The difference between Stress and Urge Urinary Incontinence

It’s the difference between insufficient urethral closure in Stress Urinary Incontinence (SUI) and uncontrolled bladder contractions in urge urinary incontinence

**Symptoms**
- Involuntary loss of urine associated with sneezing, coughing, laughing, lifting, or exercising

**CAUSES**
- Uncontrolled bladder contractions

**Receptors**
- Serotonin (5-HT) and norepinephrine (NE) receptors

**Metronidazole**
For BV-Associated Organisms in PID

Bacterial vaginosis-associated organisms found frequently in women with pelvic inflammatory disease also were strongly associated with endometritis, Catherine L. Haggerty, Ph.D., of the University of Pittsburgh and her colleagues reported.

They looked at the associations between endometritis and *Neisseria gonorrhoeae*, Chlamydia trachomatis, anaerobic bacteria, facultative bacteria, lactobacilli, and bacterial vaginosis (BV) in 278 women from the PID Evaluation and Clinical Health Study. Those with acute endometritis were more likely to be infected in the endometrium with *C. trachomatis* (odds ratio [OR] 16.2), *N. gonorrhoeae* (OR 11.6), diphtheroids (OR 5.0), black-pigmented gram-negative rods (OR 3.1), and anaerobic gram-positive cocci (OR 2.1), the investigators found (Clin. Infect. Dis. 2004;39:990-5).

The associations between acute endometritis and black-pigmented gram-negative rods, anaerobic gram-positive cocci, and BV remained significant after excluding the 41% of women infected with *N. gonorrhoeae* and/or *C. trachomatis*.

Treatment in most PID patients is targeted at *N. gonorrhoeae* and *C. trachomatis*, but these account for fewer than half of all cases. The frequency of BV-associated organisms in PID patients suggests that a treatment regimen containing metronidazole to improve anaerobic coverage is warranted, the researchers said.

—Sharon Worcester