

## 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 3<sup>rd</sup> 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 treatment<sup>5</sup>

Oxybutynin* 2.5mg bd	£ 1.86
Oxybutynin* 5mg bd (Titrate to 5mg tds as tolerated)	£ 2.00

For patients who need a once daily preparation consider:

Solifenacin 5mg-10mg od	£ 2.26-2.92
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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**

Trospium 20mg bd	£ 4.56
Tolterodine 1mg bd	£ 13.48
Tolterodine 2mg bd	£ 14.89
Tolterodine MR (Neditol®) 4mg od	£12.89

**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 3<sup>rd</sup> line medication.

**If swallowing difficulties or unable to tolerate solid formulation** consider:

- 1<sup>st</sup> line: Oxybutynin 3.9mg/24 hours (Kentera®).  
Apply one patch twice weekly. £27.20
- 2<sup>nd</sup> line: Solifenacin 1mg/ml oral solution SF.  
Take 5-10ml od £ 27.62- £55.24

*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.<sup>2</sup> Drugs with established and clinically relevant cognitive anticholinergic effects are considered to be definite anticholinergics and have an ACB score of 2 or 3.<sup>2</sup> 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.<sup>2</sup> Furthermore, each additional point in total ACB score has been correlated with a 26% increase in the risk of death in a published study.<sup>2</sup>

NICE<sup>1</sup> 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 scale<sup>3</sup>

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](http://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  $\geq 180$  mm Hg or diastolic blood pressure  $\geq 110$  mm Hg, or both)
- Blood pressure should be measured before starting treatment and monitored regularly during treatment, especially in patients with hypertension.

## Treatment review<sup>6,7</sup>:

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/nq123> . 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 October 2020. Accessed <21.10.2020>
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](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 \(barnsleyccg.nhs.uk\)](https://www.barnsleyccg.nhs.uk/guidelines/guidelines-for-the-trial-of-stopping-your-overactive-bladder-drug-patient-information-leaflet)  
Accessed<4.5.22>

### **Development Process**

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