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

1. History and Physical; Urinalysis
   - Signs/symptoms of OAB, (-) urine microscopy

2. Diagnosis unclear or additional information needed
   - Consider urine culture, post-void residual bladder diary, and/or symptom questionnaires

3. Not OAB or complicated OAB; treat or refer
   - Signs/symptoms of OAB

4. Follow-up for efficacy and adverse events

5. In rare cases, consider urinary diversion or augmentation cystoplasty

6. Treatment Goals Met
   - Patient desires further treatment, is willing to engage in treatment, and/or further treatment in patient’s best interests

7. Consider in carefully-selected and thoroughly-counseled patients with moderate to severe symptoms
   - Intradetrusor onabotulinumtoxin (patients must be willing to perform CISC)
   - Peripheral tibial nerve stimulation (PTNS) (patients must be willing and able to make frequent office visits)
   - Sacral neuromodulation (SNS)

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

9. Reassess and/or Refer; consider urine culture, post-void residual bladder diary, symptom questionnaire

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

This clinical framework does not require that every patient go through each line of treatment in order as there are many factors to consider when identifying the best treatment for a particular patient.

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

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