

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

Caoimhe Walsh is a 45-year-old female, presenting to the clinic for a small amount of urinary incontinence and urgency following. She is embarrassed by this occurring, especially in public and is requesting treatment to help with the incidence of incontinence and urgency. She denies a pattern of incontinence, and are not caused by coughing, sneezing, or exercising. She is denying difficulty emptying her bladder. There is no significance of any findings that contribute to incontinence and no urinary tract infection signs. The current medications that the client is taking is budesonide 80mcg/formoterol 4.5mcg (Symbicort) as needed for the client's history of asthma. Caoimhe has no known allergies and no history of smoking cigarettes and endorses drinking alcohol once per month.

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

Given this patient's symptoms of urinary urgency and incontinence, along with the emotional distress they are causing, she is a strong candidate for treatment of overactive bladder (OAB). According to the American Urological Association clinical practice guideline (Lightner et al., 2019), recommended treatment options include antimuscarinic agents and β 3-adrenoceptor agonists, either as monotherapy or in combination. The guideline also recommends first-line therapy of behavioral therapies, such as bladder training and fluid management, which may be used alone or alongside pharmacologic treatment.

If behavioral therapy alone is ineffective or the patient prefers medication, pharmacologic treatment should begin with a **monotherapy regimen**. These medications have been shown to significantly reduce urgency and incontinence in patients with OAB. The guideline supports pharmacologic treatment for individuals experiencing urinary frequency, urgency, or incontinence—particularly when symptoms are bothersome or affect quality of life. Based on these recommendations and Caoimhe Walsh's reported symptoms, she is an appropriate candidate for pharmacologic therapy targeting overactive bladder.

3. Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?

Given Caoimhe Walsh's distress and embarrassment associated with her symptoms of overactive bladder (OAB), pharmacological treatment is warranted. One appropriate option is oxybutynin, an anticholinergic (antimuscarinic) agent that works by relaxing the bladder muscles and reducing symptoms such as urgency and frequency. Anticholinergic medications have demonstrated effectiveness in relieving OAB symptoms and improving quality of life (Scarneciu et al., 2021).

In addition to pharmacologic treatment, behavioral therapy—including lifestyle modifications such as reducing fluid intake, limiting caffeine, increasing physical activity, and practicing