



East Lancashire Health Economy
Medicines Management Board

www.elmmb.nhs.uk **NHS**

Primary Care Management of Overactive Bladder in Female Adults

Version 1.0

Introduction



VERSION CONTROL		
Version	Date	Amendments made
1.0	December 2021	New guideline.

Contents

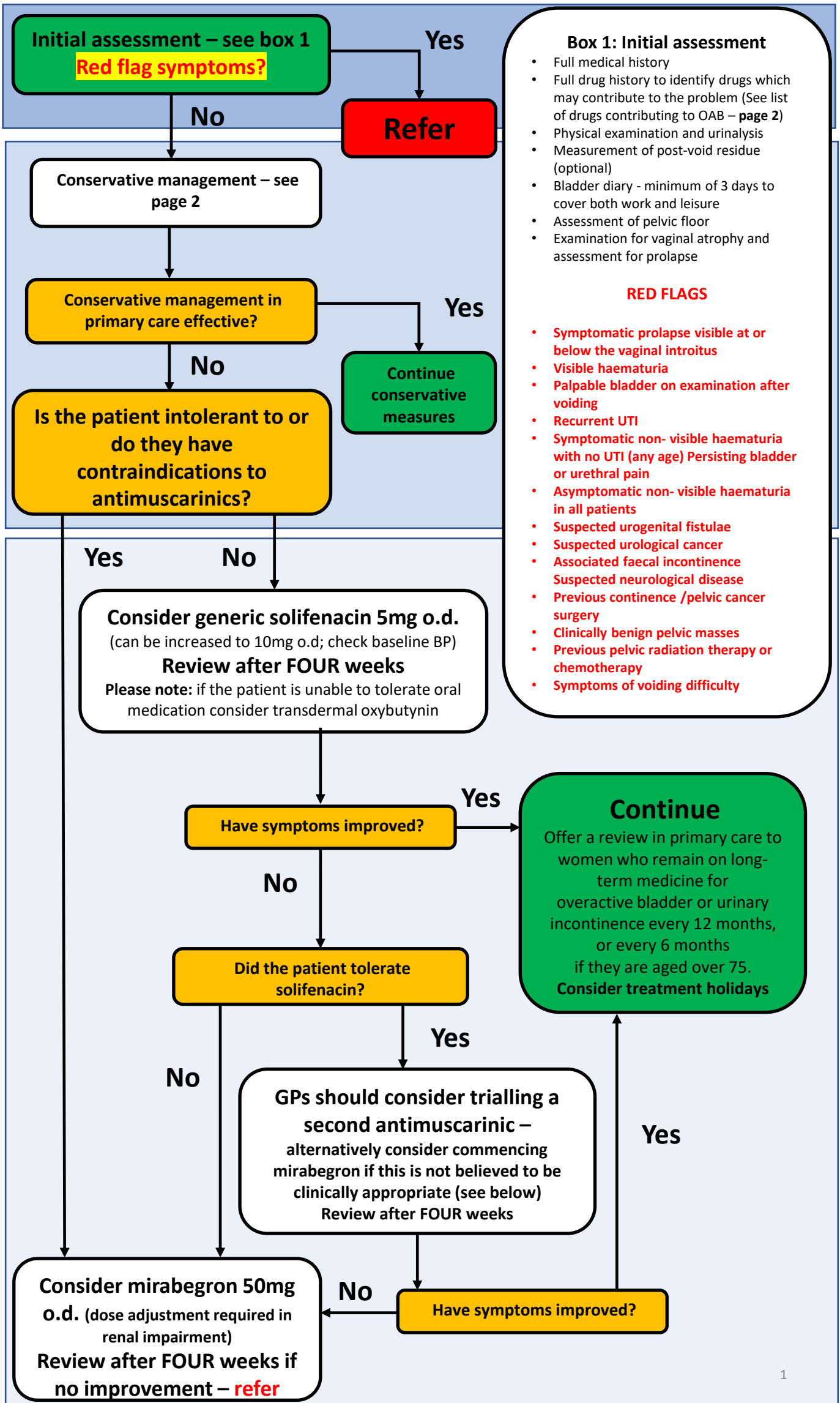
1. Primary Care Management of Overactive Bladder in Female Adults
2. Conservative management
2. List of medicines that can contribute to overactive bladder

©Midlands and Lancashire Commissioning Support Unit, 2021.

The information contained herein may be superseded in due course. All rights reserved.
Produced for use by the NHS, no reproduction by or for commercial organisations, or for commercial purposes, is allowed without express written permission.

Midlands and Lancashire Commissioning Support Unit,
Jubilee House, Lancashire Business Park, Leyland, PR26 6TR
Tel: 01772 644 400 | www.midlandsandlancashirecsu.nhs.uk

Primary Care Management of Overactive Bladder in Female Adults



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

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, weight loss (especially if BMI >30) and reduction of caffeine intake

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