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.

Contents

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Primary Care Management of Overactive Bladder in Female Adults

Initial assessment – see box 1
Red flag symptoms?

Yes → **Refer**

No →

Conservative management – see page 2

Conservative management in primary care effective?

Yes → **Continue conservative measures**

No →

Is the patient intolerant to or do they have contraindications to antimuscarinics?

Yes → **Consider mirabegron 50mg o.d.** (dose adjustment required in renal impairment)
Review after FOUR weeks if no improvement – refer

No →

Consider generic solifenacin 5mg o.d.
(can be increased to 10mg o.d; check baseline BP)
Review after FOUR weeks
Please note: if the patient is unable to tolerate oral medication consider transdermal oxybutynin

Have symptoms improved?

Yes → **Continue**
Offer a review in primary care to women who remain on long-term medicine for overactive bladder or urinary incontinence every 12 months, or every 6 months if they are aged over 75.
Consider treatment holidays

No →

Did the patient tolerate solifenacin?

Yes → **GPs should consider trialling a second antimuscarinic – alternatively consider commencing mirabegron if this is not believed to be clinically appropriate (see below)**
Review after FOUR weeks

Have symptoms improved?

Yes → **Continue**

No → **Consider mirabegron 50mg o.d.** (dose adjustment required in renal impairment)
Review after FOUR weeks if no improvement – refer

No → **Did the patient tolerate solifenacin?**

Box 1: Initial assessment

- Full medical history
- Full drug history to identify drugs which may contribute to the problem (See list of drugs contributing to OAB – **page 2**)
- Physical examination and urinalysis
- Measurement of post-void residue (optional)
- Bladder diary - minimum of 3 days to cover both work and leisure
- Assessment of pelvic floor
- Examination for vaginal atrophy and assessment for prolapse

RED FLAGS

- Symptomatic prolapse visible at or below the vaginal introitus
- Visible haematuria
- Palpable bladder on examination after voiding
- Recurrent UTI
- Symptomatic non- visible haematuria with no UTI (any age) Persisting bladder or urethral pain
- Asymptomatic non- visible haematuria in all patients
- Suspected urogenital fistulae
- Suspected urological cancer
- Associated faecal incontinence
  Suspected neurological disease
- Previous continence /pelvic cancer surgery
- Clinically benign pelvic masses
- Previous pelvic radiation therapy or chemotherapy
- Symptoms of voiding difficulty

Adapted from NICE NG 123 and associated NICE pathways and guidance developed by Blackpool Teaching Hospitals

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 1.5litres/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

National Institute for Health and Care Excellence. NICE guideline 123: Urinary incontinence and pelvic organ prolapse in women: management (NG123). National Institute for Health and Care Excellence. Manchester UK. Last updated June 2019.

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