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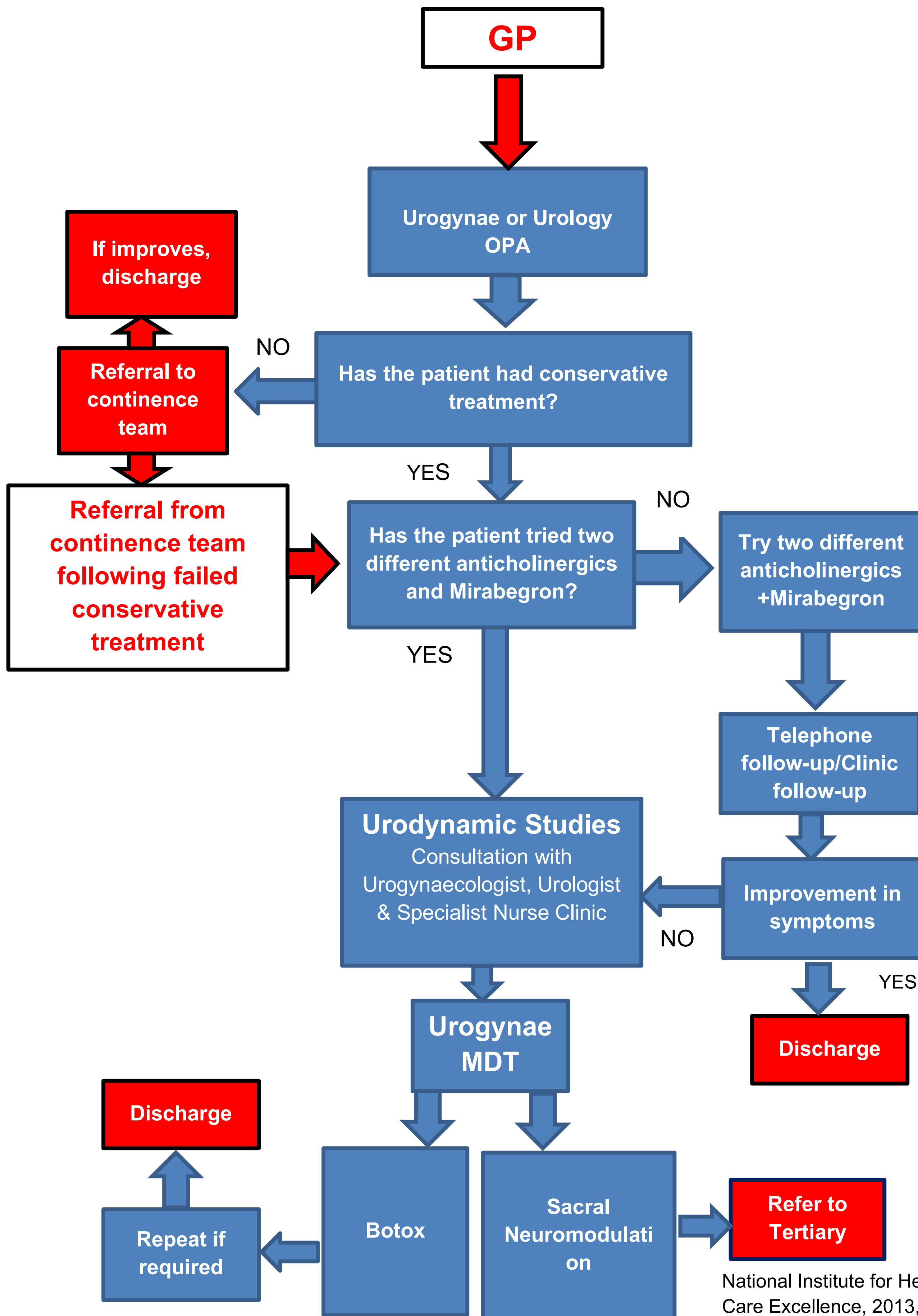
Overactive Bladder (OAB) Pathway



National Institute for Health and Care Excellence, 2013,
The Management of urinary incontinence in women. Clinical Guideline CG171

OAB Pathway

When a female presents with symptoms of Overactive Bladder (OAB), Urge Incontinence (UI), Stress Incontinence (SI), or Mixed Urinary Incontinence (MUI) the Urologist/Urogynaecologist should take a initial assessment of urinary symptoms.

Conservative Management

Patients should be referred to a continence advisor, specialist physiotherapist or nurse specialist. This first line treatment should be offered first to all types of urinary incontinence and consists of a continence assessment with a 3 day bladder diary along with a trial of supervised pelvic floor muscle training of at least 3 month duration. If the woman is unable to contract her pelvic floor, electrical stimulation can be offered.

Bladder training lasting for a minimum of 6 weeks should be offered to women with urge or mixed urinary incontinence.

Antimuscarinic Drugs

If the patient has received conservative management and lifestyle and non-pharmacological interventions have failed; consideration on adding an antimuscarinic drug for a trial period of at least one month should be considered, with follow up of a nurse led telephone consultation.

If the medication is ineffective/patient has side effects a discussion is undertaken with the appropriate consultant and treatment should be stopped or switched in line with the treatment pathway below.

There is no clinical difference in efficacy between the different agents therefore the choice of drug is based on cost and the patient's clinical needs. Refer to pharmacological treatment cited in the Derby Joint Area Prescribing Committee (JAPC) *Primary Care Management of Over Active Bladder (OAB)*.

Treatment review

Review after 4 weeks treatment to assess the balance of beneficial and adverse effects by nurse led telephone consultation/consultant clinic appointment:

- If beneficial , discharge back to the care of the GP
- If no improvement/intolerable adverse effects, change the dose or try an alternative OAB drug

If antimuscarinics are tried in the primary setting and are ineffective a referral follow up should be made to either a Urogynaecologist/Urologist in an outpatient setting. If the patient has been monitored with either a telephone consultation or a clinic appointment in secondary care then an appointment should be organised with the initial consultant.

Failure of Antimuscarinics/Mirabegron

- Patient referred to/back to the Urologist/Urogynaecologist
- Assess/reassess urinary symptoms
- Confirm which is the most bothersome symptom

- If the patient wishes to discuss the option of invasive therapy then Urodynamics Studies will be organised to make a diagnosis, involving:
    1. stopping any antimuscarinic drug/Mirabegron
    2. Complete 3 day bladder diary
    3. Complete Kings Quality of Life Questionnaire
- Discuss at the next multidisciplinary team (MDT) meeting

Urologist/Urogynaecology Referral
If detrusor overactivity is proven and responsible for the overactive bladder symptoms in patients who have not responded to conservative management and drug therapy discuss the 2 options available

Botulinum Toxin
Bladder wall injection with botulinum toxin A can be offered - which can be repeated. Relevant patient information should be given explaining the procedure.

Sacral Neuromodulation
Referral made to a tertiary centre