North of Tyne, Gateshead and North Cumbria

Non-Surgical Management of Overactive Bladder (OAB)

Rule out red flag symptoms and signs e.g. haematuria, palpable mass etc.

⇓

Consider assessment of menopause and continence. In female patients with atrophic vaginitis on examination, consider a course of topical oestrogen.

⇓

DIAGNOSIS OF OAB

The overactive bladder syndrome (OAB) is defined as urinary urgency, usually with urinary frequency and nocturia, with or without urgency urinary incontinence.

⇓

Undertake a baseline symptom score e.g. ICIQ
https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/ICIQ-UI.pdf

⇓

NON PHARMACOLOGICAL INTERVENTIONS

Lifestyle interventions: caffeine reduction, modification of high or low fluid intake, weight loss and smoking cessation.

Bladder training including diversion/distraction therapy: consider referral to the continence service via community nursing

Pelvic floor muscle training: consider physiotherapy referral

⇓

CONSIDERATIONS BEFORE FURTHER TREATMENT

Assess bladder emptying with post-void bladder scan (if available)
When offering antimuscarinic drugs to treat OAB always take account of:

- The patient's coexisting conditions (for example, poor bladder emptying)
- Use of other existing medication affecting the total anticholinergic burden
- Risk of adverse effects.

Before OAB drug treatment starts discuss with patients the likelihood of success (50-65% patients respond well) and associated common adverse effects, **and**

- the frequency and route of administration, **and** that some adverse effects such as dry mouth and constipation may indicate that treatment is starting to have an effect, **and**
- that they may not see the full benefits until they have been taking the treatment for 4 weeks.

Prescribe the lowest recommended dose when starting a new OAB drug treatment.

⇓

DRUG CHOICE

Offer the antimuscarinic drug with the lowest acquisition cost to treat OAB. If the first drug is ineffective or not well tolerated, offer a second drug with a low acquisition cost. See formulary for choice of drugs.

Do NOT offer oxybutynin (IR) to older patients at higher risk of deterioration in physical health or cognitive function

Mirabegron is recommended if antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects (NICE TA 290)

⇓

REFERRAL TO SECONDARY CARE

Notes

For further details in managing women with urinary incontinence in women refer to NICE NG123: https://www.nice.org.uk/guidance/ng123

For male patients please refer to the Newcastle upon Tyne, Gateshead and Northumbria Urology Guidelines: http://www.newcastleurology.org.uk/wp-content/uploads/2020/05/NewUrolGuidfinal-May-20-revision.pdf

Review at 4 weeks either face to face or by phone (repeat symptom assessment).

Drug treatments that are not effective should be discontinued.

Avoid trials of multiple antimuscarinics

Consider referral after the failure of two antimuscarinics and/or mirabegron

OR GP initiation in patients who do not wish to be referred to secondary care and have failed previous first/second line treatments

Matthew Lowery, Formulary and Audit Pharmacist, Mr Chris Harding, Consultant Urological Surgeon, and Mr Trevor J Dorkin, Consultant Urological Surgeon, NUTH,
Approved Feb 2021 Review Feb 2024