

Madigan Army Medical Center

Referral Guidelines

Overactive Bladder and/or Nocturia (Female)

Definition/Diagnosis:

- Increased urinary frequency > 8 voids / day
- More than 1 void/night in women <80 years old; more than 2 voids/night in women >80 years old

Initial Diagnosis:

- Inquire about fluid volume amounts and liquid type
- Obtain a 3 day bladder diary to include fluid type & intake (in oz) and voiding frequency per 24 hours
- Urinalysis and urine culture

Initial Management

- Reduce fluid intake to <64 oz, if possible. Let thirst be the guide. Most people do not need 64 oz per day, unless there are medical reasons that require increased fluid intake
- Limit fluids 3 hours prior to bedtime and elevate legs (especially if lower extremity edema is present)
- Place consult to vascular clinic for compression hose if significant lower extremity edema is present and patient reports bothersome nocturia
- Avoid bladder irritants such as caffeine, alcohol, artificial sweeteners, citrus fruits/juices, tomatoes, some dairy products (yogurts, aged cheeses, sour cream), and other acidic foods (vinegar, onions). Taper caffeine slowly to prevent withdrawal headaches
- Weight loss – reduces pressure on bladder
- Bladder training – increase the time between voids by 15 minutes every week until the time between voiding is 3 hours or more
- Strengthen the pelvic floor with Kegel exercises, which help delay voiding. Consider referral to pelvic floor physical therapy
- When lifestyle and behavioral therapies are not sufficient, try anticholinergic medications, such as Detrol 2mg LA. Increase to 4mg LA as needed.
- Contraindications for anticholinergic medication: suspicion for urinary retention (prior anti-incontinence procedure or significant pelvic organ prolapse), gastroparesis, narrow-angle glaucoma (99% of glaucoma is open-angle), and myasthenia gravis. Common side effects: dry mouth, dry eyes, constipation.

Ongoing Management and Objectives:

- Reduction in urinary frequency and/or nocturia

Indications for Subspecialty Referral:

- If pain accompanies urinary frequency and is not associated with urinary tract infection
- If response to behavioral and medical management are not sufficient and/ or side effects prevent further medical treatment
- Patient request

Reference:

Marinkovic, SP, Rovner ES, Moldwin RM, Stanton SL, Gillen LM, Marinkovic CM. The management of overactive bladder syndrome. *BMJ* 2012;344:e2365.

Last Review for this Guideline: **November 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator