Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline.

RECOMMENDATIONS

Recommendation

1 - Diagnosis

Conditional: The clinician should engage in a diagnostic process to document symptoms and signs that characterize OAB and exclude other disorders that could be the cause of the patient's symptoms; the minimum requirements for this process are a careful history, physical exam and urinalysis.

{Rec_1:Cond_ 1}

Recommendation

2 - Diagnosis

Conditional: In some patients, additional procedures and measures may be necessary to validate an OAB diagnosis, exclude other disorders and fully inform the treatment plan. At the clinician's discretion, a urine culture and/or post-void residual assessment may be performed and information from bladder diaries and/or symptom questionnaires may be obtained.

{Rec_1:Cond_ 1}

Recommendation

3 - Diagnosis

Conditional: Urodynamics, cystoscopy and diagnostic renal and bladder ultrasound should not be used in the initial workup of the uncomplicated patient.

{Rec_2:Cond_ 2}

Recommendation

4 - Treatment

Conditional: OAB is not a disease; it is a symptom complex that generally is not a life threatening condition. After assessment has been performed to exclude conditions requiring treatment and counseling, no treatment is an acceptable choice made by some patients and caregivers.

{Rec_3:Cond_ 3}

Recommendation

5 - Treatment

Conditional: Clinicians should provide education to patients regarding normal lower urinary tract function, what is known about OAB, the benefits vs. risks/burdens of the available treatment alternatives and the fact that acceptable symptom control may require trials of multiple therapeutic options before it is achieved.

{Rec_4:Cond_ 4}

Recommendation

6 - First Line Treatments: Behavioral Therapies

Conditional: Clinicians should offer behavioral therapies (e.g., bladder training, bladder control strategies, pelvic floor muscle training, fluid management) as first line therapy to all patients with OAB.

{Rec_5:Cond_ 5}

Recommendation

7 - First Line Treatments: Behavioral Therapies

Conditional: Behavioral therapies may be combined with anti-muscarinic therapies.

{Rec_6:Cond_ 6}

Recommendation

8 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should offer oral anti-muscarinics, including darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium (listed in alphabetical order; no hierarchy is implied) as second-line therapy.

{Rec_8:Cond_ 8}

Recommendation

9 - Second-Line Treatments: Anti-Muscarinics

Conditional: If an immediate release (IR) and an extended release (ER) formulation are available, then ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth.

{Rec_7:Cond_ 7}

Recommendation

10 - Second-Line Treatments: Anti-Muscarinics

Conditional: Transdermal (TDS) oxybutynin (patch or gel) may be offered.

{Rec_9:Cond_ 9}

Recommendation

11 - Second-Line Treatments: Anti-Muscarinics

Conditional: If a patient experiences inadequate symptom control and/or unacceptable adverse drug events with one anti-muscarinic medication, then a dose modification or a different anti-muscarinic medication may be tried.

{Rec_10:Cond_ 10}

Recommendation

12 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should not use anti-muscarinics in patients with narrow angle glaucoma unless approved by the treating ophthalmologist and should use anti-muscarinics with extreme caution in patients with impaired gastric emptying or a history of urinary retention.

{Rec_11:Cond_ 11}

Conditional: Clinicians should not use anti-muscarinics in patients with narrow angle glaucoma unless approved by the treating ophthalmologist and should use anti-muscarinics with extreme caution in patients with impaired gastric emptying or a history of urinary retention.

{Rec_11:Cond_ 12}

Recommendation

13 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should manage constipation and dry mouth before abandoning effective anti-muscarinic therapy. Management may include bowel management, fluid management, dose modification or alternative anti-muscarinics.

{Rec_12:Cond_ 13}

Recommendation

14 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians must use caution in prescribing anti-muscarinics in patients who are using other medications with anti-cholinergic properties.

{Rec_13:Cond_ 14}

Recommendation

15 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should use caution in prescribing anti-muscarinics in the frail OAB patient.

{Rec_14:Cond_ 15}

Recommendation

16 - Second-Line Treatments: Anti-Muscarinics

Conditional: Patients who are refractory to behavioral and medical therapy should be evaluated by an appropriate specialist if they desire additional therapy.

{Rec_15:Cond_ 16}

Recommendation

17 - FDA-Approved Neuromodulation Therapies

Conditional: Clinicians may offer sacral neuromodulation (SNS) as third-line treatment in a carefully selected patient population characterized by severe refractory OAB symptoms or patients who are not candidates for second-line therapy and are willing to undergo a surgical procedure.

{Rec_16:Cond_ 17}

Recommendation

18 - FDA-Approved Neuromodulation Therapies

Conditional: Clinicians may offer peripheral tibial nerve stimulation (PTNS) as third-line treatment in a carefully selected patient population.

{Rec_17:Cond_ 18}

Recommendation

19 - Non-FDA-Approved: Intradetrusor injection of onabotulinumtoxinA

Conditional: Clinicians may offer intradetrusor onabotulinumtoxinA as third-line treatment in the carefully-selected and thoroughly-counseled patient who has been refractory to first- and second-line OAB treatments. The patient must be able and willing to return for frequent post-void residual evaluation and able and willing to perform self-catheterization if necessary.

{Rec_18:Cond_ 19}

Recommendation

20 - Additional Treatments

Conditional: Indwelling catheters (including transurethral, suprapubic, etc.) are not recommended as a management strategy for OAB because of the adverse risk/benefit balance except as a last resort in selected patients.

{Rec_19:Cond_ 21}

Recommendation

21 - Additional Treatments

Conditional: In rare cases, augmentation cystoplasty or urinary diversion for severe, refractory, complicated OAB patients may be considered.

{Rec_20:Cond_ 22}

Recommendation

22 - Follow-Up

Conditional: The clinician should offer follow up with the patient to assess compliance, efficacy, side effects and possible alternative treatments.

{Rec_21:Cond_ 23}