Multiple Sclerosis Trust

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A UK consensus on the management of the bladder in multiple sclerosis

Clare J. Fowler FRCP, Department of Uro-Neurology,
National Hospital for Neurology and Neurosurgery, London, UK

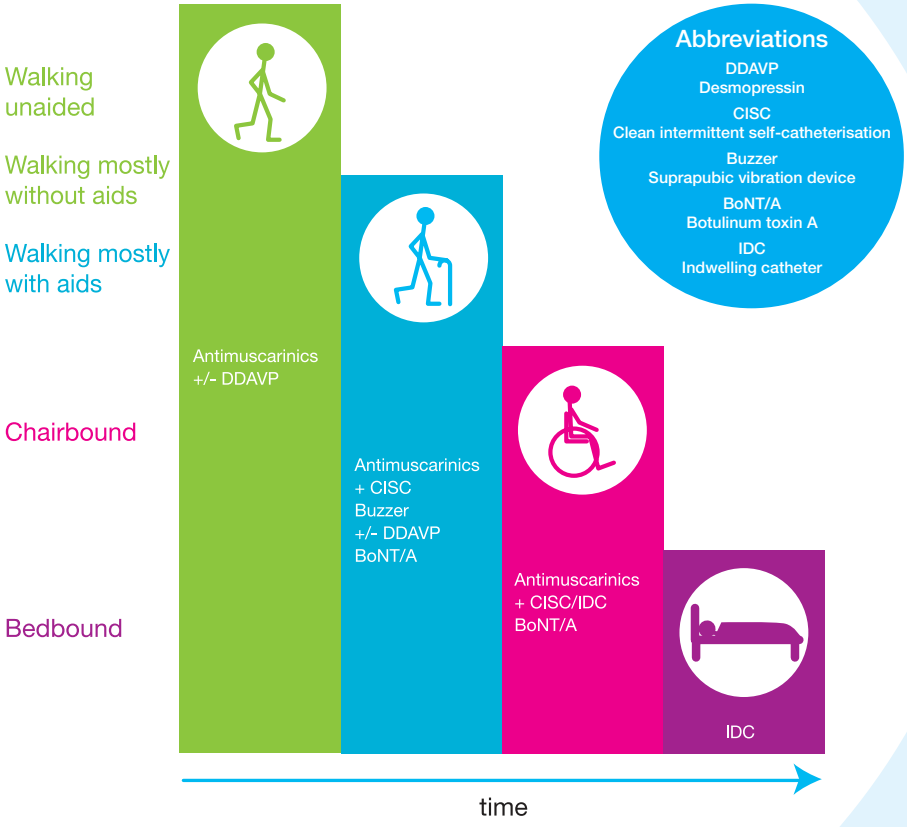
This leaflet summarises a consensus statement published in the Journal of Neurology, Neurosurgery and Psychiatry April 2009*

The summary is to provide guidance for health professionals to ensure that people with MS are offered appropriate assessments as necessary.

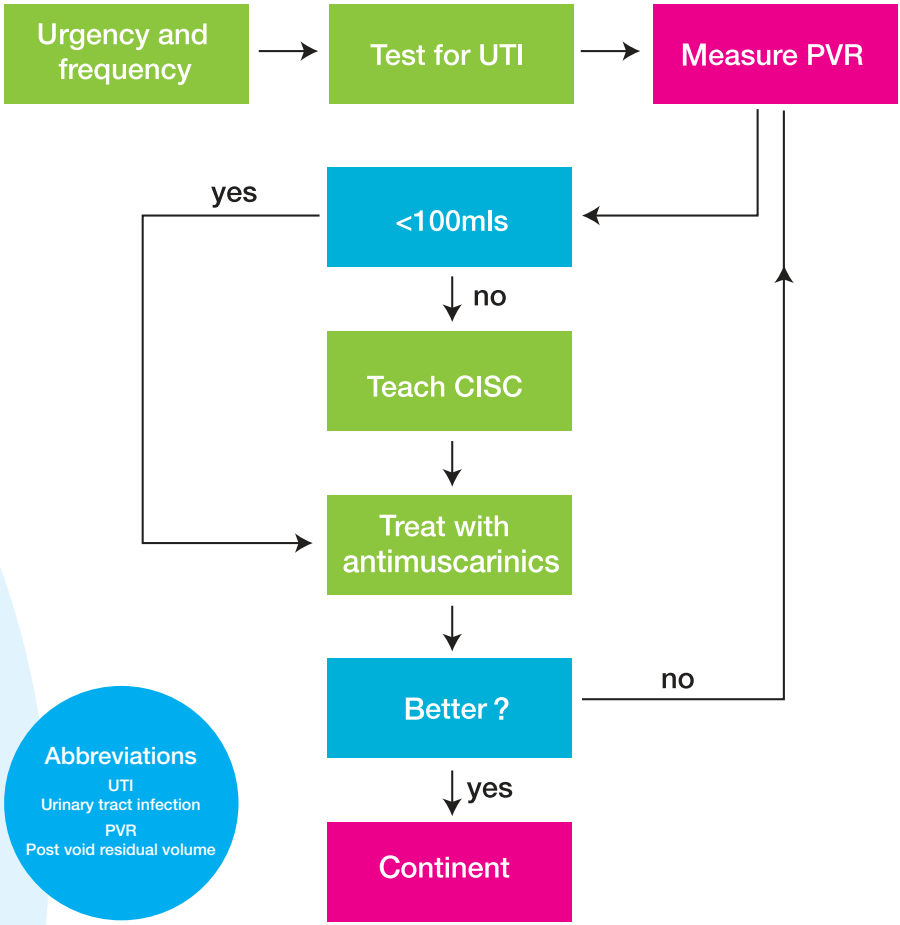
Each person with MS who complains of lower urinary tract symptoms should be assessed by a suitably trained health professional, who is knowledgeable about MS and its effects on lower urinary tract function.

- "Dipstick" testing of the urine should be undertaken in patients with new symptoms of bladder dysfunction.
- Measurement of the post micturition residual volume by abdominal ultrasound should be made in all patients with bladder symptoms prior to treatment or if there is reason to suspect that they have incomplete emptying.
- Urodynamic investigations with filling cystometry and pressure/flow studies of voiding should be carried out only in those who are refractory to conservative treatment or bothered by their symptoms and wish to undergo further interventions.

Progression of MS and treatment options for bladder management



Any patient with a persistent residual volume in excess of 100ml should be offered the opportunity to learn clean intermittent self-catheterisation. This should be taught by a urology specialist nurse or continence advisor, either in an outpatient setting or in the patient's home.



If clean intermittent self-catheterisation is no longer possible, a long-term indwelling catheter should be offered and this should be a suprapubic rather than a urethral one.

Botulinum toxin A should be recommended in patients with MS with detrusor overactivity who have failed to respond to oral antimuscarinics, and who are willing to perform clean intermittent self-catheterisation. This treatment is currently unlicensed and local approval must be obtained.

Multiple sclerosis and continence:

- Bladder symptoms in MS are common and distressing but also highly amenable to treatment.
- Several studies have shown that urinary incontinence is considered to be one of the worst aspects of the disease.
- 75% of patients with MS have lower urinary tract symptoms.
- There is strong clinical evidence that lower urinary tract dysfunction is mainly the result of spinal cord disease.
- In most instances the severity of bladder symptoms and effective management options are in keeping with the patient's level of general disability.
- The severity of symptoms may differ in the degree of distress and bother they cause. Threatened urinary leakage in someone still ambulant may cause greater distress than regular episodes of incontinence in a permanent wheelchair user.
- A particular problem in MS is that neurological symptoms may deteriorate acutely when the patient has an infection and pyrexia.
- Patients with overactive bladder symptoms tend to reduce their fluid intake, but an intake of 1 to 2 litres a day is generally recommended.
- There is a considerable cost associated with this aspect of patients' disability both in terms of additional nursing care and cost of containment of incontinence.

Throughout the course of their disease, patients should be offered appropriate management options for treatment of incontinence. Effective treatments significantly enhance quality of life measures.

Reference

Fowler C et al. A UK consensus of the management of the bladder in multiple sclerosis. Journal of Neurology, Neurosurgery and Psychiatry 2009; 80:470-477

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Multiple Sclerosis Trust
Spirella Building, Bridge Road,
Letchworth Garden City, Hertfordshire SG6 4ET
T 01462 476700 F 01462 476710
E info@mstrust.org.uk www.mstrust.org.uk

Registered Charity No: 1088353