

Appendix Table 1. Medical Subject Headings Terms

“Urinary incontinence”
“Primary prevention”
“Health education”
“Behavior therapy”
“Biofeedback”
“Bladder retraining”
“Kegel exercises”
“Weight loss”
“Anti-obesity agents”
"Biocompatible Materials"
“Polyethylene”
“Electric Stimulation Therapy”
“duloxetine”, “botulinum”, “capsaicin”, “oxybutynin”, “propantheline”, “solifenacin”, “darifenacin”,
“trospium”, “tolterodine”

Operational definition of Urinary Incontinence—complaint of any involuntary leakage of urine.

Urge urinary incontinence—involuntary urine leakage accompanied by or immediately preceded by urgency, usually related to the involuntary contractions of the detrusor muscle of the bladder (detrusor overactivity).

Stress Urinary Incontinence—involuntary urine leakage as a result of physical effort or exertion that increases abdominal pressure on the urinary bladder in the absence of detrusor contraction

Variable	Definition
Symptoms of Urinary incontinence Signs of urinary Incontinence.	The complaint of any involuntary leakage of urine. Urine leakage seen during examination: this may be urethral or extraurethral.
Established urinary incontinence	Urinary incontinence that is attributed to bladder or urethral dysfunction such as: detrusor overactivity; detrusor underactivity; urethral obstruction; urethral incompetence
Mixed urinary incontinence	The complaint of involuntary leakage associated with urgency and also with exertion, effort, sneezing, or coughing
Situational urinary incontinence	The report of incontinence during sexual intercourse, or giggle incontinence.
Severity of incontinence	Incontinent episodes/unit time; pad changes/unit time; pad weight/unit time; number of micturitions/unit time; urinary pad test—measured loss; urodynamic-diagnosed detrusor overactivity; urodynamic stress incontinence
Sandvik's severity index	Multiplied reported frequency (4 levels) by the amount of leakage (2 levels).
Slight incontinence	Leakage of drops a few times a month (~6g/24 hours, 95% CI 2-9)
Moderate incontinence	Daily leakage or drops (~17g/24 hours, 95% CI 13-22)
Severe incontinence	Leakage of large amount of urine at least once a week (~56g/24 hours, 95% CI 44-67)
Impact of incontinence	Actions patients have taken to ameliorate the incontinence including wearing pads, reducing activities, seeking medical treatment (visits to clinicians, prescriptions of medications, surgical procedures). Measurement using a validated generic or condition-specific measure of quality of life developed to address issues related specifically to fecal incontinence or urinary incontinence
Impact of incontinence on quality of life	
Remission of incontinence	Diminution of symptoms and signs of incontinence.
Dependent Continence	Dry with toileting assistance, behavioral treatment, and/pr medications
Independent Continence	Dry, not dependent on ongoing treatment
Symptoms of Incontinence	The subjective indicator of incontinence or change in its severity as perceived by the patient, caregiver, or partner and may lead him/her to seek help from health care professionals. Observed by the physician including simple means, to verify symptoms and quantify them.
Signs of Incontinence	Observations made during urodynamic studies which have a number of possible underlying causes and do not represent a definitive diagnosis of a disease.
Urodynamic observations	
Measures of the frequency, severity and impact of urinary incontinence	

Micturition time chart	Records of times of micturitions, day and night, for at least 24 hours.
Frequency volume chart (FVC)	Records of volumes voided as well as the time of each micturition, day and night, for at least 24 hours.
Bladder diary	Records of times of micturitions and voided volumes, incontinence episodes, pad usage, and other information such as fluid intake, the degree of urgency, and the degree of incontinence.
Daytime frequency	The number of voids recorded during waking hours and includes the last void before sleep and the first void after waking and rising in the morning.
24-hour frequency	The total number of daytime voids and episodes of nocturia during a specified 24-hour period
24-hour production	All urine produced during 24 hours
Maximum voided volume	The largest volume of urine voided during a single micturition and is determined either from the frequency/volume chart or bladder diary.
Pelvic floor muscle function	Measured during rectal examination by the tone at rest and the strength of a voluntary contraction, as strong, weak or absent. A pelvic muscle contraction may be assessed by visual inspection, by palpation, electromyography, or perineometry. Factors to be assessed include strength, duration, displacement, and repeatability
Pad testing	The amount of urine lost during incontinence episodes (a short provocative test to a 24-hour pad test)
Improvement in incontinence	Reduction frequency and severity of incontinence episodes. Reduction in restrictions of daily activities due to incontinence.
Progression of incontinence	Increase in frequency and severity of incontinence episodes. Increase in restrictions of daily activities due to incontinence. Failure of achieve continence. Failure to reduce frequency and severity of incontinent episodes.

Exact Literature Search Strings

Medical Subject Headings Terms and Key Words	Number of Retrieved References
“Urinary incontinence” [MeSH] Limits: all adult: 19+ years, English, clinical trial, randomized controlled trial, “clinical trial, phase I”, “clinical trial, phase II”, “clinical trial, phase III”, “clinical trial, phase IV”, controlled clinical trial, multicenter study, humans	1,077
“Health education” [MeSH] AND “urinary incontinence” NOT review NOT letter NOT editorial Limits: all adult: 19+ years, English, humans	133
“Behavior therapy” [MeSH] AND “urinary incontinence” NOT review NOT letter NOT editorial Limits: all adult: 19+ years, English, humans	194
“Biofeedback” AND “urinary incontinence” NOT review NOT letter NOT editorial Limits: all adult: 19+ years, English, humans	126
“Bladder retraining” AND “urinary incontinence” NOT review NOT letter NOT editorial Limits: all adult: 19+ years, English, humans	26
“Kegel exercises” AND “urinary incontinence” NOT review NOT letter NOT editorial Limits: all adult: 19+ years, English, humans	13
Incontinence AND (“weight loss” [MeSH] OR “anti-obesity agents” [MeSH]) Limits: all adult: 19+ years, English, randomized controlled trial, humans	5
"Urinary Incontinence"[Mesh] AND botulinum NOT male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0
"Urinary Incontinence"[Mesh] AND capsaicin NOT male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0
"Urinary Incontinence"[Mesh] AND oxybutynin NOT male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	16
"Urinary Incontinence"[Mesh] AND Oxybutynin NOT Male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0
"Urinary Incontinence"[Mesh] AND Propantheline NOT Male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0
"Urinary Incontinence"[Mesh] AND Solifenacin NOT Male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0
"Urinary Incontinence"[Mesh] AND Darifenacin NOT Male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0
"Urinary Incontinence"[Mesh] AND Trosipium NOT Male Limits: added to PubMed in the last 10 years, Humans, Female, Randomized Controlled Trial, English, All Adult: 19+ years	0