

CPGs Related to Urinary Conditions

Application of Course Knowledge: Answer all questions/criteria with explanations and detail.

Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?

Asante Adu is a 49-year-old male patient with a past medical history of narrow-angle glaucoma and no known drug allergies. Asante currently takes betaxolol hydrochloride (Betoptic S) 0.5%, one drop in each eye BID. The patient presents to the clinic with a chief complaint of a small amount of urinary incontinence, nocturia, and frequency. Asante states that he has experienced several episodes of incontinence that occurred at work; he was embarrassed and had to leave work. Upon arrival at the clinic, the NP administered a questionnaire to the patient, and his urine sample was collected. He mentioned that there is no pattern of episodes of incontinence caused by sneezing, exercising, or coughing. Asante also states that he has no difficulty fully emptying his bladder when voiding. The NP's physical examination does not indicate any findings that can contribute to his incontinence. The laboratory urine test suggests no signs of urinary tract infections. The NP educates Asante about bladder training and fluid management and considers prescribing an appropriate medication to help improve his symptoms.

Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?

Asante is experiencing symptoms of urinary incontinence, frequency, and nocturia. The NP's assessment indicates no known medical causes of these symptoms, and he is most likely experiencing an overactive bladder. Based on the American Urological Association (AUA) Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) clinical practice guideline, a key recommendation for treating overactive bladder (OAB) in adults is that behavioral therapies include bladder training, bladder control strategies, pelvic floor muscle training, fluid management should be the first-line treatment for all patients with overactive bladder. Behavioral therapies may be combined with pharmacologic management. Oral antimuscarinics or oral beta-3 adrenoceptor agonists should be offered as second-line therapy. Secondly, AUA/SUFU clinical practice guidelines state that antimuscarinics should not be given to patients with narrow-angle glaucoma unless the treating ophthalmologist approves it. They should also be used with extreme caution in patients with impaired gastric emptying or a history of urinary retention. As is Asante's situation, the guideline is crucial for patients with a history of narrow-angle glaucoma and cannot take medications with anticholinergic side effects as a result. The recommendations highlight that for patients with an overactive bladder, the treatment regimens should emphasize managing symptoms with behavioral therapy and administering oral beta-3 adrenoceptor agonists medication for patients with narrow-angle glaucoma who cannot take medications with anticholinergic side effects. Asante should be started with Beta-3 agonists like Mirabegron 25 mg and one tablet once daily for thirty days.