

From HHS

City

Adult urinary incontinence guidelines issued

The US Agency for Health Care Policy and Research has issued guidelines for treating patients having urinary incontinence. These federal guidelines de-emphasize surgery as the initial treatment of choice.

Instead, physicians are advised to recommend treat-

State

ments such as bladder-retaining, pelvic muscle—control exercises and medication. The guidelines were written by a 15-member panel of physicians appointed by the agency. These guidelines were written after panel members reviewed more than 7000 studies and held a public hearing to determine needs, current practices, and technologies used to treat this disorder. Peer-reviewed, the guidelines were tested in

clinical settings before being finalized.

Earlier this year, similar guidelines were issued for postoperative pain management.

Physicians may obtain a free copy of the urinary incontinence and postoperative pain management guidelines by calling (800) 358-9295, or writing AHCPR Publications Clearinghouse, PO Box 8547, Silver Spring, MD 20907.

American Osteopathic Association—Continuing Medical Education

CERTIFICATION OF HOME STUDY

| This is to certify that I, | | The Home Study form is intended to document individual read |
|--|--|--|
| | (Please print) | ing of recognized scientific journals, listening to approved audio |
| completed the following activity for AOA CME credits. | | tapes, and other approved home study courses and programs ur der the criteria described for Category 2-B. |
| Type of activity | | Only one type of home study, such as reading, should b |
| such as reading or listening): | | indicated on a single form, though multiple issues of scientific |
| | | journals may be listed. This form should not be used, however, when CME qui |
| Name of journal(s) or audiotape and date(s) of issue(s): | | application forms and answer sheets for the AOA journal ar submitted separately. |
| | | FOR OFFICE USE ONLY |
| | nt family below the plant point of the Co | Category 2-B Credits |
| | side a Anda nata that did a United Service | Date |
| One-half CREDIT may be granted for each issue or tape) | | Program No. |
| | | AOA No. |
| AOA number | College and year of graduation | Physician's Name |
| | The state of the s | MAIL TO: AGA Division of OME 149 E 4 Q 4 2 |
| DO's signature | | MAIL TO: AOA Division of CME, 142 East Ontario Street, Chicago, IL 60611-2864 |
| Street address | | KEEP A DUPLICATE FOR YOUR RECORDS! |
| | | Please refer to the revised CME GUIDE for additiona |

Zip code

information.