Diagnosis and Treatment of Idiopathic Overactive Bladder

Treatment naive patient presents with symptoms of OAB (urinary urgency, frequency, with or without urgency incontinence)
- Medical history, including urologic history, assessing storage and emptying urinary symptoms, severity, degree of bother
- Physical examination*
- Urinalysis
- PSA in the appropriate patient population
+/- symptom questionnaires and/or voiding diary
+/- PVR, especially in those with concomitant voiding or emptying symptoms
* for those initially evaluated via telemedicine, some aspects of assessment may not be performed

Optimize management of medical comorbidities (e.g., obesity, constipation, obstructive sleep apnea)
Engage in shared decision-making with the patient:
- Provide education about OAB
- Discuss the risks and benefits of different treatment modalities
- Discuss patient values, preferences, and treatment goals
- Make patient aware that no treatment is an option

In OAB patients with BPH options include:
- Monotherapy with an antimuscarinic medication or beta-3 agonist
- Combination therapy with alpha blocker and an antimuscarinic medication or beta-3 agonist
- Conservative therapy, pharmacotherapy, or procedural interventions

Invasive Therapies
- Bladder augmentation cystoplasty or urinary diversion
- Indwelling urethral catheters when OAB therapies are contraindicated, ineffective, or no longer desired

Minimally Invasive Therapies
- Botulinum toxin injection*
- Implantable tibial nerve stimulation
- Percutaneous tibial nerve stimulation
- Sacral neuromodulation
Consider a trial off of pharmacotherapy after appropriate response has been achieved via minimally invasive therapies.
Minimally invasive therapies may be offered without trial of behavioral, non-invasive, or pharmacologic management.
If a patient is refractory to one treatment, clinician can try another.
*Obtain PVR prior to botulinum toxin injection, if not previously obtained

Pharmacotherapy
- Antimuscarinic medications or beta-3 agonist
- Select therapy in the context of shared decision-making, based on side effect profiles
- Discuss risks and contraindications of antimuscarinic medications
- Assess at 4-8 weeks for onset of side effects and efficacy
If patient experiences intolerable side effects or inadequate symptom improvement, can/may prescribe a different medication of the same class or a different class of medication.
If patient has inadequate symptom improvement with a single medication, consider combination with a medication of a different class of medication.

Non-Invasive Therapies
- Incontinence management strategies (e.g., pads, diapering, barrier creams)
- Bladder training/timed voiding
- Behavioral therapies
- Pelvic floor muscle training