NHS
Oxfordshire
Clinical Commissioning Group

The Management of Over Active Bladder Syndrome

Initial Advice and Conservative Management

- Bladder training for a minimum of 6 weeks
- Consider modification of high or low fluid intakes
- Remove caffeine from diet (may need to be done gradually for some patients)
- If BMI over 30kg/m^2 there is evidence suggesting a significantly higher prevalence of urinary incontinence in women and some evidence that weight loss results in a reduction of leakage episodes. (NICE CG)

If conservative management alone is unsuccessful consider adding an antimuscarinic drug.

Antimuscarinics (tolterodine, fesoterodine) should be initiated for **a trial period of at least one month** – the patient should be advised to continue treatment for a minimum of four weeks to ensure enough time is allowed to achieve full benefit. Some adverse effects such as dry mouth and constipation may indicate that the treatment is starting to have an effect. If not effective following treatment for one month then antimuscarinic therapy should be stopped or switched in line with the agreed treatment pathway below. If tolterodine is not tolerated due to side effects try reducing dose. The evidence of effectiveness for the second generation antimuscarinics is very similar and so the choice of drug is based on cost, and local clinical advice.

Continue

Bladder training and lifestyle modification.

1st line option:

Tolterodine 2mg standard release *bd*

If not tolerated due to side effects e.g. dry mouth reduce dose to 1mg *bd*

(28 days treatment 2mg £1.81, 1mg £1.85)

2nd line options

If tolterodine tolerated but not effective and mirabegron is contra-indicated: severe uncontrolled hypertension

Fesoterodine 4mg *od* titrating to 8mg *od* if necessary

(28 days treatment £25.78)

If antimuscarinic drugs are contra-indicated: glaucoma, myasthenia gravis, GI obstruction OR not tolerated

Mirabegron 25mg to **50mg** *od*

Caution: history of QT-interval prolongation; stage 2 hypertension. Reduce dose to 25 mg once daily in hepatic or renal impairment. Avoid if eGFR < 30 mL/minute

(28 days treatment £27.07)

Choice may be led by tolerance to antimuscarinics and cautions/ contraindications of the individual agents: see Summary of Product Characteristics for fesoterodine and mirabegron.

Patients with swallowing difficulties ONLY

Oxybutynin patches *3.9mg/24h*

8 patches (4 weeks supply) £27.20 (traffic lighted brown)

3rd line option

If antimuscarinic drugs have not been effective and mirabegron is not contra-indicated.

Mirabegron 25mg to **50mg** *od*

Caution: history of QT-interval prolongation; stage 2 hypertension. Reduce dose to 25 mg once daily in hepatic or renal impairment. Avoid if eGFR < 30 mL/minute

(28 days treatment £27.07)

Refer to Specialist

Version 2. Approved by APCO: March 2017. Cost information is from Drug Tariff March 2017 and may change. Prices are quoted as pack size.

Refer

1. To Community Bladder & Bowel Service (at any stage if appropriate)

2. To secondary care (from B & B service or directly) only when the whole primary care pathway has been followed including bladder training, lifestyle changes and at least 2 antimuscarinic drugs which have been tried for a min of 4 weeks each unless there are unusual clinical reasons for not doing so.

Prescribing tips:

- **Patient education:** inform patients that some adverse effects, such as dry mouth and constipation, may indicate treatment is working and that they are unlikely to see the full benefits until they have been taking the treatment for ***at least 4*** **weeks**. They should be encouraged to persevere with treatment. Access to advice should be available.
- There is an association between anticholinergic use and both dementia and mortality. Be aware of the anticholinergic burden of drugs, particularly in patients taking multiple medications. Ensure that all non-pharmacological options are fully explored and that medication is reviewed regularly.
- **Medication review:** Evidence suggests high levels of discontinuation with all antimuscarinics. NICE suggests that realistic expectations of treatment are likely to improve continuation with treatment. Review treatment at 4 weeks after initiation or changes to treatment. NICE opinion is that a further review should be offered at 12 weeks to assess on-going effectiveness after which treatment should continue for as long as outcomes remain satisfactory, with annual reviews (6 monthly if over 75 years).
- **Mirabegron:** 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. MHRA Oct 2015
- At 6 month review consider stopping treatment for a short period to assess if there is any natural remission in the condition. A bladder diary could be used to assess symptoms both on and off of the drug. Bladder diaries are available; for example from Patient.co.uk http://www.patient.co.uk/health/Incontinence-/-Bladder-Chart.htm.
- **Bladder training** and lifestyle modification should continue throughout treatment.
- Where **side effects** are an issue taking the drug in the evening may improve tolerability.
- Most treatments are licensed for men and women. NICE Clinical Guideline 171 Urinary Incontinence considers women only NICE Clinical guideline CG97 Lower Urinary Tract Symptoms considers

Other Drugs

- Patients currently taking **oxybutynin** or **trospium** should be allowed to continue with this treatment.
- **Trospium** may be an appropriate choice for patients taking multiple concomitant therapies as it does not interact with drugs metabolised by CYP 450 liver enzymes.
- Primary care prescribing expenditure on **solifenacin** in Oxfordshire was nearly £800,000 in 2014 this is more than the total spend on all the other antimuscarinics for OAB. It is the most expensive drug choice; it should not be initiated for new patients. After a break to review continued benefit of antimuscarinic therapy consider switch to tolterodine if this has not previously been tried.
- There is no evidence to support the efficacy of **propantheline** and it should not be used.
- **Duloxetine** is licensed for stress incontinence and should not be prescribed for OAB.