in ly copy							

TREATMENT OPTIONS

- LIFESTYLE IF OBVIOUS
- ALPHA BLOCKERS FLOMAX CAN I USE ANTIMUSCARINCS IF BOO YES
- OAB LOW DOSE ANTI-MUSCARINIC TITRATE UP WITH BLADDER/BRAIN TRAINING
- OR SR AT NIGHT TOVIAS
- DIURETICS LATER IN THE DAY TO FORCE DIURESIS
- DESMOPRESSION IF POLYURIA MALE 50UG WOMEN 25UG BASELINE U&E'S – THEN 4 DAYS AFTER STARTING THE 1/12
- HRT TOPICAL +/- ORAL IF MENOPAUSE
- CAN REPEAT FVC AT 6 WEEKS

NOCTURNAL POLYURIA

- THE DEFINITION OF NOCTURNAL POLYURIA
- ADOPTED BY THE INTERNATIONAL CONTINENCE SOCIETY IS A NIGHT-TIME VOLUME OF >20% OF THE DAILY TOTAL IN YOUNGER PATIENTS (AGED <65 YEARS) AND >33% OF THE DAILY TOTAL IN THE ELDERLY (AGED >65 YEARS).