# Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline.

# **Eligibility**

### **Inclusion Criterion**

· non-neurogenic OAB

### **Exclusion Criterion**

· individuals with symptoms related to neurologic conditions

### **Decision Variables**

{suspected} OAB

Rec\_1: Cond\_1: DV\_1

## selected patients with OAB

Rec\_1: Cond\_1: DV\_1

## uncomplicated OAB patient

Rec\_2: Cond\_2: DV\_2

#### OAB

Rec\_3: Cond\_3: DV\_3

Rec\_4: Cond\_4: DV\_5

Rec\_5: Cond\_5: DV\_7

Rec\_6: Cond\_6: DV\_8

Rec\_8: Cond\_8: DV\_10

Rec\_7: Cond\_7: DV\_9

Rec\_9: Cond\_9: DV\_14

Rec\_10: Cond\_10: DV\_17

Rec\_11: Cond\_11: DV\_22

Rec\_11: Cond\_12: DV\_25 Rec\_12: Cond\_13: DV\_28 Rec\_13: Cond\_14: DV\_32 Rec\_14: Cond\_15: DV\_34 Rec\_21: Cond\_23: DV\_53 assessment has been performed to exclude conditions requiring treatment and counseling Rec\_3: Cond\_3: DV\_4 prescribing an anti-muscarinic Rec\_7: Cond\_7: DV\_11 an extended release (ER) formulation is available Rec\_7: Cond\_7: DV\_13 an immediate release (IR) formulation is available Rec\_7: Cond\_7: DV\_12 history of dry mouth with oral agents Rec\_9: Cond\_9: DV\_15 at risk of experiencing dry mouth with oral agents Rec\_9: Cond\_9: DV\_16 taking an anti-muscarinic medication Rec\_10: Cond\_10: DV\_20 inadequate symptom control Rec\_10: Cond\_10: DV\_19 unacceptable adverse drug events Rec\_10: Cond\_10: DV\_21 narrow angle glaucoma

Rec\_11: Cond\_11: DV\_24

use of anti-muscarinics approved by treating ophthalmologist

Rec\_11: Cond\_11: DV\_23

impaired gastric emptying

Rec\_11: Cond\_12: DV\_27

history of urinary retention

Rec\_11: Cond\_12: DV\_26

effective anti-muscarinic therapy

Rec\_12: Cond\_13: DV\_31

patient considering discontinuation

Rec\_12: Cond\_13: DV\_29

use of medications with anti-cholinergic properties

Rec\_13: Cond\_14: DV\_33

frail

Rec\_14: Cond\_15: DV\_35

refractory OAB

Rec\_15: Cond\_16: DV\_36

Rec\_20: Cond\_22: DV\_52

desire additional therapy

Rec\_15: Cond\_16: DV\_39

severe refractory OAB symptoms

Rec\_16: Cond\_17: DV\_40

candidate for second-line therapy

Rec\_16: Cond\_17: DV\_42

willing to undergo a surgical procedure

Rec\_16: Cond\_17: DV\_41

moderately severe baseline incontinence

Rec\_17: Cond\_18: DV\_43

moderately severe baseline frequency

Rec\_17: Cond\_18: DV\_54

willingness to comply with the PTNS protocol

Rec\_17: Cond\_18: DV\_55

resources to make frequent office visits in order to obtain treatment

Rec\_17: Cond\_18: DV\_56

refractory to first-line OAB treatments

Rec\_18: Cond\_19: DV\_44

refractory to second-line OAB treatments

Rec\_18: Cond\_19: DV\_58

thoroughly counseled

Rec\_18: Cond\_19: DV\_57

able and willing to to return for frequent post-void residual evaluation

Rec\_18: Cond\_19: DV\_60

able and willing to perform self-catheterization if necessary.

Rec\_18: Cond\_19: DV\_59

urinary incontinence has resulted in the development and progression of decubiti

Rec\_19: Cond\_21: DV\_49
Code Set: {true}

urinary incontinence is the predominant disability affecting activities of daily living and therefore may result in institutionalization

Rec\_19: Cond\_21: DV\_47

medical management of burdensome OAB is not feasible, effective nor recommended

Rec\_19: Cond\_21: DV\_61

# severe OAB

Rec\_20: Cond\_22: DV\_50

# complicated OAB

Rec\_20: Cond\_22: DV\_51