

1 - WHEN TO SUSPECT A PATIENT OF SUFFERING FROM OAB?¹



Overactive Bladder definition:
 “Urgency, with or without urge incontinence, usually with frequency and nocturia in the absence of an underlying metabolic or pathologic condition.”



Urgency definition:
 “Sudden, compelling desire to pass urine that is difficult to defer.”

A defined context, BUT:

- based on the **patient’s subjective assessment** of symptoms
- symptoms that may **be similar to those of other pathologies**

4 - HOW CAN WE DIFFERENTIATE OVERACTIVE BLADDER FROM CONDITIONS WITH SIMILAR SYMPTOMS?

Differences that can help distinguish among these potential diagnoses without the need for invasive testing¹

Presenting symptoms	«OAB»	UTI	Bladder Ca	BPH
Urgency	Yes	Yes	Occ	Freq
Frequency	Yes	Yes	Occ	Freq
UUI	1/3	Occ	Occ	Occ/Freq
Nocturia	Yes	Yes	Rare	Freq
Pain/dysuria	No	Yes	Occ	Rare
Hematuria	No	Freq	Yes	Occ
Voiding Sx	No	No	No	Freq

Occ: occasionally; Freq: frequently.

2 - WHAT ARE THE WARNING SIGNS THAT ALWAYS WARRANT FURTHER INVESTIGATION?

Because **they are not part** of overactive bladder syndrome...²



DIAGNOSTIC HELP:
Is it an OAB?

3 - WHICH PATHOLOGIES HAVE SYMPTOMS IN COMMON WITH OAB?

- Anatomical disturbances,
- Neurogenic bladder,
- Urinary infection,
- Diuresis problems,
- Stone disease,
- Cancer of the lower urinary tract,
- Benign prostatic hyperplasia.^{1,2}

5 - AND HOW CAN WE CLARIFY THE COMPLEXITY UNDERLYING THE CONCEPT OF OAB AND HIGHLIGHT ITS “SUBTYPES”?

Peyronnet et al. 2019 hypothesis³ regarding the diagnostic approach to these multiple subtypes of OAB as well as their hypothetical therapeutic implications:

Different mechanisms could provoke the sensation of urinary urgency. A “prism” spectrum approach could help identify these various OAB pathophysiological features. **Numerous clues in the literature indicate that such phenotyping of OAB may translate into improved treatment decision making and outcomes.**

