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

Actions and Directives

at the clinician's discretion, a urine culture may be performed Rec_1: Cond_1: Act_1
at the clinician's discretion, a post-void residual assessment may be performed Rec_1: Cond_1: Act_34
at the clinician's discretion, information from bladder diaries may be obtained. Rec_1: Cond_1: Act_33
at the clinician's discretion, information from symptom questionnaires may be obtained. Rec_1: Cond_1: Act_35
do not use urodynamics in the initial diagnostic workup Rec_2: Cond_2: Act_2
do not use cystoscopy in the initial diagnostic workup Rec_2: Cond_2: Act_3
do not use diagnostic renal and bladder ultrasound in the initial diagnostic workup Rec_2: Cond_2: Act_4
no treatment is an acceptable choice made by some patients and caregivers Rec_3: Cond_3: Act_5
Clinicians should offer behavioral therapies (e.g., bladder training, bladder control strategies, pelvic floor muscle training, fluid management) as first line therapy Rec_5: Cond_5: Act_7
behavioral therapies may be combined with anti-muscarinic therapies. Rec_6: Cond_6: Act_8
ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth. Rec_7: Cond_7: Act_9
Transdermal oxybutynin (patch or gel) may be offered instead of oral anti-muscarinics Rec_9: Cond_9: Act_16

modify dose of current anti-muscarinic medication Rec_10: Cond_10: Act_17
prescribe a different anti-muscarinic medication Rec_10: Cond_10: Act_18
do not use anti-muscarinics Rec_11: Cond_11: Act_19
use anti-muscarinics with extreme caution Rec_11: Cond_12: Act_20
manage constipation and dry mouth before abandoning effective anti-muscarinic therapy Rec_12: Cond_13: Act_21
use caution in prescribing anti-muscarinics Rec_13: Cond_14: Act_23
Clinicians should use caution in prescribing anti-muscarinics Rec_14: Cond_15: Act_24
patients should be evaluated by an appropriate specialist Rec_15: Cond_16: Act_25
Clinicians may offer sacral neuromodulation (SNS) as third-line treatment Rec_16: Cond_17: Act_26
Clinicians may offer peripheral tibial nerve stimulation (PTNS) as third-line treatment Rec_17: Cond_18: Act_27
Clinicians may offer intradetrusor onabotulinumtoxinA as third-line treatment Rec_18: Cond_19: Act_28
As a last resort, an indwelling catheter may be considered. Rec_19: Cond_21: Act_30
In rare cases, augmentation cystoplasty or urinary diversion may be considered. Rec_20: Cond_22: Act_31