

Medical Insiders™

## Improving the Diagnosis and Management of Overactive Bladder in the Primary Care Setting

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### OAB Is Prevalent, Underdiagnosed, and Undertreated

- An estimated 33.3 million US adults have OAB
  - 1 in 3 US adults  $\geq$  40 years of age report symptoms of OAB at least “sometimes”
- Fewer than 50% discuss symptoms with healthcare provider
- Only a minority are diagnosed and offered treatment
- A smaller proportion stays on therapy

## Factors That May Cause or Worsen LUTS

- Diabetes (new onset or poorly controlled)
  - Causing polyuria/polydipsia
- Congestive heart failure
  - Nighttime fluid mobilization
- Medications
  - Anticholinergics, alpha agonists, beta blockers, ACE inhibitors, calcium channel blockers, first-generation antihistamines, cholinesterase inhibitors
- Recent surgery
  - Catheterization during surgery, immobilization, constipation from pain medications

**A recent onset of the symptoms may provide a clue to the etiology**

Lavelle JP, et al. *Am J Med.* 2006;119:37-40; DeBeau CE. *J Urol.* 2006;175:S11-5; Gill SS, et al. *Arch Intern Med.* 2005;165:808-13; Wyman JF, et al. *Int J Clin Pract.* 2009;63:1177-91; Newman DK. *Nurse Pract.* 2009;34:33-45.

## Voiding Diary

- Identifies voiding frequency and voided volume
- Differentiates behavioral vs LUTS pathology
  - Voiding frequently
    - After drinking a 40-ounce beverage (behavioral)
    - Small amounts as a result of always being in a rush (behavioral)
    - Small amounts (OAB)
    - Large amounts (intake/output)
- Alerts the patient to habits/opportunities to modify behavior
- Can be used to monitor effect of treatment

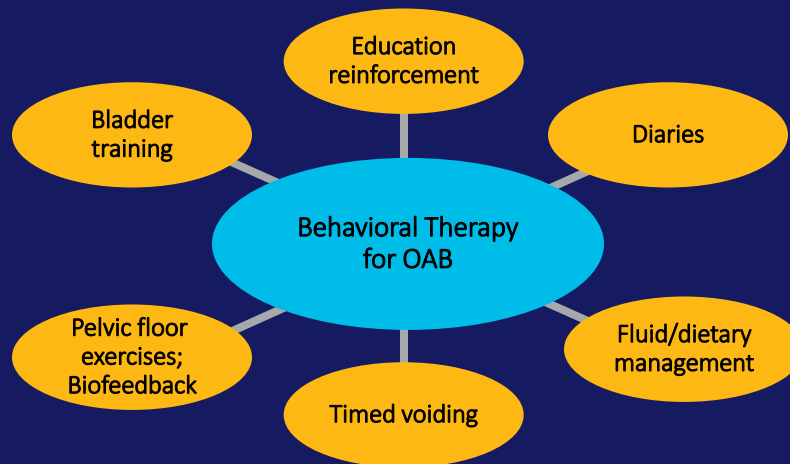
Wyman JF, et al. *Int J Clin Pract.* 2009;63:1177-91.

## When to Refer

- History of recurrent urinary tract infections or other infection
- Pelvic irradiation
- Microscopic or gross hematuria
- Prior genitourinary surgery
- Elevated prostate-specific antigen
- Abnormal genital examination
- Suspicion of neurologic cause of symptoms
- Meatal stenosis
- History of genitourinary trauma
- Pelvic pain
- Uncertain diagnosis or patient choice

Rosenberg MT, et al. *Int J Clin Pract.* 2007;61:1535-46.

## Foundation of Treatment for All Patients: Behavioral Therapy



Burgio KL. *Urology.* 2002;60:72-6; Burgio KL, et al. *JAMA.* 2002;288:2293-9; Fantl JA, et al. *JAMA.* 1991;265:609-13; Ouslander JG. *N Engl J Med.* 2004;350:786-99; Soda T, et al. *J Urol.* 2010;184:1000-4.

## Approved Pharmacologic Treatments for OAB

- 8 antimuscarinics (6 oral, 2 topical)
- 1 beta-3 adrenergic agonist
- All medications have been proven effective for OAB treatment

AUA Guideline. [www.auanet.org/guidelines/overactive-bladder-\(oab\)-\(aia/sufu-guideline-2012-amended-2014\)](http://www.auanet.org/guidelines/overactive-bladder-(oab)-(aia/sufu-guideline-2012-amended-2014)).

## Antimuscarinics: Side Effects

- Dry mouth
- Constipation
- Headaches
- Blurred vision
  - Clinicians should manage constipation and dry mouth before abandoning effective antimuscarinic therapy
  - Patient must decide whether the efficacy of the medication is worth the side effects
  - Some patients have OAB symptoms that are severe enough they would tolerate significant treatment-related side effects, whereas that may not be the case for others

**Balance of efficacy and tolerability should be considered and discussed with each patient**

Steers WD. *Urol Clin North Am.* 2006;33:475-82; Erdam N, et al. *Am J Med.* 2006;119:29-36;  
AUA Guideline. [www.auanet.org/guidelines/overactive-bladder-\(oab\)-\(aia/sufu-guideline-2012-amended-2014\)](http://www.auanet.org/guidelines/overactive-bladder-(oab)-(aia/sufu-guideline-2012-amended-2014)).

## Beta-3 Adrenergic Agonist: Side Effects

- Hypertension
- Nasopharyngitis
- Urinary tract infections
- Headaches

Balance of efficacy and tolerability should be considered and discussed with each patient

Chapple CR, et al. *Eur Urol.* 2013;63:296-305.

## Combination Therapy for Patients Unsatisfied With Single Agents

- Combination therapy with mirabegron and solifenacin<sup>a</sup> was examined in a series of phase 3 trials including more than 5,000 patients with OAB
- The combination improved incontinence symptoms, decreased urination frequency, and was well tolerated compared with either treatment alone
- Combination therapy was also associated with significant improvements in measures of health-related quality of life

<sup>a</sup>Combination therapy not FDA approved.

Drake MJ, et al. *Eur Urol.* 2016;70:136-45; MacDiarmid S, et al. *J Urol.* 2016;196:809-18; Herschorn S, et al. *BJU Int.* 2017. [Epub ahead of print]; Robinson D, et al. *Neurourol Urodyn.* 2017. [Epub ahead of print].

## Follow-Up Strategy for Patients on OAB Therapy

- Review the patient after 2-4 weeks
  - Be prepared to titrate as studies show > 50 % of patients will increase dose if given the option
  - Be prepared to try different agent or class

Chapple CG, et al. *Brit J Urol.* 2009;104:960-7; Rosenberg MT, et al. *Int J Clin Pract.* 2007;61:1535-46; Martin-Merino E, et al. *J Urol.* 2009;182:1442-8; Rosenberg M, et al. *Cleve Clin J Med.* 2007;74:S21-9.

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- Consider checking post-void residual to ensure that volume is not increasing significantly in the complex patient
  - Studies on medication usage in men show safety and minimal increase in post-void residual over time of follow-up
  - The risk of urinary retention (although low) is highest during the first 30 days of treatment

Chapple CG, et al. *Brit J Urol.* 2009;104:960-7; Rosenberg MT, et al. *Int J Clin Pract.* 2007;61:1535-46; Martin-Merino E, et al. *J Urol.* 2009;182:1442-8; Rosenberg M, et al. *Cleve Clin J Med.* 2007;74:S21-9.

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