# Overactive Bladder Syndrome (OAB):

A clinical syndrome characterized by the presence of urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence in the absence of obvious pathology.

## Diagnostic Approach

<table>
<thead>
<tr>
<th>Goal:</th>
<th>To document symptoms and signs that characterize OAB and to exclude other disorders that could be cause of patient’s symptoms</th>
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## Required Evaluation:

- History/Assessment of Lower Urinary Tract Symptoms (LUTS) – onset, duration, and degree of bother
- Contributing comorbidities
- Fluid Intake
- PE
- Urinalysis

## Optional Evaluation:

- Post void residual urine *(if retention is suspected)*
- Bladder diary
- Urodynamics, cystoscopy and diagnostic renal/bladder ultrasound should *not* be used in the initial work-up of the uncomplicated patient, but may be used in complicated or refractory patients at provider’s discretion

## Patient Education

| Patient Discussion: | • Discuss healthy bladder habits  
• Review normal bladder function  
• Discuss normal fluid intake and voided volumes  
• What is normal vs. abnormal frequency? |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------|

## Establish Treatment Plan/Expectations:

- OAB is variable and chronic symptom complex, with no single ideal treatment
- Available treatments vary in required patient effort, invasiveness, risks, and reversibility
- Most OAB treatments can improve but do not eliminate symptoms

## 1st Line or Initial Treatment

| Behavior/Lifestyle: | Should be discussed and offered as first line therapy to all patients  
• Urge suppression, PFMT, bladder training  
• Dietary modification  
• Therapies may be instituted at any time and combined with pharmacotherapy  
• Optimal treatment duration/trial 4-8 weeks |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------|

## 2nd Line Treatment (medication)

| Pharmacotherapy: | Initiate if inadequate improvement with conservative management or at provider’s discretion if the symptoms warranted to be bothersome enough  
• Current classes of medications include: Antimuscarinics, Beta-3 agonist  
• Choice of class or medication depends on age, comorbidities, concomitant medications, formulary restriction  
  o Trial of pharmacotherapy should be at least 4-8 weeks  
  o Manage side effects (if present)  
    o Avoid constipation  
    o Adjust fluids, dry mouth aids  
    o *Patient medication aid tool*  
    o Medication change or dose adjustment |

## Reassess After 4 - 8 Weeks

- If at any point during treatment the patient is satisfied, continue present treatment. If inadequate symptom relief, consider adding medication, dose escalation, change in medication, combination antimuscarinic and Beta-3 agonist medication, consider 3rd line treatments or refer to specialist.

*Coming Soon*
3rd Line Or Advanced Therapies

Refractory Uncomplicated OAB: The patient has failed sufficient behavioral therapy trial and pharmacotherapy with at least one medication. Clinicians may offer advanced treatments in any order, however there are certain patient characteristics that may favor one intervention over another.

Complicated OAB: In the patient with concomitant neurologic disease, prior genitourinary surgery, obstructive voiding symptoms, consider urodynamic, cystoscopic, or radiographic evaluation of the urinary tracts as necessary to rule out confounding diagnostic factors that may influence treatment - such as foreign body in bladder or outlet, bladder outlet obstruction, elevated post-void residual urine volume, or hydronephrosis. The provider will then determine if advanced therapy is still appropriate or if other options should be considered.

Options for Advanced Therapy are below, no specific order is intended

Sacral Neuromodulation:
- Ex: InterStim®
- Minimally invasive surgical implantation
- No maintenance therapy
- Battery life 3-5 years
- Contraindications: Need for MRI below the neck

Chemodenervation:
- Ex: BOTOX®
- Cystoscopic bladder injection of OnabotulinumtoxinA
- Must be repeated 1-2 x per year to maintain efficacy
- Contraindications: inability to perform self-catheterization

Posterior Tibial Nerve Stimulation:
- Ex: NURO-PTNM® or Urgent PC®
- Office-based percutaneous needle stimulation
- Requires weekly office stimulation for 30 minutes x 12 weeks followed by regular maintenance therapy, as needed
- Contraindications: severe LE edema or venous disease

Disclaimer
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