

Managing overactive bladder in women

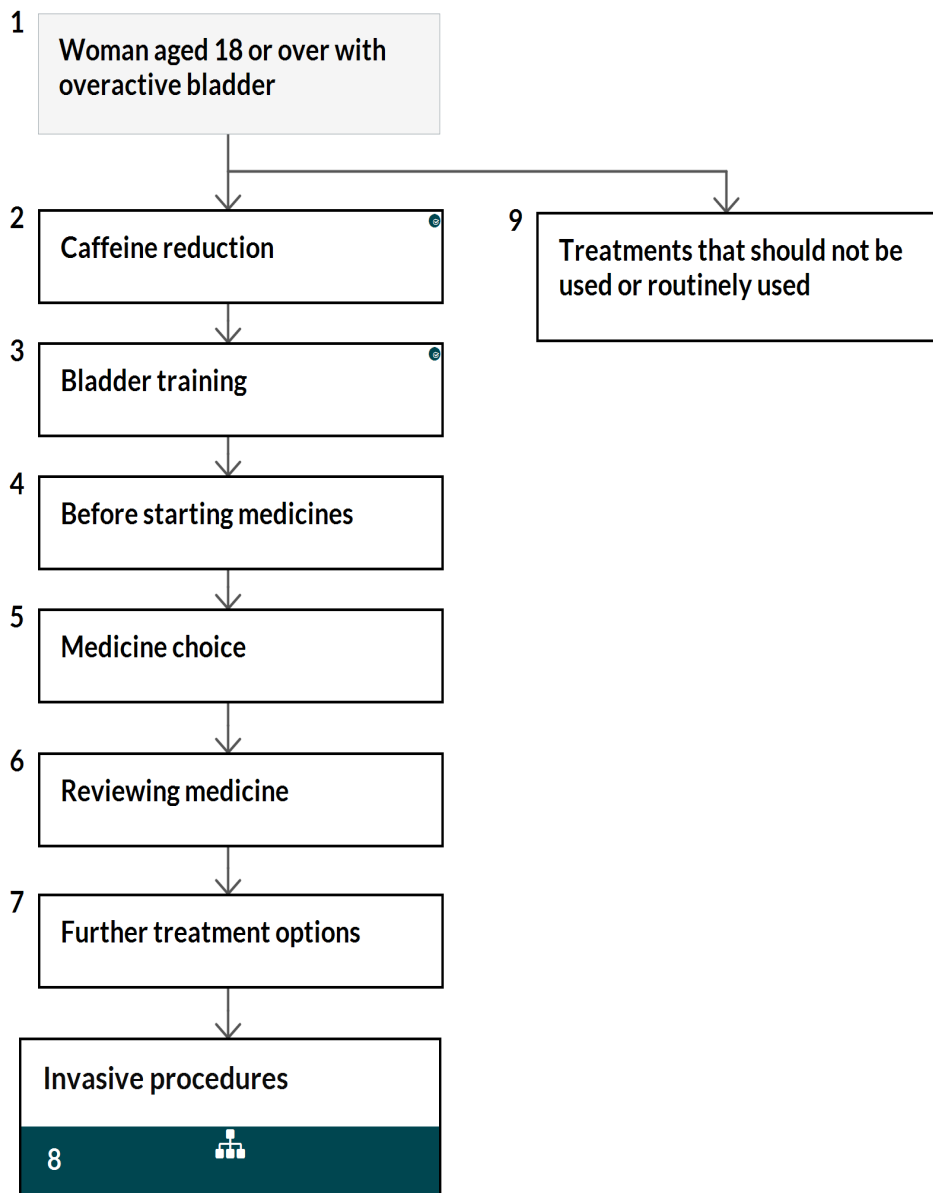
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/urinary-incontinence-and-pelvic-organ-prolapse-in-women>

NICE Pathway last updated: 03 September 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman aged 18 or over with overactive bladder

No additional information

2 Caffeine reduction

Recommend a trial of caffeine reduction to women with OAB.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Urinary incontinence in women

2. Bladder diaries and lifestyle changes

3 Bladder training

Offer bladder training lasting for a minimum of 6 weeks as first-line treatment to women with urgency or mixed UI.

If women do not achieve satisfactory benefit from bladder training programmes, the combination of an OAB medicine with bladder training should be considered if frequency is a troublesome symptom.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Urinary incontinence in women

5. Bladder training

4 Before starting medicines

Before starting treatment with a medicine for OAB, explain to the woman:

- the likelihood of the medicine being successful
- the common adverse effects associated with the medicine
- that some adverse effects of anticholinergic medicines, such as dry mouth and constipation, may indicate that the medicine is starting to have an effect
- that she may not see substantial benefits until she has been taking the medicine for at least 4 weeks and that her symptoms may continue to improve over time
- that the long-term effects of anticholinergic medicines for OAB on cognitive function are uncertain.

When offering anticholinergic medicines to treat OAB, take account of the woman's:

- coexisting conditions (such as poor bladder emptying, cognitive impairment or dementia)
- current use of other medicines that affect total anticholinergic load
- risk of adverse effects, including cognitive impairment.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

For women who have a diagnosis of dementia and for whom anticholinergic medicines are an option, see [medicines that may cause cognitive impairment in the NICE Pathway on dementia](#).

See [the NICE Pathway on medicines optimisation](#).

5 Medicine choice

Offer the anticholinergic medicine with the lowest acquisition cost to treat OAB or mixed UI in women. See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

If the first medicine for OAB or mixed UI is not effective or well-tolerated, offer another medicine with a low acquisition cost¹.

Offer a transdermal OAB treatment to women unable to tolerate oral medicines.

Offer intravaginal oestrogens to treat OAB symptoms in postmenopausal women with vaginal atrophy.

Do not offer oxybutynin (immediate release) to older women who may be at higher risk of a sudden deterioration in their physical or mental health.

¹ This could be any medicine with the lowest acquisition cost from any of the medicines reviewed in 2013. The evidence review considered the following medicines: darifenacin, fesoterodine, oxybutynin (immediate release), oxybutynin (extended release), oxybutynin (transdermal), oxybutynin (topical gel), propiverine, propiverine (extended release), solifenacin, tolterodine (immediate release), tolterodine (extended release), trospium and trospium (extended release). See [chapter 6 of the full guideline](#).

Do not offer flavoxate, propantheline or imipramine to treat UI or OAB.

Mirabegron

The following recommendations are from [NICE technology appraisal guidance on mirabegron for treating symptoms of overactive bladder](#).

Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.

People currently receiving mirabegron that is not recommended for them as above should be able to continue treatment until they and their clinician consider it appropriate to stop.

NICE has written [information for the public on mirabegron](#).

6 Reviewing medicine

Offer a face-to-face or telephone review 4 weeks after starting a new medicine for OAB. Ask the woman if she is satisfied with the treatment and:

- If improvement is optimal, continue treatment.
- If there is no or suboptimal improvement, or intolerable adverse effects, change the dose or try an alternative medicine for OAB (see [medicine choice \[See page 4\]](#)), and review again 4 weeks later.

Offer a review before 4 weeks if the adverse events of a medicine for OAB are intolerable.

Refer women who have tried taking medicines for OAB, but for whom it has not been successful or tolerated, to secondary care to consider further treatment.

Offer a further face-to-face or telephone review if a medicine for OAB or UI stops working after an initial successful 4-week review.

See also [review for long-term use of medicines](#) and [medication review in the NICE Pathway on medicines optimisation](#).

7 Further treatment options

For women with OAB that has not responded to non-surgical management or treatment with medicine and who wish to discuss further treatment options:

- offer urodynamic investigation to determine whether detrusor overactivity is causing her OAB symptoms **and**
- if detrusor overactivity is causing her OAB symptoms, offer an invasive procedure in line with the recommendations in this guidance (see [invasive procedures for overactive bladder](#)) **or**
- if there is no detrusor overactivity, seek advice on further management from the local MDT in line with the recommendations in this guidance (see [invasive procedures for overactive bladder](#)).

8 Invasive procedures

[See Urinary incontinence and pelvic organ prolapse in women / Invasive procedures for overactive bladder in women](#)

9 Treatments that should not be used or routinely used

Do not routinely use electrical stimulation in the treatment of women with OAB.

Do not offer transcutaneous sacral nerve stimulation (surface electrodes placed above the sacrum, often known as TENS) to treat OAB in women.

Do not offer transcutaneous posterior tibial nerve stimulation for OAB.

Glossary

Anticholinergic medicine

(a type of medicine used to treat overactive bladder; it reduces the activity of the bladder muscle by blocking chemical messengers to the nerves that control muscle movements)

Anticholinergic medicines

(a type of medicine used to treat overactive bladder; it reduces the activity of the bladder muscle by blocking chemical messengers to the nerves that control muscle movements)

Detrusor overactivity

(involuntary bladder contractions seen during a cystometry test; they can be the cause of overactive bladder symptoms)

MDT

multidisciplinary team

OAB

overactive bladder

TENS

transcutaneous electrical nerve stimulation

UI

urinary incontinence

Sources

[Urinary incontinence and pelvic organ prolapse in women: management](#) (2019) NICE guideline NG123

[Mirabegron for treating symptoms of overactive bladder](#) (2013) NICE technology appraisal guidance 290

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.