

Diagnosis Of OAB

Counsel patient – OAB is a long term condition, and significant lifestyle modification may be required.

- Book a series of review appointments and set treatment goals for each visit.

Discuss behavioural modifications

- Lifestyle changes e.g. cut down on caffeinated drinks, alcohol, chocolate, tomatoes, citrus and spicy foods. Don't cut back on fluids.
- To help constipation, which can also make OAB worse, eat a high-fibre diet.
- Bladder training (see links below)
- Pelvic floor exercises (see links below)

The Wye Valley NHS Trust Continence Bladder & Bowel Service Gaol Street Clinic is available on  **01432 378933**

Pelvic floor exercises for women
[Patient Leaflet Female.pdf](#)

Pelvic floor exercises for men
[Patient Leaflet Male.pdf](#)

Bladder retraining leaflets
[Patient Leaflets Bladder training.pdf](#)

ICIQ –Fluid Balance Diary
[Patients Leaflet ICIQ-OAB.pdf](#)

Anti-cholinergic burden Scale
[ACB scale legal size.pdf](#)

Review the patient after 6 weeks.

If suboptimal improvement, consider pharmacological treatment

First line Drug treatment – Consider contraindications to antimuscarinic agents and calculate total anticholinergic load from concomitant medications before initiating a drug for OAB (see link on Anticholinergic Burden Scale.) Complete medication review.

Oxybutynin IR or Tolterodine tablets IR 1mg - 2 mg twice daily (1mg bd if eGFR <30ml/min)

Do not offer oxybutynin IR in case of frail older women or cognitive impairment

If Anticholinergic drugs are contraindicated (glaucoma, myasthenia gravis, GI obstruction or specific problems with dry mouth) consider non antimuscarinic. N.B. Drug interactions include some antiarrhythmic, tricyclics, citalopram, escitalopram, antihistamines, antiretrovirals, chloroquine

For ALL patients:

- Discuss patient expectations and likely benefits of drug treatment
- Give questionnaire to help assess the benefits of treatment
- Explain that some adverse events such as dry mouth and constipation may indicate the treatment is starting to have an effect and that they may not see the full benefit until taking the treatment for 4 weeks

Symptom review at 4-6 weeks face to face or telephone review or earlier if adverse effects of OAB drug are intolerable

Second line Drug Treatment

Tolterodine MR 2mg -4 mg daily prescribed as **Mariosea XL®** (2mg if eGFR<30ml/min)

Darifenacin 7.5mg or Solifenacin 5 mg once daily (Note: 10 mg dose offers minimal additional benefit and is more expensive)

Mirabegron 50 mg once daily (Non-antimuscarinic)

MHRA drug safety alert October 2015 Mirabegron: Key update on safety advice for healthcare professionals.

Mirabegron is contraindicated for patients with severe uncontrolled hypertension (systolic blood pressure \geq 180mm Hg or diastolic BP \geq 110mm Hg or both. Blood pressure should be measured before starting treatment and monitored regularly during treatment especially in patients with

Refer to secondary care in case of:

Haematuria Urinary retention or voiding difficulties Bladder pain Recurrent UTIs or Significant vaginal prolapse

Recommendation is to try one anticholinergic and one non-antimuscarinic prior to referral to secondary care (if not contraindicated).

Patients on long term therapy should be reviewed annually (or every 6 months if over 75 years) to assess whether there is a continued need for treatment.