NHS Shropshire Clinical Commissioning Group

NHS Telford and Wrekin Clinical Commissioning Group

Treatment of overactive bladder symptoms and urgency urinary incontinence in women in Primary Care (in line with NICE NG123)

Overactive bladder/urgency predominant mixed incontinence (urinary urgency, frequency, nocturia with or without incontinence)

Counsel patient – Overactive bladder (OAB) is a long term condition, and significant lifestyle modification may be required.

Discuss behavioural modifications

- Lifestyle changes e.g. cut down on caffeinated drinks, herbal teas, alcohol, chocolate, tomatoes, citrus and spicy foods. Don't cut back on fluid intake.
- To help constipation, which can also make OAB worse, recommend a high-fibre diet or prescribe laxatives
- Weight loss if BMI≥30
- Stop smoking
- Review poorly controlled diabetes – glucosuria will exacerbate OAB symptoms
- Bladder training (6 weeks) contact Shropshire community continence team ring 01743 444062 or write to Halesfield 6, Telford, TF7 4BF
- Pelvic floor exercises (3 months) contact Shropshire community continence team (see above for details)
- Provide patient support information https://www.bladderandbowelfoundation.org

Refer to secondary care if any red flag symptoms:

- **Haematuria (microscopic or macroscopic >40years age)**
- **Urinary retention or voiding difficulties**
- **Bladder pain**
- **Recurrent UTIs**

Review the patient after 6 weeks

If suboptimal improvement or no improvement, consider pharmacological treatment. Before starting for ALL patients:

- Discuss patient expectations and likely benefits of drug treatment
- Explain that some adverse events such as dry mouth and constipation may indicate the treatment is starting to have an effect but they may not see the full benefit until they have taken the treatment for 4 to 8 weeks

Before commencement of any drug treatment review patient's current medication- for drugs which can contribute to development of overactive bladder

Typical antipsycholics eg. Chlorpromazine, trifluoperazine, fluphenazine
Antidepressants
Diuretics
Calcium Channel Blockers
Sedative Hypnotics eg. Benzodiazepine
ACE inhibitors and Angiotensin Receptor Blockers
Hydroxychloroquine

First line Drug treatment

Consider contraindications to antimuscarinic agents and calculate total anticholinergic load see risk score or presqipp .attachments 1 and 2 from concomitant medications before initiating a drug for OAB.

Oxybutynin IR 2.5-5mg BD-TDS

Tolterodine tablets IR 1mg - 2 mg twice daily (1mg bd if eGFR ≤30ml/min)

Do not offer oxybutynin (immediate release) to older women who may be at higher risk of a sudden deterioration in their physical or mental health

Offer a transdermal overactive bladder treatment to women unable to tolerate oral medicines Oxybutynin patch **3.9mg/24 hours (change every 3-4 days)**

If Anticholinergic drugs are contraindicated (glaucoma, myasthenia gravis, GI obstruction or specific problems with dry mouth or constipation) consider a non antimuscarinic.

N.B. Drug interactions include some antiarrhythmics, tricyclics, citalopram, escitalopram, antihistamines, antiretrovirals and chloroquine. Omit 1st and 2nd line treatment and use 3rd line beta 3 agonist - mirabegron in line with TA290.

Offer intravaginal estrogens for OAB symptoms in postmenopausal women who do not have any contraindications. Women with recurrent cystitis will also benefit from vaginal estrogens.

Second Line Drug Treatment

Tolterodine MR 2mg -4 mg daily (2mg if eGFR≤30ml/min)

Solifenacin 5 mg once daily

Trospium 60mg XL limited blood brain barrier penetration useful if neurological side effects are a problem

Oxybutynin transdermal patch – for patients unable to tolerate oral medication only

Third Line Drug Treatment

Mirabegron 50 mg once daily (Non-antimuscarinic) in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects

Mirabegron is contraindicated for patients with severe uncontrolled hypertension (systolic blood pressure > 180mm Hg or diastolic BP > 110mm Hg or both. Blood pressure should be measured before starting treatment and monitored regularly during treatment

Patients should try two anticholinergics or one anticholinergic and one non-antimuscarinic (unless contraindicated) prior to referral to secondary care. Patients on long term therapy should be reviewed annually (or every 6 months if over 75 years) to assess whether there is benefit from continued treatment.

Following 6 months of satisfactory resolution of symptoms (according to patient) reduce and stop treatment. Evidence suggests that approximately 50% of women can stop treatment at this stage. Review women who remain on long-term drug treatment annually (6 monthly if >75 years)

Reference: **Tsakiris P, Oelke M, Michel MC. Drug-induced urinary incontinence. *Drugs Aging.* 2008;25:541-549.**