

How to Address Overactive Bladder in Primary Care

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Disclosure

I have no financial interests or relationships to disclose.

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Learning Objectives

1. To increase screening for overactive bladder
2. To name at least three medications used for overactive bladder
3. To describe the indications for referral to specialty care for overactive bladder



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Urinary Incontinence (UI)

- involuntary leakage of urine

Overactive Bladder (OAB)

- urinary urgency, usually with frequency and nocturia, with or without incontinence

Lower Urinary Tract Symptom (LUTS)

- nonspecific term used to refer to deviation from normal bladder behavior

Definitions

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Why Discuss OAB?



- Chronic disease
- Impacts 1 in 3 women over 45yo
- US women rate UI the #1 most embarrassing health issue
- Fewer than 1 in 5 seek treatment
- Economic burden

Hu TW, et al. Cost of UI and OAB in the US. Urology 2004

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COMMON MYTHS

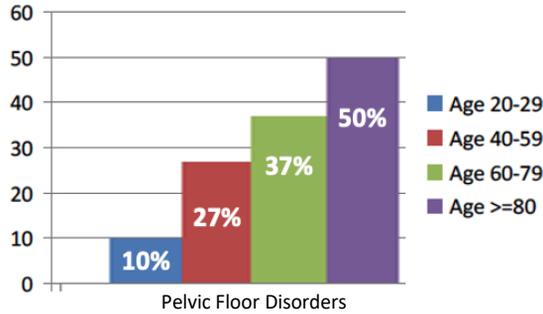
- #1 Drink 8-10 glasses/day
- #2 Urinate 2-3 times/day
- #3 OAB only impacts older adults



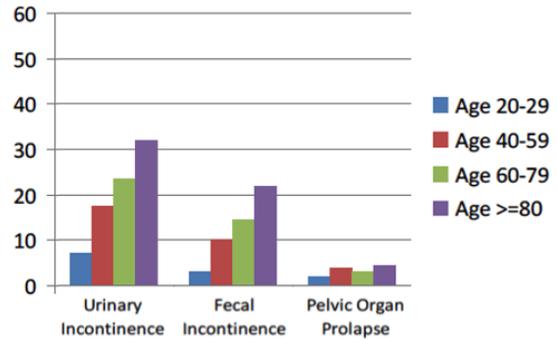
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US Prevalence Data by Age

Pelvic Floor Disorders Overall



By Diagnosis Group



Adapted from Nygaard et al. NHANES 2005-2006. JAMA 2008

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How to Discuss OAB?

Validated Questionnaires

- OAB-q
- PFDI-20

History-Taking

- Provocation (trigger)
- Quality (volume, day/night)
- Region (location)
- Severity (urgency, pain)
- Timing (onset, frequency)

Pelvic Floor Distress Inventory Questionnaire - Short Form 20

Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder or pelvic symptoms, and if you do how much they bother you. Answer each question by putting an X in the appropriate box or boxes. If you are unsure about how to answer, please give the best answer you can. While answering these questions, please consider your symptoms over the last 3 months.

Question	YES	NO	If YES, how much does it bother you?			
			Not at all	Slightly	Moderately	Greatly
1 Do you usually experience pressure in the lower abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you usually experience heaviness or dullness in the lower abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you usually have a hudge or something falling out that you can see or feel in the vaginal area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you usually have to push on the vagina or around the vulva to have a complete bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you usually experience a feeling of incomplete bladder emptying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you ever have to push up in the vaginal area with your fingers to start or complete urination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you feel you need to strain too hard to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you feel you have not completely emptied your bowels at the end of a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you usually lose stool beyond your control if your stool is well formed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total =

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Resources

Reliable Patient Education



Inconsistent Online Information

- Most patients access health information online
- Popular websites are low quality, written for high school to college-level readers, and may be biased

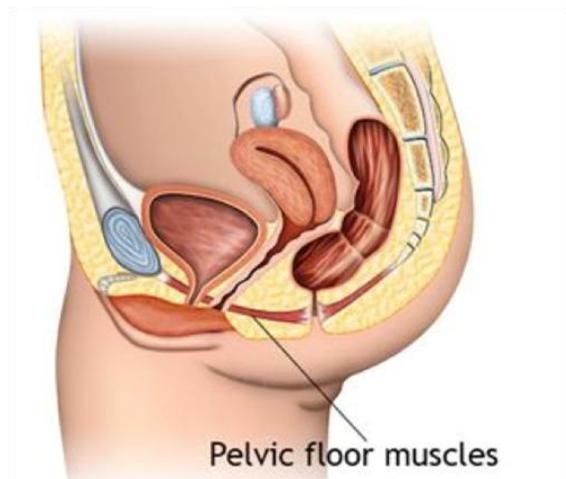
Clancy et al. Patient-targeted OAB websites. Neurourol Urodyn 2018

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COMMON CHALLENGES

For physician

- Detailed history
- Normalize symptoms, not behavior
- Follow-up (at least) annually
- Time-consuming education
- Co-morbid conditions



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COMMON CHALLENGES

For patients

- Poor memory for toileting
- Reluctance to change
- Generally poor nutrition
- Sedentary lifestyle
- Few treatment options



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RISK FACTORS

Identification of risk factors may reveal opportunities for intervention

- Decreased mobility
- Childbirth
- Learned habits
- Hormones
- Medical Conditions (especially OSA, DM)
- Aging

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RISK FACTORS

Medications may have expected or unexpected impact on urinary symptoms

- Diuretics
- Calcium channel blockers, beta-blockers, ACE inhibitors, ARBs
- Psychotropic drugs, antidepressants and mood stabilizers

Diagnostics

Physical Exam

- mobility, strength, coordination
- pelvic exam
- Toilet positioning

Other

- Urine studies
- Healthcare maintenance up to date (screenings)
- Home bladder, food diary
- Weight management



Pelvic Floor Exercise

Pelvic Floor Muscle Exercises
and Bladder Training

Voices for PFD
AUGS

If you are experiencing urinary leakage, pelvic floor muscle exercises (kegels) and bladder training are two things you can do to help control your urinary symptoms.



Pelvic Floor Muscle Exercises
Learning how to strengthen the pelvic floor muscles can help reduce or stop urine leakage. Pelvic floor muscle exercises (PFME) are most helpful for women with mild to moderate urine leakage. Women with severe urine leakage often need more than exercises to improve.

- Like any other form of exercise, it is important to do PFME correctly and regularly. Unfortunately, because pelvic muscles are hidden from view, it is hard to know if you are doing them correctly. To be sure that you are working the right muscles:
- Imagine you are going to pass gas and squeeze the muscles that would prevent that gas from escaping from your rectum. Exercising the muscles around the rectum will also strengthen those around the vagina and under the bladder.

LEARN THE TERMS
Pelvic floor muscle exercises (kegels): Exercises that use the opening of the pelvic floor muscles to prevent or even prevent urinary and bowel leakage.
Bladder training: Behavioral training that helps you wait longer between bathroom trips, so that you go to the bathroom when it is convenient rather than when you feel that sudden urge to go.
Pelvic floor muscles: The bowl-shaped muscles in the pelvis that support the vagina, bladder and rectum.
Leakage: Flow from the bladder to the outside of the body that urine passes through during urination.
Overactive Bladder (OAB): Urging, usually with frequency and nocturia, may occur with or without urinary incontinence. This occurs without an infection or other health problem.
Consequences: Having a forced movement faster than three times a week, along with straining to produce a hard bowel movement.

- Use a hand mirror to look at your vaginal opening and the perineum (the space between the vagina and rectum). You should see the perineum lift up when you contract your pelvic muscles.
- While lying or sitting, place one finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. You should feel your contracting your pelvic muscles.
- Has one should be able to tell you are doing PFME correctly.
- If you are visibly moving, you are not using the right muscles.
- You should not be contracting the gluteus (butt) or thigh muscles.

Keep your stomach and back muscles relaxed as you work those pelvic muscles. And, do not squeeze your legs together or hold your breath while doing the exercises. Try this routine:

1. Start by pulling in and holding a pelvic muscle squeeze for 3 seconds then relax for an equal amount of time (3 seconds).
2. Do this for 10 repetitions three times a day.
3. Try to hold for 10 seconds longer each week until you are holding for a 10 second duration.
4. Remember to rest and breathe between contractions. Resting can be as important as squeezing.
5. At the beginning, do the exercises while lying down. As you get stronger, do the exercises while sitting or standing.

If you are not sure that you are doing the exercises correctly, ask your medical provider at a pelvic exam to check if your squeeze is working the right muscles. Or, ask for a referral to a physical therapist who specializes in pelvic floor muscle rehabilitation. The physical therapist will also check your back and abdominal strength, your gait and your posture. These all affect how your pelvic muscles work.

• Pelvic floor exercises (“kegels”) evidence-based to **reduce leakage, urgency/frequency, and improve QOL**

• Recommended by our national societies

• 75-80% improvement if done correctly

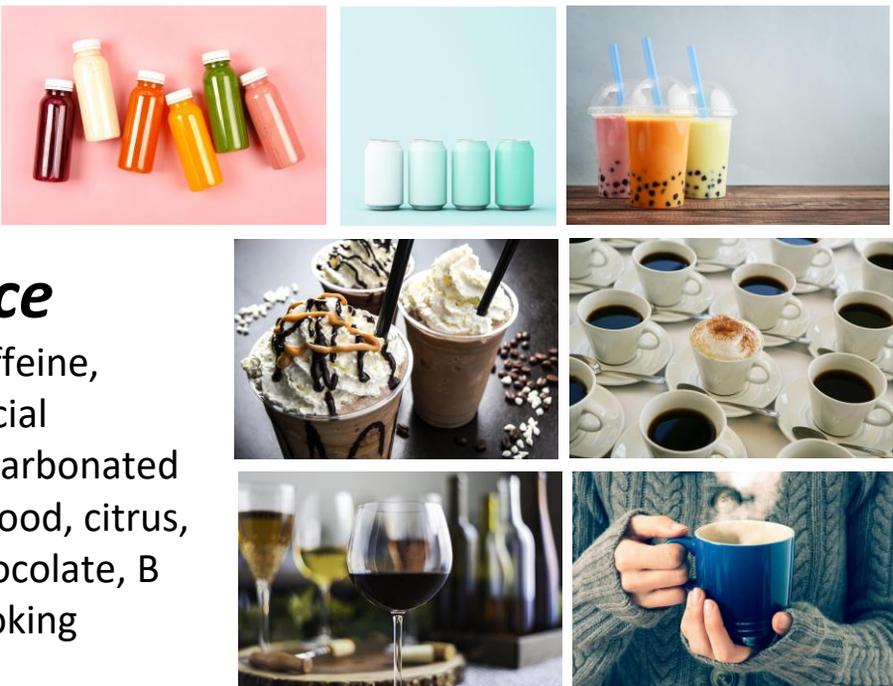
• Overall MSK strength and coordination essential

https://www.augs.org/assets/2/6/Bladder_Training.pdf

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Avoid or Reduce

total fluid, caffeine,
alcohol, artificial
sweeteners, carbonated
drinks, spicy food, citrus,
tomatoes, chocolate, B
Vitamins, smoking



Treatment (1st Line)

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OTC Options

diapers or pads, absorbable underwear, incontinence devices

(some incontinence devices are fit in office)



Treatment (1st Line)

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Anticholinergics* (mACh Antagonist)

- 40% objective success, 70% continue for at least 1 yr
- Darifenacin (Enablex), Fesoterodine (Toviaz), Solifenacin (Vesicare), Oxybutynin (Ditropan), Tolterodine (Detrol), Trospium (Sanctura)



Beta-3 Agonists

- Fewer side effects, lower discontinuation rate
- Mirabegron** (Myrbetriq), Vibegron (Gemtesa)



Estrogen (transvaginal)

- Improves OAB and other symptoms of the genitourinary syndrome of menopause, safe and effective
- Estradiol (Estrace, Vagifem, Estring)

*Contraindications: untreated narrow angle glaucoma, SVT, delayed gastric emptying, obstructive uropathy, taking oral K+

** Contraindications: uncontrolled HTN

Treatment (2nd Line)

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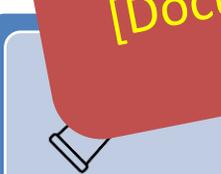
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Topical Estrogen

- Improves OAB and other symptoms of the genitourinary syndrome of menopause, safe and effective
- Estradiol (Estrace, Vagifem, Estring)



Tricyclic Antidepressants

- Improves OAB and other symptoms of the genitourinary syndrome of menopause, safe and effective
- Amitriptyline, Doxepin

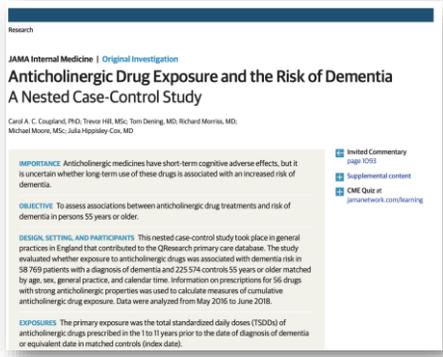
Treatment (2nd Line)

Most Insurances Require 30-day Trial of ≥2 to Cover Next-line Therapies [Document Side Effects and/or Lack of Efficacy]

*Contraindications: untreated narrow angle glaucoma, SVT, delayed gastric emptying, obstructive uropathy, taking oral k+

** Contraindications: uncontrolled HTN

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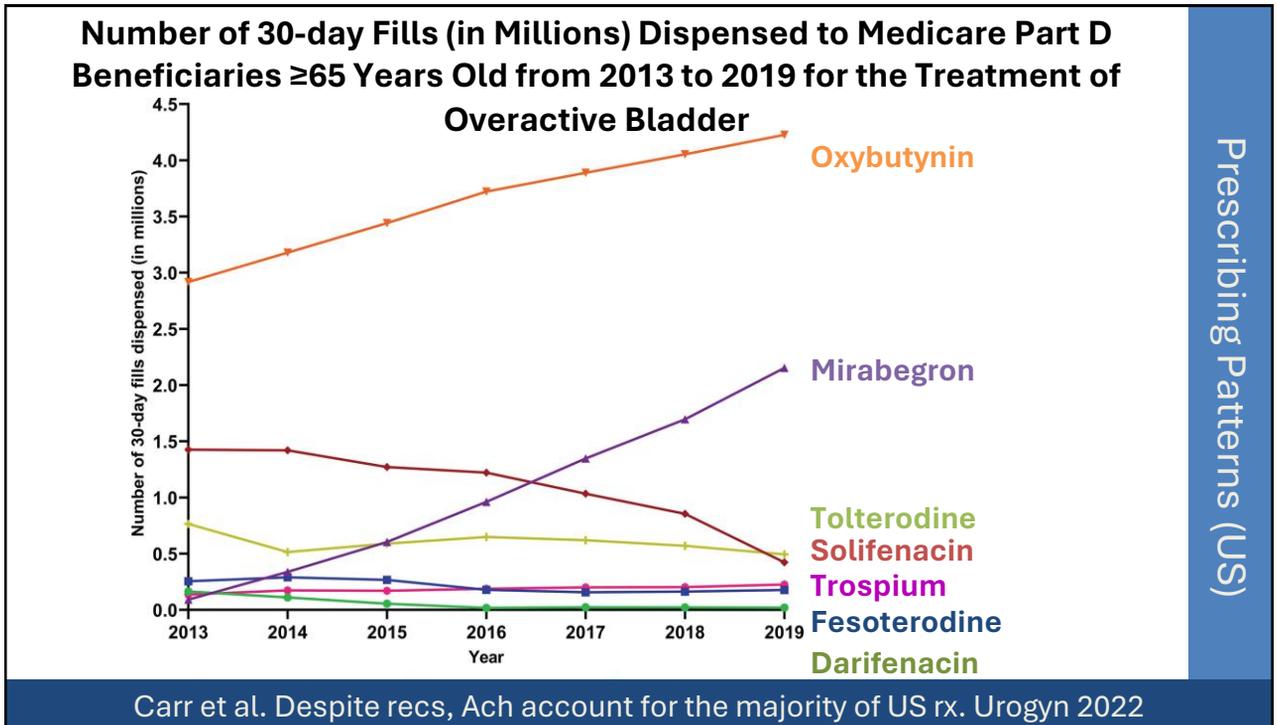


- Give lowest effective dose
- Increased dementia risk among users (vs β-3 users)
- Potential impact on executive function, memory
- Consider β-3 and/or next-line therapies
- Avoid Ach in ≥70yo

Prescribing Patterns (US)

AUGS Clinical Consensus Statement on Ach for OAB. Urogyn 2020

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When to Refer

Behavior

- Void Q2-3hr
- Fluid 24 ml/kg/24hr
- Weight loss 8% TBW
- Identify triggers, stress
- Kegels (Physical therapy)

Medications

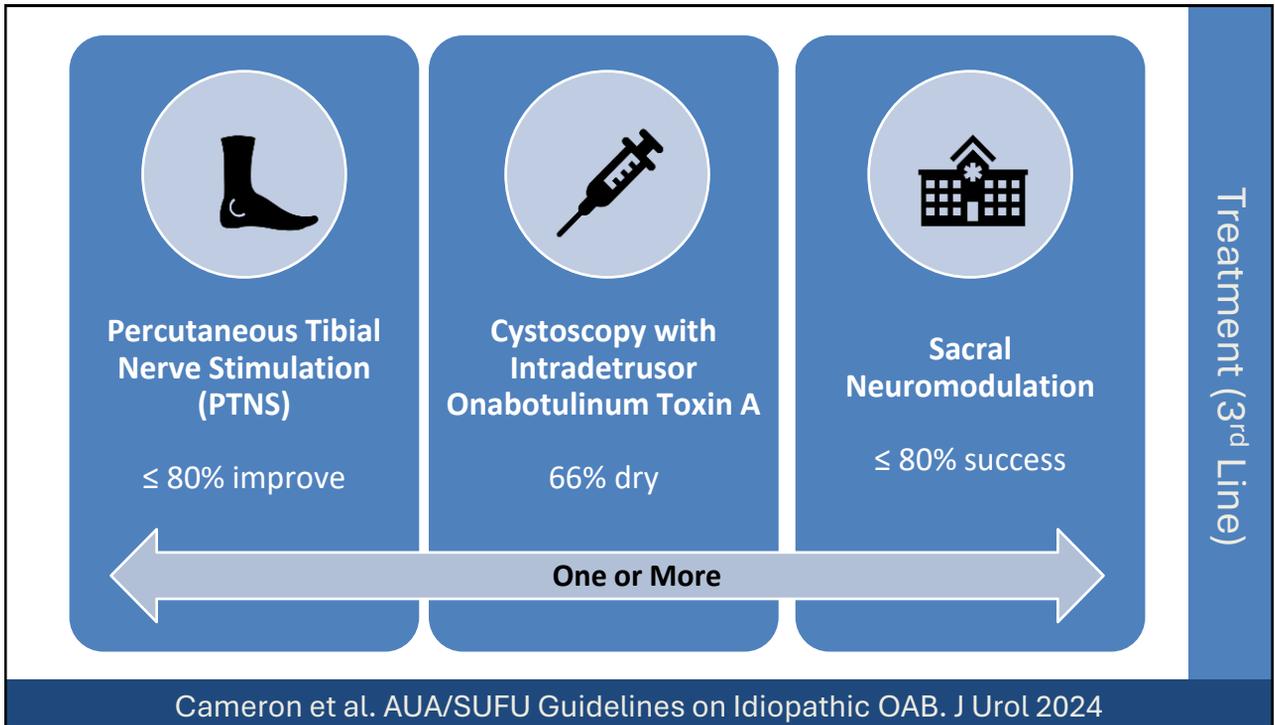
- Anticholinergic or β -3 agonist
- 1-mo trial of at least 2 rx
- Consider dual therapy
- +/- vaginal estrogen

Referral

- Interest in next-line therapies
- Symptoms negatively impact QOL
- Depression, isolation

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Conclusion

- OAB is a chronic disease impacting people of all ages
- Diagnostic tools and online resources are available
- Behavior counseling and kegels CAN go a long way!
- Refer for a next-line therapy when **at least 2** medications have not reached care goals

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Urinary Incontinence Screening Should Begin at What Age?

- A. 40 years old
- B. 65 years old
- C. 80 years old
- D. Not Sure

Patients on Medications for Overactive Bladder

- A. Should stop medication at age 65
- B. Should continue medication indefinitely
- C. Can try alternatives to improve symptoms
- D. Not Sure

Refer for Overactive Bladder When the Patient

- A. Failed behavior modification and kegels
- B. Failed at least two medications
- C. All of the above
- D. Not Sure