

Treatment of Overactive Bladder in Women

Before starting drug treatment, patients should be advised on:

- Lifestyle changes which include: fluid intake, caffeine reduction and weight loss.
- Pelvic floor muscle training- at least 3 months' duration as first line treatment to women with stress or mixed urinary incontinence.
- Bladder training methods- minimum of 6 weeks as first line treatment to women with urgency or mixed urinary incontinence.
- For post-menopausal women with vaginal atrophy and OAB symptoms, intravaginal oestrogens are recommended. e.g. Ovestin® 1mg cream

When offering antimuscarinic drugs to treat OAB, take account of coexisting conditions e.g. poor bladder emptying, cognitive impairment or dementia, constipation and glaucoma; the use of other existing medication affecting total anticholinergic load (please see p.2 for further information on ACB) and risk of adverse effects.

If antimuscarinic agents are contraindicated; e.g. glaucoma, myasthenia gravis, GI obstruction or specific problems with dry mouth, consider non-antimuscarinic from 3rd line medication.

***Do not offer oxybutynin (immediate release) to older women who may be at risk of a sudden deterioration in their physical or mental health. Do not use flavoxate, propantheline and imipramine for the treatment of UI or OAB in women.**

First line medication: NICE NG123 recommends using the anticholinergic medicine with the **LOWEST ACQUISITION COST**

28 days treatment⁵

Oxybutynin* 2.5mg bd	£ 1.59
Oxybutynin* 5mg bd (Titrate to 5mg tds as tolerated)	£ 1.74

For patients who need a once daily preparation consider:

Solifenacin 5mg-10mg od	£ 1.80-1.81
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Review at 4 weeks face to face or by telephone. Review sooner if side effects intolerable.

If the first line option is not effective or well tolerated, in line with NICE guidance offer another drug with a low acquisition cost, either from the list of first line options above, or one of the drugs below under second line treatment options.

Second line medication: 28 days treatment

Alternative from first line medication list above

Tolterodine 1mg bd	£ 2.37
Tolterodine 2mg bd	£ 2.80
Tolterodine MR (Tolthen®XL) 4mg od	£ 6.99
Trospium 20mg bd	£ 10.67

Review at 4 weeks face to face or by telephone. Review sooner if side effects intolerable. If patient experiences troublesome side effects/lack of efficacy, go to 3rd line medication.

If swallowing difficulties or unable to tolerate solid formulation consider:

- 1st line: Oxybutynin 3.9mg/24 hours (Kentera®).
Apply one patch twice weekly £27.20
 - 2nd line: Solifenacin 1mg/ml oral suspension SF. Take 5-10ml od £ 25.78- £51.56
- Please note: Oxybutynin liquid is very expensive and is a non formulary grey drug.*

Third line medication: 28 days treatment

Mirabegron (Betmiga®) 25mg – 50mg od £29.00

Reduce to 25mg od if eGFR<30ml/min

MHRA Drug Safety Update October 2015 (See below)

For troublesome side effects or lack of efficacy, consider referral to Specialist.

Offer a review in primary care to women who remain on long-term medicine for overactive bladder or urinary incontinence every 12 months, or every 6 months if they are aged over 75. (please see p.2 for more information).

Use of other existing medication affecting the total anticholinergic load

There is increasing awareness and concern regarding the accumulation of anticholinergic “burden” (ACB) or “load” associated with antimuscarinic agents as a result of taking multiple medications, leading to increased adverse events, especially in the elderly.² Drugs with established and clinically relevant cognitive anticholinergic effects are considered to be definite anticholinergics and have an ACB score of 2 or 3.² Patients with an ACB score greater than 3 have a high risk of mortality. For each point increase in total ACB score, a 0.33-point decline in Mini-Mental State Examination over 2 years has been suggested.² Furthermore, each additional point in total ACB score has been correlated with a 26% increase in the risk of death in a published study.²

NICE¹ recommends that oxybutynin should not be offered to older women who may be at risk of a sudden deterioration in their physical or mental health. Patients at high risk of anticholinergic load should be prescribed OAB drugs with caution and should only be prescribed these drugs after a full medication review.

Drugs on the ACB scale³

The Aging Brain Care, Anticholinergic Cognitive Burden Scale (2012 update) is available on the University of East Anglia Website: www.uea.ac.uk/documents/3306616/10940915/Anticholinergics/088bb9e6-3ee2-4b75-b8ce-b2d59dc538c2

MHRA Drug Safety Update (October 2015) Mirabegron:

Key updated safety advice for healthcare professionals:

- Mirabegron is contraindicated in patients with severe uncontrolled hypertension (systolic blood pressure ≥ 180 mm Hg or diastolic blood pressure ≥ 110 mm Hg, or both)
- Blood pressure should be measured before starting treatment and monitored regularly during treatment, especially in patients with hypertension.

Treatment review^{6,7}:

For all patients who have been taking an **antimuscarinic drug** for at least 6 months **OFFER** a trial without treatment for a maximum of 4 weeks where clinically appropriate (exclusions include patients with neurological conditions such as multiple sclerosis or difficult social circumstances). The improvement of symptoms may continue after treatment withdrawal. A patient information leaflet and questionnaire is available to support this work (please see reference 7).

References

1. NICE Clinical Guideline 123. Urinary incontinence and pelvic prolapse in women: management. April 2019. Available at: <http://guidance.nice.org.uk/ng123> . Accessed <12.11.19>
2. PrescQIPP Bulletin 58: Drugs for urinary frequency, enuresis and incontinence. April 2014. Available at: <https://www.prescqipp.info/component/jdownloads/send/99-urinary-incontinence/1280-bulletin-58-urinary-incontinence> . Accessed <01.10.18>
3. PrescQIPP Bulletin 140: Anticholinergic drugs (Attachment 2 – Drugs on the ACB scale). Available at: <https://www.prescqipp.info/component/jdownloads/send/294-anticholinergic-drugs/2870-attachment-2-drugs-on-the-acb-scale> (sign in required). Accessed <01.10.18>
4. MHRA Drug Safety Update: Mirabegron (Betmiga®): risk of severe hypertension and associated cerebrovascular and cardiac events; October 2015. Available at: <https://www.gov.uk/drug-safety-update/mirabegron-betmiga-risk-of-severe-hypertension-and-associated-cerebrovascular-and-cardiac-events> . Accessed <12.11.19>
5. Drug Tariff April 2023 . Accessed <30.4.23>
6. . Gadhia S, A review of antimuscarinic prescribing for urinary incontinence in primary care, NHS Buckinghamshire and Oxfordshire NHS Cluster, Available at https://www.sps.nhs.uk/wp-content/uploads/2012/12/Presn_OPNet_14Nov12_Review_anticholinergic_prescribing_SG.pdf. Accessed <17.3.20>
7. Trial of stopping your overactive bladder drug patient information leaflet. Available at: [GU: Trial of Stopping Your Overactive Bladder Drug Patient Information Leaflet \(APC Approved\) Prescribing guideline \(barnsleyccg.nhs.uk\)](http://GU: Trial of Stopping Your Overactive Bladder Drug Patient Information Leaflet (APC Approved) Prescribing guideline (barnsleyccg.nhs.uk)) Accessed <4.5.22>

Development Process

This guideline was ratified by the Area Prescribing Committee on 11th November 2020 (minor amendment: addition of PIL (reference 7) May 2022). Minor update May 2023. It is due for review in November 2023.