Overactive Bladder Clinical Guideline – adapted from NICE CG-141

- **Overactive Bladder (OAB)** is urgency with or without urge incontinence, usually with frequency and nocturia
- **Urge Urinary Incontinence** is involuntary leakage of urine associated with urgency
- **Mixed Urinary Incontinence** is involuntary leakage of urine associated with urgency and also exertion, sneezing or coughing

Initial assessment
- Full history
- Frequency/Volume Chart
- Urinanalysis
- Measurement of post-void residue

Men
- May include PR examination, PSA test, flow-rate measurement.
- Consider referral to a Prostate Assessment Clinic

Women
- Assessment of pelvic floor
- Examine for vaginal atrophy
- Assessment of prolapse

- **Visible haematuria**
- **Recurrent or persisting UTI associated with haematuria in women aged 40 years and older**
- **Microscopic haematuria in women aged >50 years**
- **Suspected malignant mass arising from the urinary tract**
- **Abnormal DRE or PSA**
- **Significant risk-factors – smoker, worked with chemicals, PMH, FH of bladder cancer**
- **Loss of weight, bone pain**
- **Persisting bladder or urethral pain**
- **Clinically benign pelvic masses**
- **Associated faecal incontinence**
- **Suspected neurological disease**
- **Symptoms of voiding difficulty**
- **Suspected urogenital fistulae**
- **Previous continence/pelvic cancer surgery**
- **Previous pelvic radiation therapy or chemotherapy**
- **Suspected AKI**
- **Bothersome symptoms not settling with medication**

Yes → **Refer to Urology / Urogynaecology**

No ↓

Conservative management

- All patients should have conservative treatment prior to commencement of medical therapy or referral to secondary care.
- Patients can be referred to District Nurse Continence Clinic or Continence Advisory Service for assessment and conservative treatment.
- Should include patient education, lifestyle advice, bladder training and pelvic floor exercises.
- Manage patient's environment (e.g. commode in place)
- Review medications (e.g. diuretics, anti-hypertensives, anti-depressants etc).

Post-menopausal women:
Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms (NICE 2006)
For example, estriol 0.01% cream (£24.98/80g) or Vagifem Vaginal tabs (£16.72/24) use daily for 2 weeks, then twice weekly for 3 months.

Lifestyle advice
- Modify high or low fluid intake
- Avoid caffeine
- Smoking cessation, weight loss, exercise
- Constipation advice, healthy eating

Bladder retraining
Minimum of 6 weeks (NICE 2006)

Pelvic floor exercises
Taught using vaginal or rectal examination

↓

Review at 3 months

improved → Continue

ongoing problems ↓

Drug therapy (see flowchart)

NHS
Nottinghamshire Area Prescribing Committee

R.Parkinson, N Sherwood
Ratified by APC: Nov 2017
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Overactive Bladder Clinical Guideline – drug therapy

Conservative management

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Post-menopausal women:

Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms
eg Vagifem Vaginal Tablets (or estriol 0.01% cream):
use daily for 2 weeks, then twice weekly for 3 months (NICE 2006, 2013)

Are anticholinergics contra-indicated?
(e.g. Myasthenia gravis, narrow angle glaucoma, Sjogren sydrome)

YES

NO

NICE CG171 : When offering antimuscarinics., "take account of other existing medication affecting total anticholinergic load".

PrescQIPP bulletin B140: Anticholinergic Drugs

First Line: Generic anticholinergics

oxybutynin	2.5mg BD	(£1.25)
oxybutynin	5mg BD	(£1.70)
tolterodine	2mg BD	(£2.08)

titrate oxybutynin to 5mg TDS as tolerated
(Do not offer oxybutynin IR to frail, elderly patients)

If unable to tolerate oral medication:
Transdermal oxybutynin 36mg twice weekly (£27.20)

Review at 4-8 weeks

Improved → Continue

Troublesome side-effects / lack of efficacy

Second line medication:

"NICE CG171: If the first treatment for OAB is not effective or well-tolerated, offer another drug with the lowest acquisition cost". This may include alternative generic anticholinergics listed above. See price graph. Consider patient preference for od drugs

Drug		Potential advantages	Cost/28d
Trospium	20mg BD	May have fewer CNS side-effect esp in elderly	£5.80
Propiverine	15mg OD- TDS	May have anti-spasmodic properties	£9- £27
Darifenacin	7.5-15mg OD	May have fewer CNS side-effects	£25.48
Fesoterodine	4-8mg OD	Similar drug to tolterodine	£25.78
Solifenacin	5-10mg OD	May have better efficacy than tolterodine / oxybutynin	£27.62 to £35.91

Review at 4-8 weeks

Improved → Continue

Troublesome side-effects / lack of efficacy

Third line medication:
Mirabegron 50mg OD
β-3 agonist
(non-anthicholinergic)

(reduce to 25mg OD if eGFR <30ml/min)

Cost/28d £27.07

To be used where :

- Anticholinergics are contra-indicated
- Severe side effects with anticholinergics (contra-indicated in severe uncontrolled hypertension systolic ≥180mmHG or diastolic ≥110mmHG)
- At least two anticholinergics not effective

Review at 4-8 weeks

Improved → Continue

Troublesome side-effects / lack of efficacy

Consider referral to Urology / Urogynaecology

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