

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

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 COLD?
- MOVEMENT?
- AGE – MEN ? BPH?
- WOMEN – MENOPAUSE?
- BOTH – HF, DIABETES
- HOW MUCH TEA AND COFFEE DO YOU DRINK?
- WORRY – QOL? - BOTHER

THOUGHTS?

- 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?

30 4

↑

24 HRS

↓

15/

TIME	IN	OUT	COMMENT
11.50	— " —	150 ML	
12.35	— " —	150 ML	
12.45	2 BEER 880ML		
13.30	— " —	150 ML	
13.35	1 BEER 440ML		
14.10	— " —	350ML	
14.45	— " —	150ML	
16.00	— " —	200ML	
17.20	— " —	100 ML	
17.20	TEA 250ML		
18.45	— " —	100 ML	
19.45	COFFEE 150ML		
22.40	— " —	100 ML	
01.00	— " —	100 ML	
02.00	— " —	150 ML	
02.50	— " —	150 ML	
0335	— " —	100 ML	
0421	— " —	150 ML	
0450	— " —	150 ML	
0527	— " —	100 ML	
0614	— " —	200 ML	
07.00	— " —	100 ML	
0730	TEA 200ML		
0745	— " —	250 ML	
0830	TEA 300		
09.15	COFFEE 200ML		
10.30	— " —	100 ML	
10.45	TEA 300ML		

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NORMAL FLOW
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TOTAL IN
2,720 ML

TOTAL OUT
3,000 ML

28yrs ♀

TIME	IN	OUT	NOTES
8.15am	-	360mls	Wake up
8.45am	320mls tea	-	-
9.15am	-	30mls	-
10.30am	-	130mls	-
11.40am	-	50mls	-
11.55am	-	20mls	-
13.00pm	-	20mls	-
13.30pm	-	110mls	Return home from from dropping daughter at school bus stop
14.00pm	320mls tea	-	
14.10pm	-	20mls	
15.40pm	-	30mls	
16.10pm	-	10mls	
17.00pm	-	300mls	
18.30pm	-	75mls	
19.00pm	320mls tea	125mls	Feel patient need to go after tea
20.10pm	-	100mls	
20.30pm	-	50mls	
21.00pm	-	50mls	
22.00pm	320mls tea	50mls	As before
22.15pm	-	10mls	
22.30pm	-	200mls	
1.00am	-	20mls	waken from } sleep
2.20am	-	20mls	
2.30am	-	300mls	Awake - Rousing
8.00am	-	50mls	
9.30am	-	50mls	
10.30am	320mls tea	-	
10.45am	-	20mls	
11.20am	-	20mls	
12.15pm	-	20mls	
12.50pm 14.00pm	-	110mls	Held as long as possible

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).