**Overactive Bladder Clinical Guideline**

- **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
- Urinalysis
- Measurement of post-void residue

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

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

**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**
Must be supervised by continence advisor or physiotherapist

**Refer to Urology / Urogynaecology if:**
- Visible haematuria
- Recurrent or persisting UTI associated with haematuria in patients aged 40 years and older
- Microscopic haematuria in patients aged >50 years
- Suspected urinary tract malignancy or raised PSA
- Persisting bladder or urethral pain
- Suspected neurological disease
- Significant voiding difficulty
- Suspected urogenital fistulae
- Previous continence/pelvic cancer surgery
- Previous pelvic radiation therapy or chemotherapy

Review at 3 months
- improved
- Continue
- ongoing problems

Medication therapy (see flowchart)
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

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

YES

NO

First Line: Generic anticholinergics
Anticholinergic medications have similar efficacy and side-effect profiles, therefore
select one with the lowest acquisition cost.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Cost/28d</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxybutynin*</td>
<td>2.5mg</td>
<td>BD</td>
<td>(£1.98)</td>
</tr>
<tr>
<td>oxybutynin*</td>
<td>5mg</td>
<td>BD</td>
<td>(£2.47)</td>
</tr>
<tr>
<td>tolterodine*</td>
<td>2mg</td>
<td>BD</td>
<td>(£1.68)</td>
</tr>
<tr>
<td>solifenacin</td>
<td>5-10mg</td>
<td>OD</td>
<td>(£3.30-£3.98)</td>
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<tr>
<td>trosplum</td>
<td>20mg</td>
<td>BD</td>
<td>(£6.04)</td>
</tr>
</tbody>
</table>

Tritrate oxybutynin to 5mg TDS as tolerated.
* Do not offer oxybutynin or tolterodine to frail, elderly patients.
If swallowing difficulties or unable to tolerate solid formulations:
1st line: Transdermal oxybutynin 36mg twice weekly (£27.20)
2nd line: solifenacin 5-10mg OD (liquid) (£25.78-£51.56)

NICE NG123: When offering antimuscarinics, “take account of other existing medication affecting total anticholinergic load”.

Troublesome side-effects / lack of efficacy
Review at 4-8 weeks

Second line medication:
If initial choice is not effective, or has bothersome side effects, consider a trial of an
alternative medicine from the first line list above.

Troublesome side-effects / lack of efficacy
Review at 4-8 weeks

Third line medication β-3 agonist (non-anticholinergic):
Mirabegron 50mg MR tablet OD (£27.07)
(reduce to 25mg OD if eGFR <30ml/min)
(contra-indicated in severe uncontrolled hypertension systolic ≥ 180 or diastolic ≥110mmHg)

Troublesome side-effects / lack of efficacy
Review at 4-8 weeks

Consider referral to Urology / Urogynaecology