Diagnosis & Treatment Algorithm:

**AUA/SUFU* Guideline on Non-Neurogenic Overactive Bladder (OAB) in Adults**

1. **History and Physical; Urinalysis**
   - Signs/symptoms of OAB, (-) urine microscopy

2. **Patient Education**
   - Discuss normal urinary tract function and benefits/risks of treatments; agree on treatment goals
   - Patient desires treatment and/or treatment is in patient’s best interests

3. **Behavioral Treatments**
   - (May be combined with pharmacologic management)
   - Treatment goals not met after appropriate duration: Patient desires further treatment, is willing to engage in treatment, and/or further treatment is in patient’s best interests

4. **Pharmacologic Management**
   - Consider dose modification or alternate medication if initial treatment is effective but adverse events or other considerations preclude continuation; consider combination therapy with an antimuscarinic and β3-adrenoceptor agonist for patients refractory to monotherapy with either
   - Treatment goals not met after appropriate duration: Patient desires further treatment, is willing to engage in treatment, and/or further treatment is in patient’s best interests

5. **Reassess and/or refer:** Consider urine culture, post-void residual, bladder diary, symptom questionnaires, other diagnostic procedures as necessary for differentiation

6. **Consider urine culture, post-void residual, bladder diary, and/or symptom questionnaires**

7. **Diagnosis unclear or additional information needed**

8. **Not OAB or complicated OAB: treat or refer**

9. **Follow up for efficacy and adverse events**

10. **In rare cases, consider urinary diversion or augmentation cystoplasty**

11. **Treatment Goals Met**

12. **Consider in carefully selected and thoroughly counseled patients with moderate to severe symptoms**
   - Intradetrusor onabotulinumtoxin (patients must be willing to perform clean intermittent self-catheterization)
   - OR
   - Peripheral tibial nerve stimulation (PTNS) (patients must be willing and able to make frequent office visits)
   - OR
   - Sacral neuromodulation (SNS)

The complete OAB Guideline is available at www.AUAnet.org/Guidelines

This clinical framework does not require that every patient go through each line of treatment in order as there are many factors to consider when identifying the best treatment for a particular patient.

*Adapted from AUA/SUFU (American Urological Association/Society of Urodynamics, Female Pelvic Medicine, & Urogenital Reconstruction).

Appropriate duration is 8 to 12 weeks for behavioral therapies and 4 to 8 weeks for pharmacologic therapies.