

Overactive Bladder in Adults - 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 (CAS)** for assessment and conservative treatment. [Nottingham City Bladder & Bowel Service](#). [Nottinghamshire Healthcare Trust CAS](#).
- 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 OAB symptoms and [genitourinary signs and symptoms associated with the menopause \(NICE NG123\)](#).

E.g., estriol 0.1% cream (£5.45/15g) or estradiol 10mcg vaginal tabs (£10.40/24). Use daily for 2 weeks, then twice weekly for 3 months.

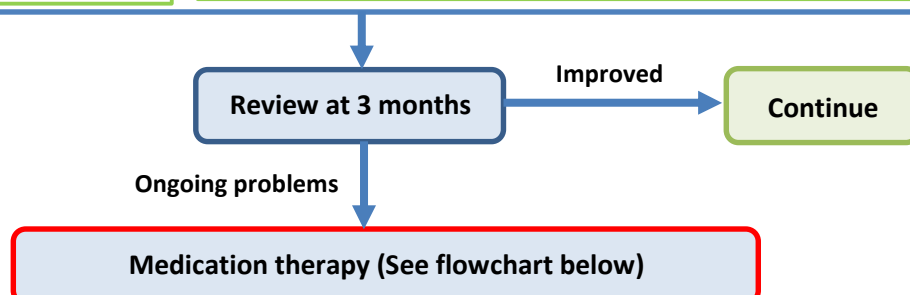
Lifestyle advice

Modify high or low fluid intake.
 Reduction of caffeine intake.
 Smoking cessation.
 Weight loss and exercise, healthy eating.
 Constipation advice.

Bladder Retraining - Minimum of 6 weeks ([NICE NG123](#), [NICE CG97](#))).

Pelvic floor exercises

Trial for at least 3 months supervised pelvic floor muscle training by continence advisor or physiotherapist ([NICE NG123](#))



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.

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 (Jan 26)
Tolterodine IR*	2mg	Twice a day	£1.72
Solifenacin	5-10mg	Once a day	£0.84 - £1.01
Trospium IR	20mg	Twice a day	£25.94
<i>*Do not offer tolterodine to frail, elderly patients.</i>			
If swallowing difficulties or unable to tolerate solid formulations			
1 st : Oxybutynin patches	36mg (3.9mg/24hrs)	Apply twice weekly	£27.20
2 nd : Solifenacin 1mg/ml oral susp (Vesicare®)	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 β -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.

Review at 4-8 weeks

Improved

Continue

Troublesome side effects

Lack of efficacy

Third line medication combination:

β -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