

KUICE

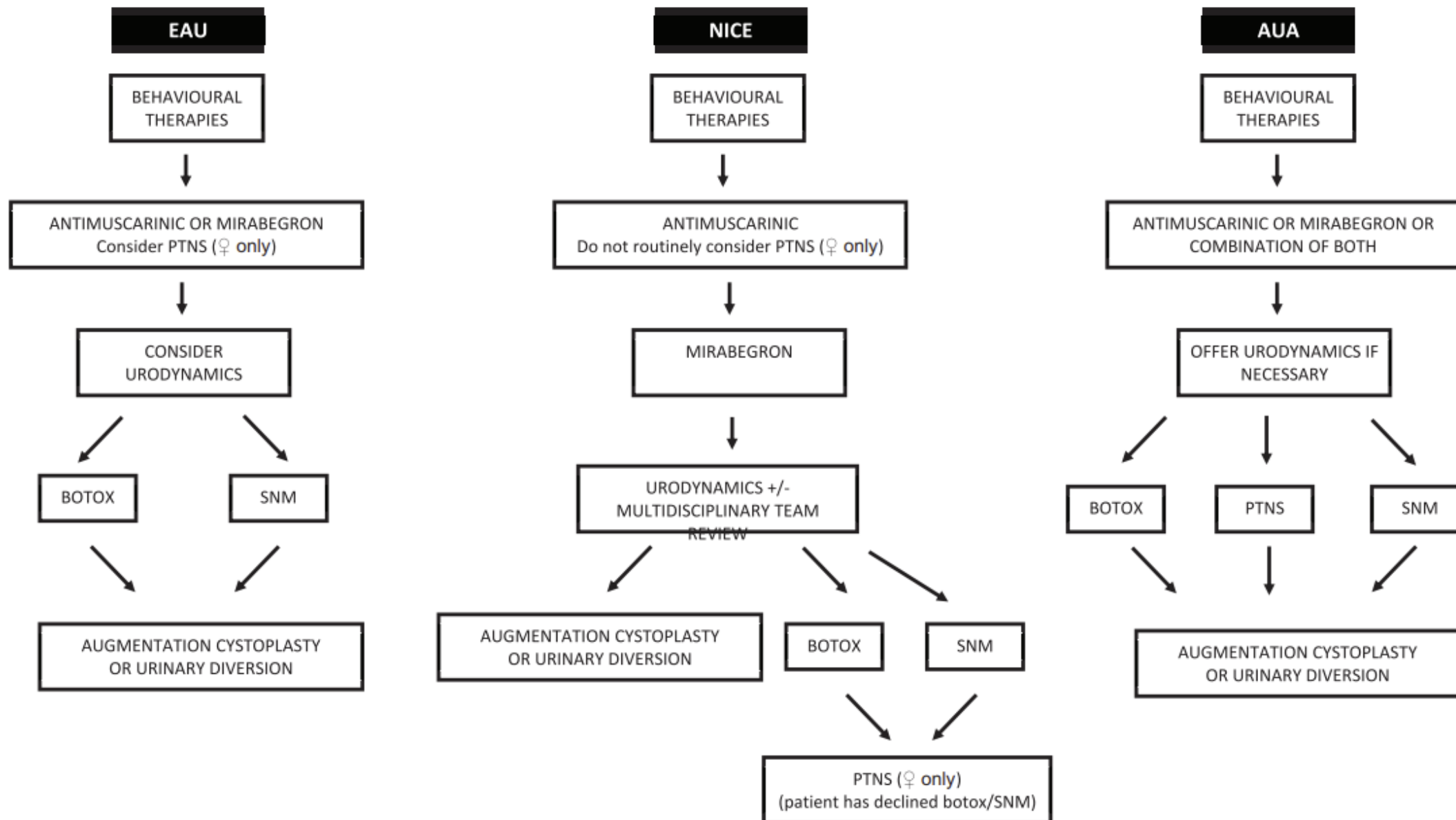
2024 The Korean Urological Congress and Expo 2024

Recent Update in the Guideline

OAB

Hye Jin Byun

Enhancing Urology with Expertise,
Innovation and Passion



What is OAB, Overactive bladder?



01

IS it a specific disease ?

02

Is there a specific cause ?

03

Is it a specific syndrome?

04

Are there any objective tests?

OAB is defined as

“urgency, with or
without urge
incontinence, with
frequency and
nocturia”

(group of symptoms)



Urgency

“The only symptom a patient must have to be described
as having OAB”

In the absence of pathologic or metabolic conditions
that might explain these symptoms

What is urinary urgency?

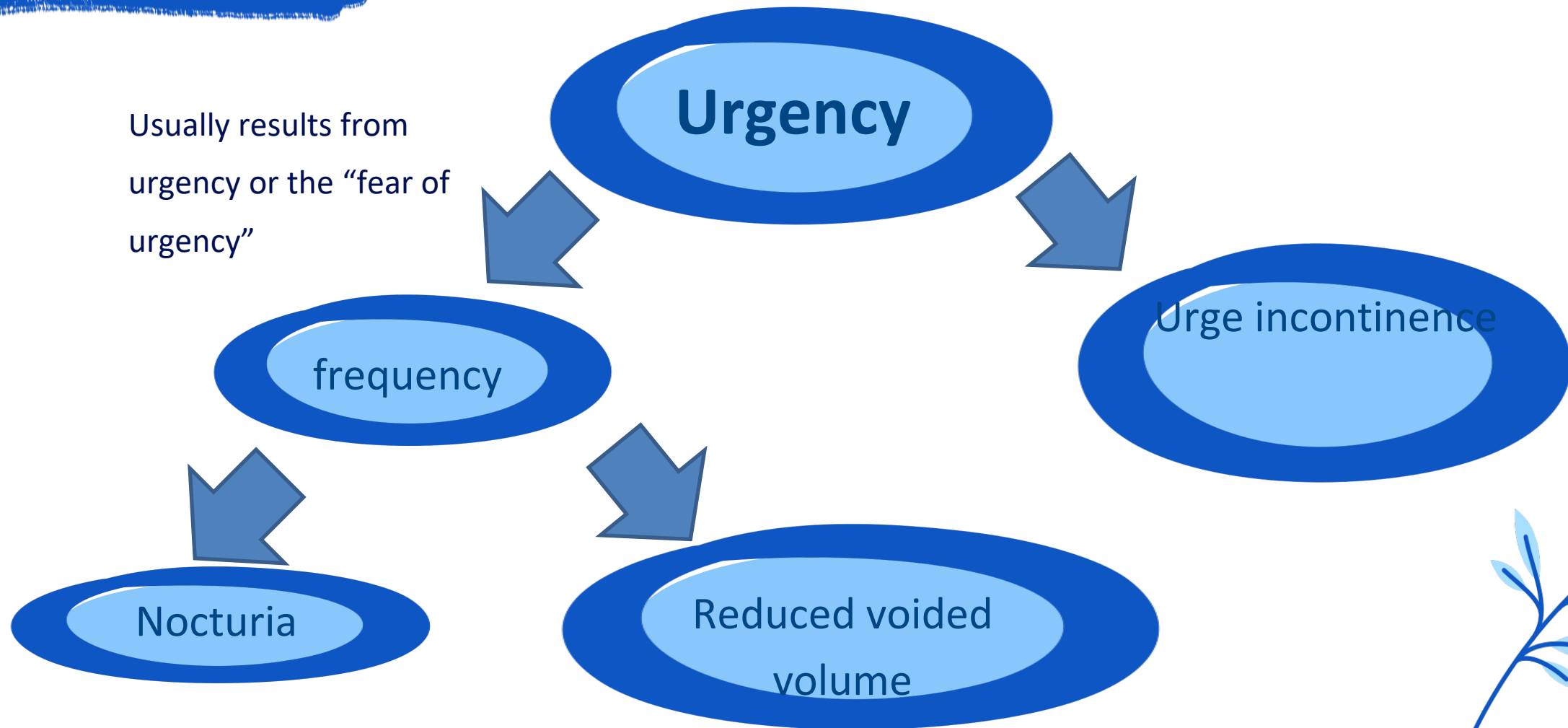
Quite distinct from normal desire to void

Urgency = the sudden compelling sensation to pass urine, which is difficult to defer

Patients with OAB can have both normal bladder sensations and urgency

Urgency drives all other symptoms of OAB

Usually results from urgency or the “fear of urgency”



Why is urgency so important?

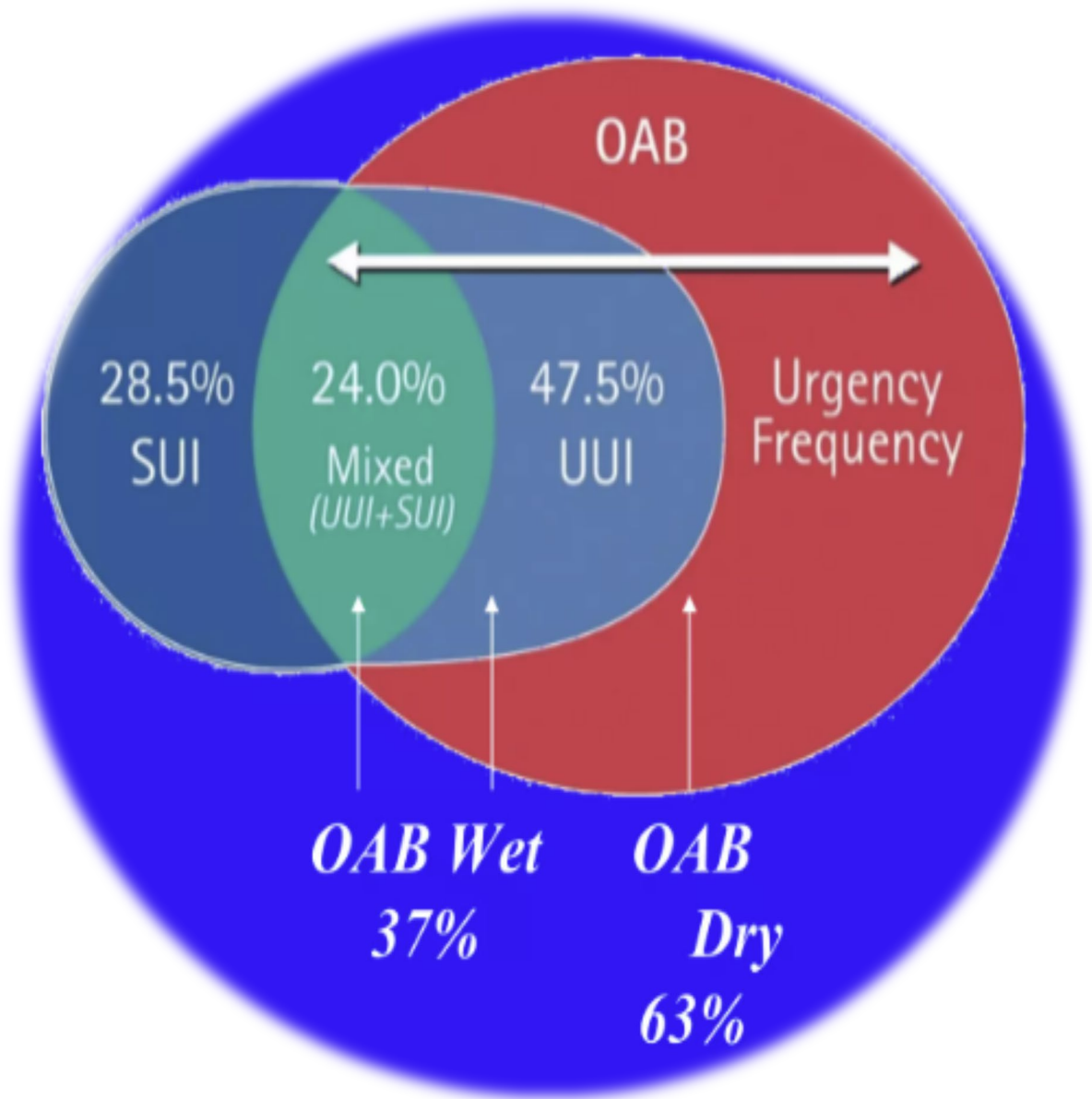
It is reported to be one of the most bothersome symptom for patients

Urgency drives behavioral adaptation and impacts heavily on QoL

L

Urgency drives a fear and anxiety of “leakage”

Frequency usually results from urgency or the “fear of urgency”

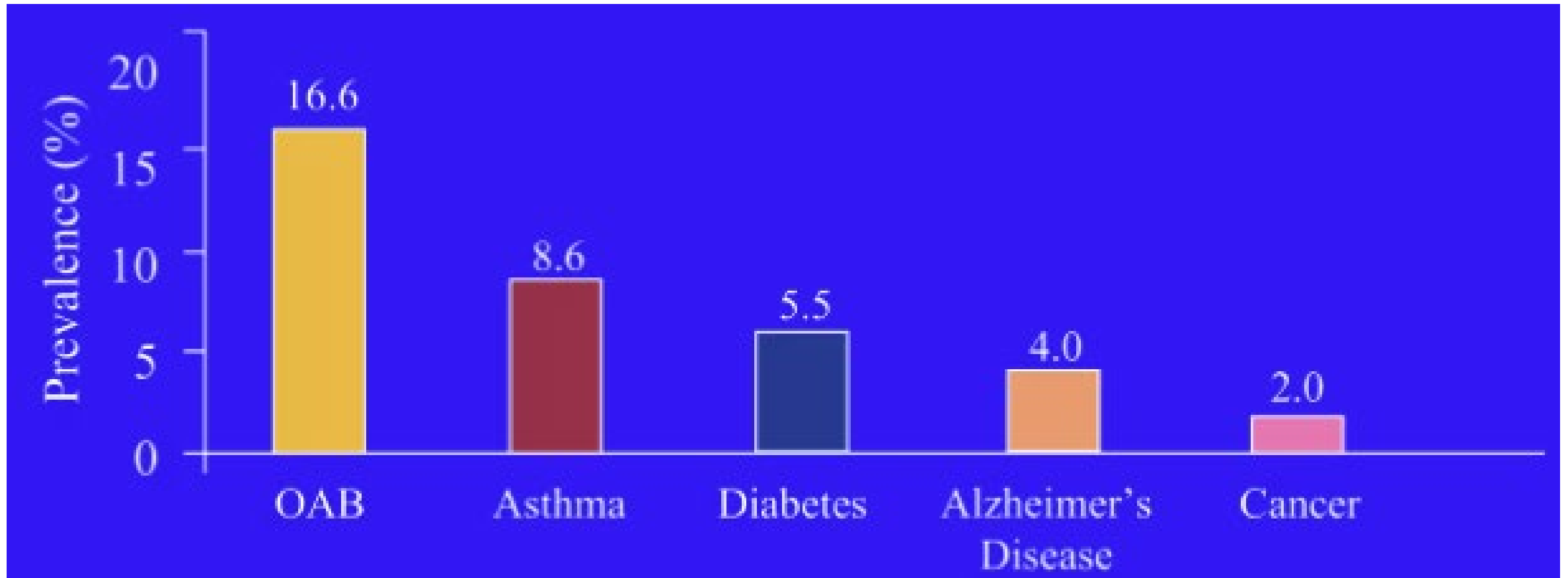


The majority of people with OAB experience urgency without urinary leakage : **DRY OAB**

Spectrum of OAB and Incontinence

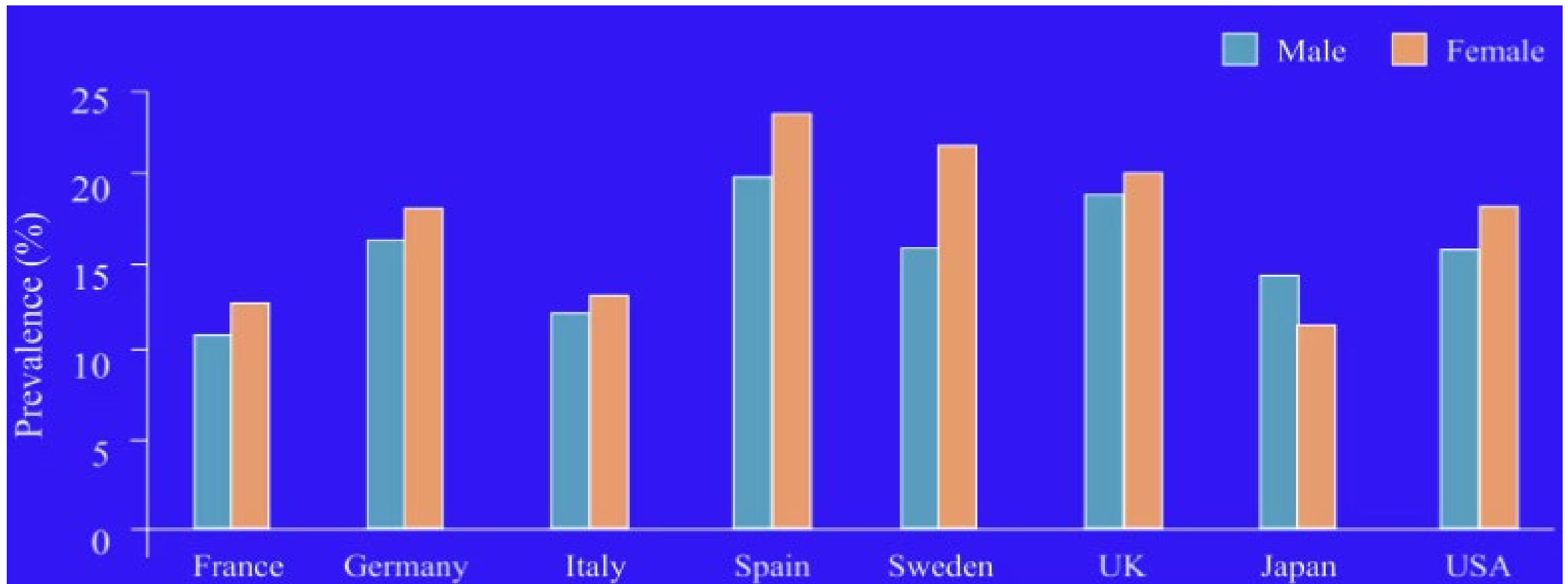
OAB – More Common Than Other Diseases

European Disease Prevalence



OAB affects 11-22% of Adults over 40

Prevalence of OAB in > 40



OAB Negatively Impacts

**01**

Toilets
/social inconvenience

02

Psycho : Loss of control
/ self esteem

03

SEX

04

Falls/ Fractures

05

Skin care

OAB : Develop coping mechanisms



Reduction in social interaction /
increased social isolation



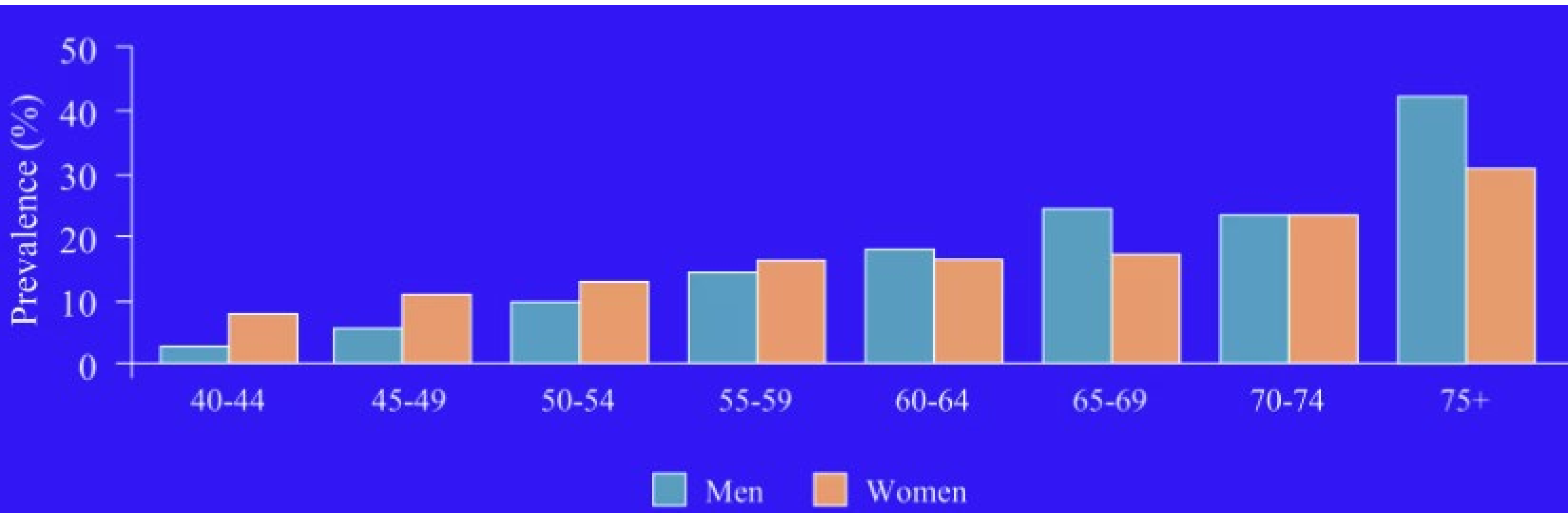
Alteration of travel plans
(e.g. plan around availability of
toilets)



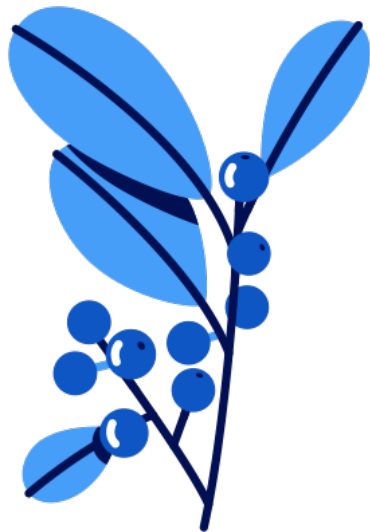
Cessation of some hobbies

OAB affects Older

OAB : older men more



Risk factors



BMI > 30 kg/m²

Anxiety, depression disorder

Irritable bowel syndrome

Autonomic nervous system dysfunction

Ethnicity

Sleep apnea

Alcohol

spices

Sour drinks

Urinary microbiota

Smoking

coffee

Detrusor overactivity (DO)

50%

“A urodynamic observation characterized by involuntary detrusor contractions during the filling phase which may be spontaneous or provoked”

Various theories...

Myogenic

Detrusor dysfunction

Urotheliogenic

Bladder urothelium/suburothelium



urethrogenic

Especially when changing position

supraspinal

With age, deterioration in certain segments of the white matter

Detrusor underactivity

Evaluation

Postvoid residual

Abdominal, digital rectal,
vaginal examination



history

Extremely important

Highlight possible risk factors

Clinical
examination

Symptom
questionnaires

the impact on QoL

progression, treatment

Voiding habits

Simple, easy

Three days bladder diary

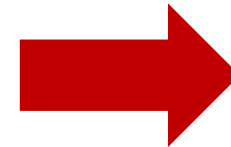
Voiding diaries

UA, U/Cx.

To rule out UTI, hematuria

Additional - Blood test (creatinine, HbA1C)

**Complicated situation
Refractory to treatment**



recurrent

Hematuria, UTI

cystoscopy

Urodynamic evaluation

Neurological symptoms

Concomitant voiding dysfunction

Upper urinary tract

Hematuria, exclude other concomitant diseases.

imaging

Can I be cured?



- ✓ **Can be controlled**
- ✓ **Adjust lifestyle**
- ✓ **Trial of medications**

Non-pharmacological (1st-line)

01

Behavioral
therapy

02

Bladder
training

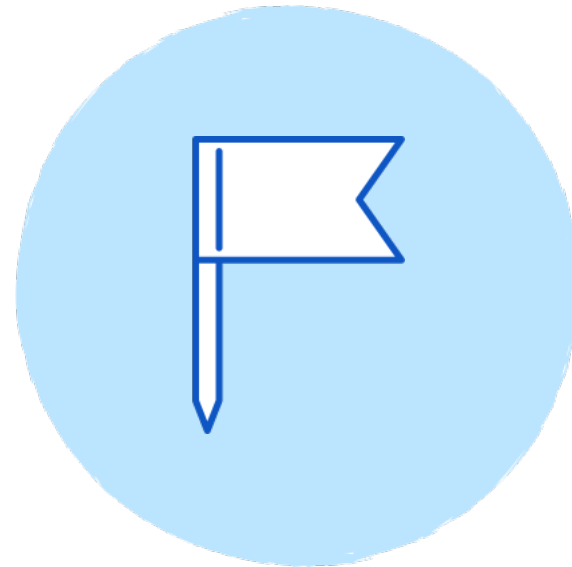
03

Pelvic floor
muscle training (P
FMT)

Pharmacological (2nd-line)



anticholinergic



B3-agonist



How long do I
take
medications?



“Forever”



No !

“ Long term, till better, trial off medications, followup”



Refractory patients (3rd-line)

01

Intravesical b
otulinum
toxin A

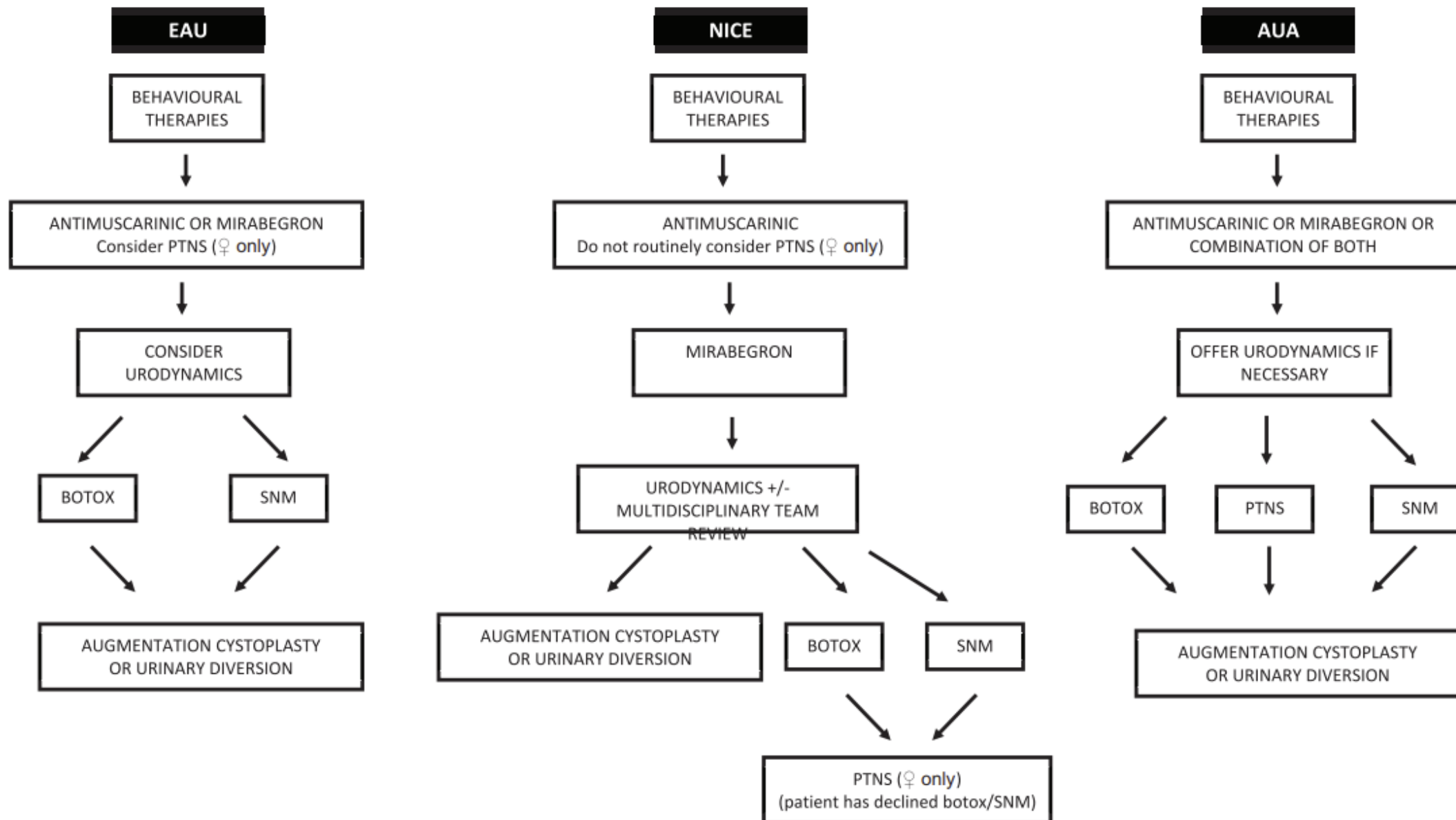
02

Posterior tibial
nerve stimulation
(PTNS)

03

Sacral
neuromodulation
(SNM)

Augmentation cystoplasty Urinary diversion (4th-line)

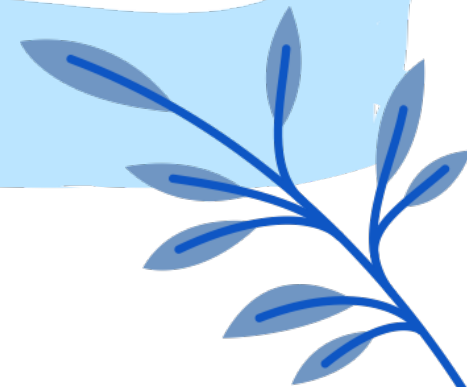


OAB IS

a chronic

affect the quality of life

Physical, psychological, and
social consequences



Thank
you