

Dear Dr, It was a pleasure to see / review this patient of yours in my Urology clinic. She has predominantly been complaining of stress urinary incontinence. We have discussed all treatment options available to her. She seemed to be unfit for surgery / didn't want a surgical option at this time. However, she would like to try pharmacological treatment / oral drug therapy to help address her problem. As I sure you would be aware, Yentreve (duloxetine) is considered an appropriate therapeutic option for adult women who have at least one daily episode of stress urinary incontinence (SUI) and is licensed for the treatment of moderate to severe SUI. I wondered if you would consider putting her on Duloxetine 20 mg bd for two weeks followed by 40 mg bd thereafter to address her symptoms. When duloxetine is prescribed, it is recommended that clinicians counsel women about its potential adverse effects; most commonly reported adverse events being nausea, dry mouth, fatigue and constipation. Patients may benefit from starting treatment at 20mgs twice daily for two weeks, before increasing to 40mg twice daily as this may decrease, though not eliminate the risk of nausea and dizziness. Combination with pelvic floor muscle training may be more effective than either treatment alone and we could arrange a referral to physiotherapy on that account. She will be reviewed in my clinic again in four months. Yours sincerely, XXXXXXXXXXXXX – Consultant Urologist