# Diagnosis and Treatment of Overactive Bladder (Non-Neurogenic) in Adults: AUA/SUFU Guideline

#### Diagnosis & Treatment Algorithm: AUA/SUFU Guideline on Non-Neurogenic Overactive Bladder in Adults Consider urine culture, post-void Diagnosis unclear or Not OAB or Complicated History and Physical; Urinalysis additional information needed: residual, bladder diary, and/or

Signs/symptoms of OAB, (-) urine microscopy

### Patient education:

- Normal urinary tract function
- Benefits/risks of treatment alternatives
- Agree on treatment goals

Patient desires treatment, is willing to engage in treatment, and/or treatment is in patient's best interests

#### **Behavioral Treatments Standard**

(consider adding pharmacologic management if partially effective)

Treatment goals not met after appropriate duration\*; Patient: desires further treatment, is willing to engage in treatment, and/or further treatment in patient's best interests

Pharmacologic management Standard With active management of adverse events; consider dose modification or alternate medication if initial treatment is effective but adverse events or other considerations preclude continuation

Treatment goals not met after appropriate duration\*; Patient: desires further treatment, is willing to engage in treatment, : and/or further treatment in patient's best interests

Reassess and/or refer; consider urine culture, post-void residual, bladder diary, symptom questionnaires, other diagnostic procedures as necessary for differentiation

symptom questionnaires

Signs/symptoms of OAB

OAB; treat or refer

Follow-up for efficacy and adverse events

Treatment goals met

In extremely rare cases, consider urinary diversion or augmentation cystoplasty

Signs/symptoms consistent with OAB diagnosis;

Treatment goals not met after appropriate duration\*; Patient: desires further treatment, is willing to engage in treatment,: and/or further treatment in patient's best interests

Consider in carefully-selected and thoroughly-counseled patients with moderate to severe symptoms

• Intradetrusor onabotulinumtoxinA Standard (patients must be willing to perform CISC)

- Peripheral tibial nerve stimulation (PTNS) Recommendation (patients must be willing and able to make frequent office visits)
- Sacral neuromodulation (SNS) Recommendation

The complete OAB Guideline is available at www.AUAnet.org/Guidelines.

\*Appropriate duration is 8 to 12 weeks for behavioral therapies and 4 to 8 weeks for pharmacologic therapies

AUA. Available at https://www.auanet.org/common/pdf/education/clinical-guidance/ Overactive-Bladder-Algorithm.pdf. Amended 2014.

## **Abbreviations**

AUA American Urological Association

IUSS Indevus Urgency Severity Score

MUI mixed urinary incontinence

MVV mean volume voided

OAB overactive bladder

PFE pelvic floor exercise

PNE percutaneous nerve evaluation

PTNS peripheral tibial nerve stimulation

PVR post-void residual urine

ROAB refractory overactive bladder

SNS sacral nerve stimulation

SUFU Society of Urodynamics, Female Pelvic Medicine

& Urogenital Reconstruction

SUI stress urinary incontinence

UI urinary incontinence

UUI urge (urgency) urinary incontinence

## Resources

- 1.Gormley EA, Lightner DJ, Burgio KL, et al.
  Diagnosis and treatment of overactive bladder
  (non-neurogenic) in adults: AUA/SUFU Guideline
  (2014). Available at: https://www.auanet.org/
  education/guidelines/overactive-bladder.cfm.
- Qaseem A, Dallas P, Forclea MA, et al.
   Nonsurgical management of urinary incontinence in women: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2014;161:429-440. Available at: http://annals.org/article.aspx?articleid=1905131.
- 3. Rosenberg MT, Witt ES, Barkin J, Miner M. A practical primary care approach to overactive bladder. Can J Urol. 2014;21(Suppl 2):2-11. Available at: http://www.canjurol.com/html/free-articles/V2113S1\_06F\_DrRosenberg.pdf.