

## 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 (bladder diary).
- 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.

**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 or chemotherapy

**Conservative management**

- All patients should have conservative treatment **prior** to commencement of medical therapy or referral to secondary care.
- Patients can be referred to the **District Nurse Continence Clinic or the 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, antimuscarinics etc).

**Post-menopausal women**

Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms (NICE 2006).  
 E.g., estriol 0.1% cream (£4.45/15g) or estradiol 10mcg vaginal tabs (£11.34/24). Use daily for 2 weeks, then twice weekly for 3 months.

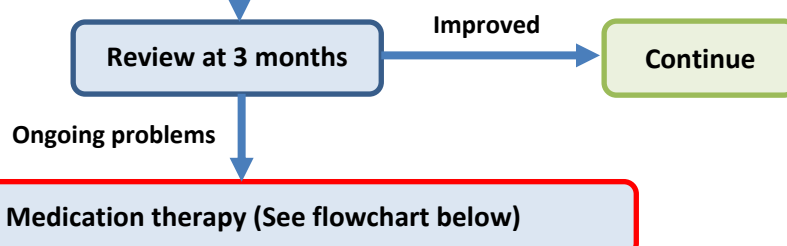
**Lifestyle advice**

Modify high or low fluid intake.  
 Healthy eating, avoid caffeine, reduce alcohol intake.  
 Smoking cessation.  
 Weight loss and exercise, healthy eating.  
 Constipation advice.

**Bladder Retraining** - Minimum of 6 weeks (NICE 2006).

**Pelvic floor exercises**

Trial for at least 3 months supervised pelvic floor muscle training by continence advisor or physiotherapist.



**Overactive Bladder Clinical Guideline – Medication Therapy**

**Conservative management (as above)**

All patients should have conservative treatment **prior** to commencement of medical therapy or referral to secondary care.  
**Post-menopausal women** - Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms.  
 E.g., estriol 0.1% cream or estradiol 10mcg vaginal tablets. Use daily for 2 weeks, then twice weekly for 3 months.

YES

**Are anticholinergics contraindicated?**

(e.g., myasthenia gravis, narrow angle glaucoma, Sjögren-syndrome, cognitive impairment).

No

**First Line: Generic anticholinergics**

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

**Consider calculating the anticholinergic burden score using the [ACB](#) calculator.**

These medicines can potentially cause an increase in falls risk. See [Medicines and Falls Chart](#)

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

**If the initial choice is not effective, or has troublesome side effects, consider lowering dose/strength, or a trial of an alternative medicine from the first line options.**

Medicine	Strength	Dose	Cost/28days (Dec 22)
Oxybutynin IR*	2.5mg	Twice a day	£1.52
Oxybutynin IR*	5mg	Twice a day (titrate to three times a day as tolerated)	£1.41 - £2.12
Tolterodine*	2mg	Twice a day	£3.06
Solifenacin	5-10mg	Once a day	£3.04 - £3.56
Trospium	20mg	Twice a day	£4.93
<i>*Do not offer oxybutynin or tolterodine to frail, elderly patients.</i>			
<b>If swallowing difficulties or unable to tolerate solid formulations</b>			
1 <sup>st</sup> : Oxybutynin patches	36mg (3.9mg/24hrs)	Apply twice weekly	£27.20
2 <sup>nd</sup> : Solifenacin liquid	5-10mg	Once a day	£27.62 - £55.24

Review at 4-8 weeks

Improved

Continue

Troublesome side effects/lack of efficacy

**Second line medication  $\beta$ -3 agonist (non-anticholinergic):**

Vibegron 75mg tablet once a day (£24.90)

or

Mirabegron 50mg MR tablet once a day (£27.07).

Reduce to 25mg once a day if moderate hepatic impairment or eGFR <30ml/min.

(mirabegron contra-indicated in severe uncontrolled hypertension systolic  $\geq$  180 or diastolic  $\geq$  110mmHg)

**Blood pressure should be taken before starting mirabegron and monitored regularly during treatment.**

Troublesome side effects

Review at 4-8 weeks

Improved

Continue

Lack of efficacy

**Third line medication combination:**

$\beta$ -3 agonist once a day + solifenacin once a day

(Unless contra-indicated or troublesome side effects on either monotherapy)

Review at 4-8 weeks

Improved

Continue

Troublesome side effects/lack of efficacy

**Consider referral to Urology/Urogynaecology**