OAB Is Prevalent, Underdiagnosed, and Undertreated

- An estimated 33.3 million US adults have OAB
  - 1 in 3 US adults ≥ 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


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

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

Foundation of Treatment for All Patients: Behavioral Therapy

Behavioral Therapy for OAB

- Bladder training
- Pelvic floor exercises; Biofeedback
- Timed voiding
- Education reinforcement
- Diaries
- Fluid/dietary management

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

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

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.

Combination Therapy for Patients Unsatisfied With Single Agents

- Combination therapy with mirabegron and solifenacin\(^a\) 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

\(^a\)Combination therapy not FDA approved.
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

- 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

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