

## Overactive Bladder Clinical Guideline

**Overactive Bladder (OAB)** is urgency with or without urge incontinence, usually with frequency and nocturia.  
**Urge Urinary Incontinence** is involuntary leakage of urine associated with urgency.  
**Mixed Urinary Incontinence** is involuntary leakage of urine associated with urgency and also exertion, sneezing or coughing.

**Initial assessment:**

- Full history.
- Frequency/Volume Chart (bladder diary).
- Urinalysis.
- Measurement of post-void residue.

**Men**

- May include PR examination, PSA test, flow-rate measurement.
- Consider referral to Prostate Assessment Clinic.

**Women**

- Assessment of pelvic floor.
- Examine for vaginal atrophy and prolapse.

**Refer to Urology / Urogynaecology if:**

- Visible haematuria.
- Recurrent or persisting UTI associated with haematuria in patients aged 40 years and older.
- Microscopic haematuria in patients aged >50 years.
- Suspected urinary tract malignancy or raised PSA.
- Persisting bladder or urethral pain.
- Suspected neurological disease.
- Significant voiding difficulty.
- Suspected urogenital fistulae.
- Previous continence/pelvic cancer surgery.
- Previous pelvic radiation or chemotherapy

**Conservative management**

- All patients should have conservative treatment **prior** to commencement of medical therapy or referral to secondary care.
- Patients can be referred to the **District Nurse Continence Clinic or the Continence Advisory Service** for assessment and conservative treatment.
- Should include patient education, lifestyle advice, bladder training and pelvic floor exercises.
- Manage patient's environment (e.g., commode in place).
- Review medications (e.g., diuretics, anti-hypertensives, anti-depressants, antimuscarinics etc).

**Post-menopausal women**

Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms (NICE 2006).  
 E.g., estriol 0.1% cream (Ovestin) (£4.45/15g) or Vagirux vaginal tabs (£11.34/24). Use daily for 2 weeks, then twice weekly for 3 months.

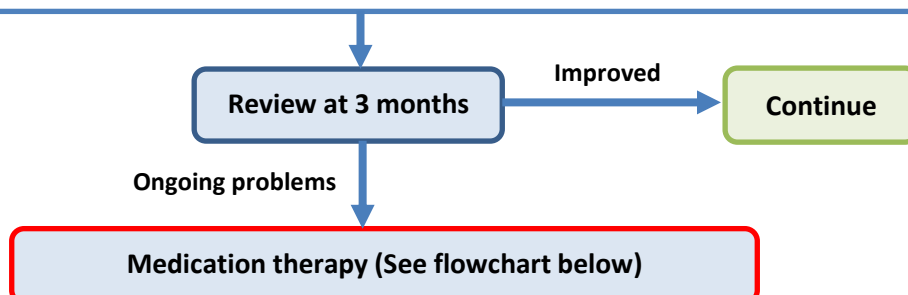
**Lifestyle advice**

Modify high or low fluid intake.  
 Healthy eating, avoid caffeine, reduce alcohol intake.  
 Smoking cessation.  
 Weight loss and exercise, healthy eating.  
 Constipation advice.

**Bladder Retraining** - Minimum of 6 weeks (NICE 2006).

**Pelvic floor exercises**

Trial for at least 3 months supervised pelvic floor muscle training by continence advisor or physiotherapist.



**Overactive Bladder Clinical Guideline – Medication Therapy**

**Conservative management (as above)**

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