Diagnosis & Treatment Algorithm: AUA/SUFU Guideline on Non-Neurogenic Overactive Bladder in Adults

History and Physical; Urinalysis

- Signs/symptoms of OAB, (-) urine microscopy

Patient education:
- Normal urinary tract function
- Benefits/risk of treatment alternatives
- Agree on treatment goals

Patient desires treatment, is willing to engage in treatment, and/or treatment is in patient’s best interests

Behavioral Treatments Standard (consider adding pharmacologic management if partially effective)

- Treatment goals not met after appropriate duration*; Patient desires further treatment, is willing to engage in treatment, and/or further treatment in patient’s best interests

Pharmacologic management Standard With active management of adverse events; consider dose modification or alternate medication if initial treatment is effective but adverse events or other considerations preclude continuation

- Treatment goals not met after appropriate duration*; Patient desires further treatment, is willing to engage in treatment, and/or further treatment in patient’s best interests

Reassess and/or refer; consider urine culture, post-void residual, bladder diary, symptom questionnaires, other diagnostic procedures as necessary for differentiation

Consider urine culture, post-void residual, bladder diary, and/or symptom questionnaires

Signs/symptoms of OAB

Follow-up for efficacy and adverse events

Treatment goals met

Not OAB or Complicated OAB; treat or refer

Signs/symptoms consistent with OAB diagnosis;

Treatment goals not met after appropriate duration*; Patient desires further treatment, is willing to engage in treatment, and/or further treatment in patient’s best interests

Consider in carefully-selected and thoroughly-counseled patients with moderate to severe symptoms

• Intradetrusor onabotulinumtoxinA Standard (patients must be willing to perform CISC)
  OR
• Peripheral tibial nerve stimulation (PTNS) Recommendation (patients must be willing and able to make frequent office visits)
  OR
• Sacral neuromodulation (SNS) Recommendation

In extremely rare cases, consider urinary diversion or augmentation cystoplasty

*Appropriate duration is 8 to 12 weeks for behavioral therapies and 4 to 8 weeks for pharmacologic therapies

The complete OAB Guideline is available at www.AUAnet.org/Guidelines.