Treatment Algorithm: Overactive Bladder

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Resident presents with symptoms consistent with **Overactive Bladder (OAB).** *(urinary frequency, urgency, urge urinary incontinence)*

Has the resident been evaluated for medications that may cause or worsen OAB symptoms?
(diuretics, SGLT2-inhibitors, alpha-blockers, etc.)

YES

NO → Review and adjust medications as appropriate. Consider discontinuing offending agents (if feasible) and reassessing in 3 months.

Has the resident trialed multiple behavioral incontinence management strategies? *(lifestyle modifications, bladder training, pelvic floor exercises, fluid management, etc.)*

YES

NO → Consider implementing incontinence management strategies for 4-8 weeks and reassess.

Symptoms persist? → If the resident continues to experience bothersome OAB symptoms, consider initiating treatment with either an **antimuscarinic agent** or **beta$_3$ agonist**.

Antimuscarinic Agents
Inhibit the effects of acetylcholine on muscarinic receptors in the bladder and relaxes the bladder's smooth muscle.

Examples include:
- Darifenacin
- Fesoterodine
- Flavoxate
- Oxybutynin
- Solifenacin
- Tolterodine
- Trospium

Included on Beers Criteria® as potentially inappropriate medications for older adults, as drugs with strong anticholinergic properties.

- Preference to avoid anticholinergic burden?
- Fall risk history

Beta$_3$ Agonists
Increases bladder capacity by relaxing the detrusor smooth muscle during bladder filling.

Examples include:
- Mirabegron
- Vibegron

Does **at least one** of the following statements apply to the resident?
- Requires medications to be crushed
- Concern for potential drug interactions
- History of or current high blood pressure
- Comorbid BPH

NO → Treatment with either **Mirabegron** or **Vibegron** is acceptable

YES → Preference for **Vibegron**

Follow up in 4-8 weeks to assess efficacy of treatment

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