Lancashire &
South Cumbria
Medicines
Management
Group

Primary Care Management of Overactive Bladder in Female Adults

Version 1.1

Introduction



VERSION CONTROL		
Version	Date	Amendments made
1.0	December 2021	New guideline.
1.1	December 2023	Lifestyle advice updated.

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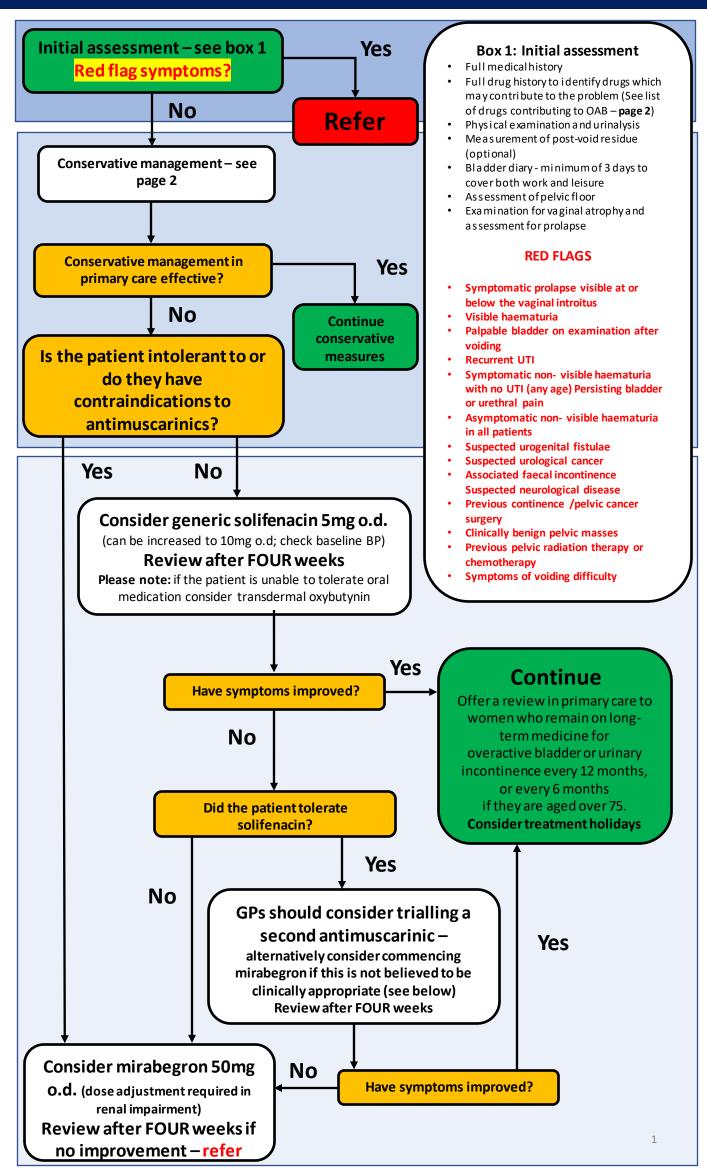
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Primary Care Management of Overactive Bladder in Female Adults



Primary Care Management of Overactive Bladder in Female Adults: additional information

1. Conservative management

All patients should receive conservative treatment prior commencement of pharmacological therapy or referral to secondary care. Consider referral to Community Continence Service for assessment and conservative treatment (where available)

Conservative treatment should include:

- · patient education,
- · lifestyle advice,
- · bladder retraining (for at least 6 weeks)

Lifestyle advice:

- · Advise on modification of high or low fluid intake, ideally drinking 1.5 litres/day
- · Treat contributory factors such as constipation / chronic cough
- Advise on smoking cessation and reduction of caffeine intake
 - · Note: reducing caffeine intake may improve symptoms of urgency and frequency but not incontinence.
- Encourage overweight and obese patients (especially if BMI >30) to lose weight and maintain weight loss.

2. List of medicines that can contribute to overactive bladder

- · Diuretics such as hydrochlorothiazide, furosemide, bumetanide
- · Muscle relaxants and sedatives such as diazepam, chlordiazepoxide, lorazepam
- Opioids such as oxycodone, morphine
- · Antihistamines such as diphenhydramine
- · Alpha-adrenergic antagonists such as terazosin, doxazosin
- · Angiotensin converting enzyme inhibitors
- Hormone replacement therapy
- · Some antidepressants and antipsychotics

Bibliography

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