**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

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**Initial assessment**
- **Full history**
- **Frequency/Volume Chart**
- **Urinalysis**
- **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

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**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

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**Drug therapy (see flowchart)**

**Review at 3 months**
- Improved: Continue
- Ongoing problems: Refer to Urology / Urogynaecology

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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

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**References**
- Nottinghamshire Area Prescribing Committee
- R. Parkinson, N. Sherwood
- Ratified by APC: Nov 2017
- Review date: Nov 2019
Conservative management

- All patients should have conservative treatment prior to medical therapy or referral.

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 syndrome)

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)

Are anticholinergics contra-indicated?

- (e.g. Myasthenia gravis, narrow angle glaucoma, Sjogren syndrome)

NICE CG171: When offering antimuscarinicss, “take account of other existing medication affecting total anticholinergic load”.

PrescQIPP bulletin B140: Anticholinergic Drugs

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Potential advantages</th>
<th>Cost/28d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trospium</td>
<td>May have fewer CNS side-effect esp in elderly</td>
<td>£5.80</td>
</tr>
<tr>
<td>Propiverine</td>
<td>May have anti-spasmodic properties</td>
<td>£9- £27</td>
</tr>
<tr>
<td>Darifenacin</td>
<td>May have fewer CNS side-effects</td>
<td>£25.48</td>
</tr>
<tr>
<td>Fesoterodine</td>
<td>Similar drug to tolterodine</td>
<td>£25.78</td>
</tr>
<tr>
<td>Solifenacin</td>
<td>May have better efficacy than tolterodine / oxybutynin</td>
<td>£27.62 - £35.91</td>
</tr>
</tbody>
</table>

Third line medication:

Mirabegron 50mg OD  
β-3 agonist  
(non-anticholinergic)

(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

Troublesome side-effects / lack of efficacy

Continue

Troublesome side-effects / lack of efficacy

Continue

Consider referral to Urology / Urogynaecology

R. Parkinson, N Sherwood  
Ratified by APC: Nov 2017  
Review date: Nov 2019  
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