

1. Alpha adrenergic drugs: phenylpropanolamine hydrochloride is found in many prescription and over-the-counter (OTC) cold/cough preparations and antihistamines (anti-allergy). Typical dose is 25-75mg in sustained-release form, twice a day. It should not be used in patients with obstructive incontinence. Caution is necessary in patients with high blood pressure, overactive thyroid, and heart conditions.
2. Pseudoephedrine hydrochloride : 15-30mg three time a day
3. Hormonal replacement therapy (HRT) /Oestrogen: this helps to maintain and restore urethral tissue health in post-menopausal women.
4. Combined oestrogen/alpha-adrenergic agonist therapy : may be beneficial in post-menopausal women who have malfunction of the urethral sphincter muscles. Phenylpropanolamine (PPA: found in OTC preparations such as Dimetapp and Robitussin-CF) 25-100mg twice a day plus oestrogen tablets(dose varies). Emptying dysfunction:

Parasympathetic nerve stimulation may be helpful in patients with an upper motor neurone neurogenic bladder, i.e. an under-active bladder which fails to empty properly.

1. Carbachol and bethanecol are choline esters which have been used to treat post-operative urinary retention. However, they have largely been superseded by the use of catheterisation.
2. Distigmine(Ubtetrid): inhibits the breakdown of the neurotransmitter acetylcholine (so works in the opposite way to anticholinergics): it may help patients with flaccid bladder. Dose is 5mg, half an hour before breakfast.