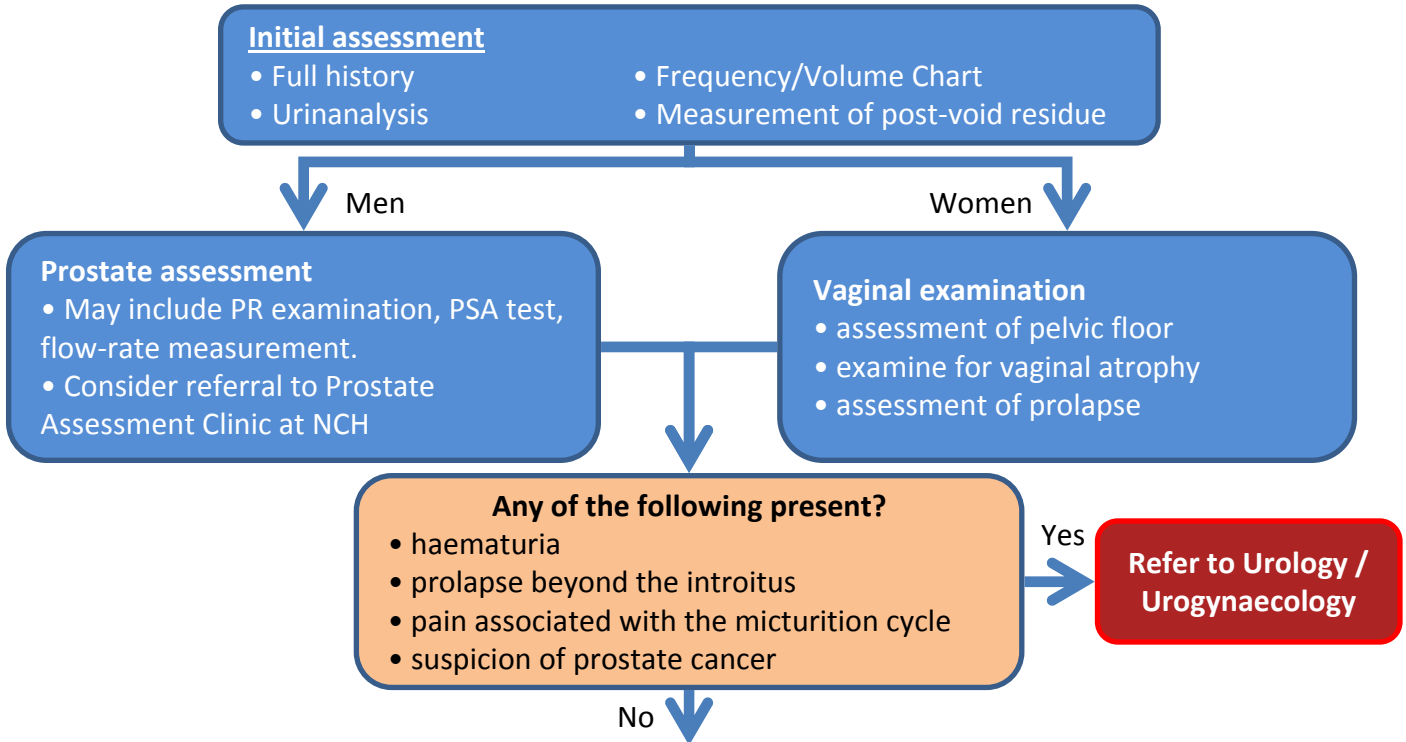


Overactive Bladder Clinical Guideline – adapted from NICE CG-40

- **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



Conservative management

- All patients should have conservative treatment prior to commencement of medical therapy or referral to secondary care.
- Patients can be referred to District Nurse Continence Clinic or Continence Advisory Service for assessment and conservative treatment.
- Should include patient education, lifestyle advice, bladder training and pelvic floor exercises.

Post-menopausal women:

Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms (NICE2006)
eg Vagifem Vaginal Tablets (or Gynest Intravaginal cream):
 use daily for 2 weeks, then twice weekly for 3 months

Lifestyle advice

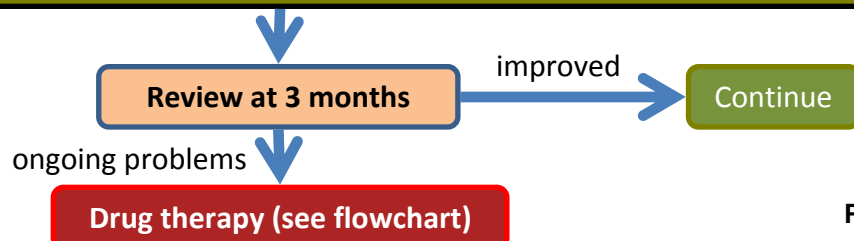
- Modify high or low fluid intake
- Avoid caffeine
- Smoking cessation, weight loss, exercise
- Constipation advice, healthy eating

Bladder retraining

Minimum of 6 weeks (NICE 2006)

Pelvic floor exercises

Taught using vaginal or rectal examination



Nottinghamshire Area Prescribing Committee

R.Parkinson
 Ratified by APC: Oct 2011
 Review date: Oct 2013

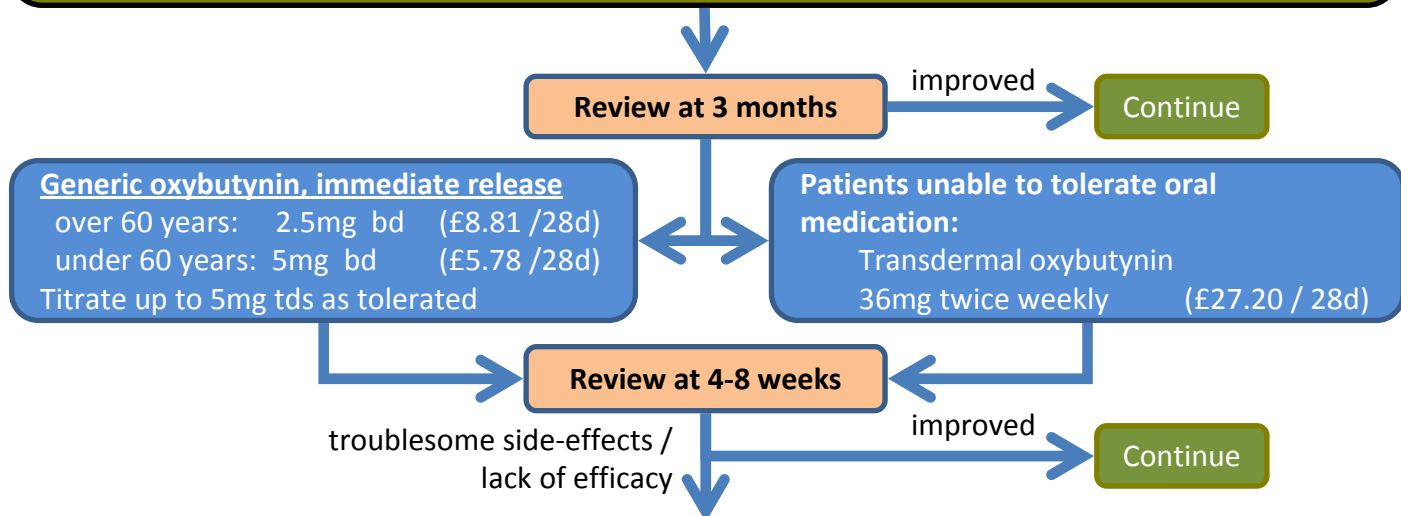
Overactive Bladder Clinical Guideline – drug therapy

Conservative management

- All patients should have conservative treatment prior to commencement of medical therapy or referral to secondary care.
- Patients can be referred to District Nurse Continence Clinic or Continence Advisory Service for assessment and conservative treatment.
- This should include patient education, lifestyle advice, bladder training and pelvic floor exercises.

Post-menopausal women:

Intravaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms eg Vagifem Vaginal Tablets (or Gynest Intravaginal cream): use daily for 2 weeks, then twice weekly for 3 months (NICE 2006)



Change to second line anticholinergic medication:

This list is not in order of suggested use and choice of second line agent should take into account possible advantages of specific agents and cost.

Drug	Potential advantages	Cost/28d
Darifenacin 7.5-15mg od	May have fewer CNS side-effects	£20.90
Fesoterodine 4-8mg od	Same drug group as tolterodine	£25.78
Solifenacin 5-10mg od	May have better efficacy than tolterodine / oxybutynin	£25.78 to £33.52
Tolterodine XL 4mg od	May have fewer side effects than oxybutynin IR	£25.78
Trospium 20mg bd	May have fewer CNS side-effect esp in elderly	£24.27

