North of Tyne

Non-Surgical Management of Overactive bladder (OAB)

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

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.

NON PHARMACOLOGICAL INTERVENTIONS

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

Bladder training, pelvic floor muscle training

CONSIDERATIONS BEFORE FURTHER TREATMENT

When offering antimuscarinic drugs to treat OAB always take account of:

- The patients coexisting conditions
- Use of other existing medication affecting the total anticholinergic load
- Risk of adverse effects.

Before OAB drug treatment starts discuss with patients the likelihood of success and associated common adverse effects, **and**

- the frequency and route of administering, **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.

FIRST LINE

Both these agents should be tried sequentially, unless contraindicated, before moving on to second line treatment options

Oxybutynin IR (not appropriate for frail elderly patients or those with cognitive impairment)

Tolterodine IR (if oxybutynin fails or is not tolerated)

SECOND LINE

Darifenacin: following tolterodine when oxybutynin is not appropriate e.g. frail elderly patients or those with cognitive impairment.

Oxybutynin Patch: for patients in whom 2 antimuscarinics have proved efficacious but the side effects are intolerable, or patients who cannot swallow tables

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

REFERRAL TO SECONDARY CARE

SPECIALIST INITIATION (following discussion of surgical options)

Solifenacin

Fesoterodine

Notes

For further details in managing women with urinary incontinence refer to NICE CG171.

For male patients please refer to the: North of Tyne and Gateshead guidelines for Management of Common Urological Conditions in Adults ≥ 18 years in Primary care.

Review at 8 weeks either face to face or by phone (repeat symptom assessment).

Drug treatments that are not effective should be discontinued

Consider referral to secondary care after the failure of two antimuscarincs

OR GP initiation in patients who do wish to be referred to secondary care and have failed previous first/second line treatments

Matthew Lowery, Formulary and Audit Pharmacist and Mr Chris Harding, Consultant Urological Surgeon, NUTH, September 2014 . Approved APC Jan 2015