Hertfordshire and West Essex Integrated Care System

UI - Female - Drug Treatment for OAB & Mixed UI

Click for info for GPs

Click for info for patients

https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1438&checksum=db6ebd0566994d14a1767f14eb6fba81

Do NOT start drug treatment unless initial assessment completed and conservative management is unsuccessful after an adequate trial

For initial conservative management and initial assessments see pathway **UI - Initial Assessment of Women: dipstick urine testing**

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First line Solifenacin 5 to 10mg once daily (if contraindicated or unsuitable move directly to "2nd line" choices

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Follow up including medication review

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Services offered by HCT Adult Bladder and Bowel service

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Second line offer Tolterodine or Trospium or Mirabegron or Oxybutynin patch

At all stages consider intravaginal oestrogen/oral desmopressin

Intravaginal oestrogen in post- menopausal women with vaginal atrophy.
Oral desmopressin for troublesome nocturia. Absolute contra indications include cardiac insuficiency. Use with caution in renal impairment, (less effective), pregnancy, hyponatraemia. Unlicensed indication.

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Follow up including medication review

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Services offered by HCT Adult Bladder and Bowel service

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Third Line pick a different choice from 2nd line choices group

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Follow up including medication review

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If no response to medications refer to HCT Adult Bladder & Bowel services or secondary care

See pathway **UI - Criteria for hospital referral**

Community management & advice on specialist referral if necessary

Back to pathway

Drug treatment: (Over Active Bladder & MIXED UI)

Conservative measures should be tried before drug treatment.
Manage patient expectation of drug treatment outcome Including:

- Modest likelihood of success and there are significant adverse effects
- Tachyphylaxis to side effects.
- Full benefit may take 8 weeks, so persistence beyond first few weeks is needed.
- Treatment goals must be clear and objective. Use a bladder diary to assess response.
- When required (PRN) use suits some patients i.e. for symptom control at key times.

How to decide if an anticholinergic medication is contraindicated:

- Risk benefit assessment is required in frail older people (65+) especially if they have co-morbidities, functional impairments (walking/dressing difficulties) or cognitive impairment. See NICE Dementia CG N97.
- Consider also risk factors for falls, family history of dementia and cumulative AEC score from medication (if 1 or more on AEC scale then avoid additional anticholinergic burden).
- Avoid in closed-angle glaucoma and inflammatory bowel disease.

Recommended primary care prescribing practice:

- **ACUTE** prescriptions only for new lines of drug treatment.
- Put on **REPEAT** after review at 4-8 weeks after starting.

Back to pathway

Services offered by HCT Adult Bladder and Bowel service

The service is run by a team of specialist nurses.
Treatments provided are:

- Bladder training
- Pelvic Floor Exercises
- Lifestyle changes (weight, fluid intake, diet)
- Medication
- Biofeedback
- Intermittent Self catheterisation
- Specialist Appliances (sheaths, male/female urinals)

Back to pathway

Medication Review:

- Review at 4-8 weeks (face-to-face or telephone), after starting drug treatment.
- Review sooner if side-effects are intolerable.
- Optimal improvement may take up to 8 weeks.
- If clinically ineffective (defined as when there has not been a beneficial improvement in symptoms or QoL) or side- effects are intolerable change dose or consider alternative OAB drug.
- Review patients on long-term drug treatment annually in primary care (or every 6 months for >75yrs). Consider a drug holiday to see if treatment is still required.
- Offer referral to HCT Adult Bladder and Bowel service if woman does not want to try another drug but would like to consider further treatment or alternative conservative measures.
- If all UI drugs are not effective, and patients are having significant bother with their symptoms consider referral to local community bladder and bowel services.
- Do not prescribe drugs for stress Urinary incontinence but refer.

Alternative conservative measures may include:

• **Catheters:** consider when persistent urinary retention causes incontinence, symptomatic infections, or renal dysfunction which cannot be corrected. Inform patient that use of indwelling catheters in urgency UI may NOT result in continence.

• **Absorbent products, urinals and toileting aids:** not to be considered as treatment. Only to be used as a coping strategy pending definitive treatment; as an adjunct to ongoing therapy or long-term management of UI only after other treatment options have been explored.

• **Products to prevent leakage (intravaginal and intraurethal devices):** do NOT use for routine management of UI in women. Do not advise use of devices other than for occasional use when necessary to prevent leakage (e.g. during physical exercise).

Back to pathway

Second line Offer Trospium MR (modified release) capsules 60mg OD

- **Tolterodine 2mg twice daily** if alternative ACh choice is needed.
- **Trospium 20mg twice daily**: does not cross the blood brain barrier so preferred e.g. for patients who experience headaches, confusion or insomnia with solifenacin or where its low potential for drug interactions make it more suitable.
- **Mirabegron 25mg to 50mg once daily** Novel mode of action; no ACh side effects; can raise BP and so may not be suitable in some patients with high BP or CVS disease (MHRA alert). (25mg dose in renal and liver impairment).
- **Oxybutynin patch** if nil by mouth. Consider also no treatment when nil by mouth if symptoms are not troublesome.

Drug Choice:

- The aim is to achieve symptom control.
- There is no evidence that one treatment is more effective than another. Choices are determined by appropriateness, side effects, once daily dosing having compliance benefits and costs.
- When choosing therapy consider the risks of anticholinergic (ACh) side effects.
- Those patents at high risk may not be suitable for anticholinergic medicines.
- Start on low doses to minimise side effects.
- Review at 4-8 weeks for efficacy and if tolerated.
- Flavoxate, propantheline and imipramine are not recommened for UI.
- Oral oxybutynin is not recommended because AEC score is 3 – risk of side effects high.
- Patients on oral oxybutynin, flavoxate, propantheline and imipramine should be reviewed and other therapies should usually be considered instead.

Back to pathway

Third line Mirabegron 50mg OD (Decrease to 25mg OD if moderate renal or hepatic impairment)

Third line: consider Mirabegron tablets

- **Do not** prescribe mirabegron to people with severe uncontrolled hypertension (systolic blood pressure ≥180 mm Hg or diastolic blood pressure ≥110 mm Hg, or both).
- Start at a dose of 50 mg once daily.
- Start at a reduced dose of 25 mg once a day for people with:
  - Moderate hepatic impairment.
  - Mild hepatic impairment who are also taking a strong cytochrome P450 inhibitor such as clarithromycin, itraconazole, or ritonavir.
  - Renal impairment - estimated glomerular filtration rate (eGFR) 15-29 mL/minute/1.73 m^2.
  - Renal impairment - eGFR 30-89 mL/minute/1.73 m^2 - who are also taking a strong cytochrome P450 inhibitor such as clarithromycin, itraconazole, or ritonavir
- Beta3-adrenreceptor (not an antimuscarinic agent. Efficacy is similar to antimuscarinics (but it is not superior). Can be used 1st line when absolute contraindication to antimuscarinic.
- Mirabegron is contraindicated in patients with severe uncontrolled hypertension. Blood pressure should be measured before starting treatment and monitored regularly during treatment, especially in patients with hypertension

Back to pathway

3rd Line review including medication review

Medication Review

- Review at 4 weeks (face-to-face), after starting drug treatment. Review sooner if side-effects are intolerable.
- Monitor blood pressure regularly during treatment, especially in patients with hypertension
- If new line of drug treatment is no more effective or better tolerated, revert patient to previous (less expensive) line of treatment.
- Review patients on long-term drug treatment annually in primary care (or every 6 months for >75yrs). Consider a drug holiday to see if treatment is still required. If still needed, consider first or second line OAB drug choice if patient has not previously taken.
- Offer referral to HCT Adult Bladder and Bowel service if woman does not want to try another drug, but would like to consider further treatment or alternative conservative measures. Alternative conservative measures may include:
  - **Catheters:** consider when persistent urinary retention causes incontinence, symptomatic infections, or renal dysfunction which cannot be corrected. Inform patient that use of indwelling catheters in urgency UI may NOT result in continence.
  - **Absorbent products, urinals and toileting aids:** not to be considered as treatment. Only to be used as a coping strategy pending definitive treatment; as an adjunct to ongoing therapy or long-term management of UI only after other treatment options have been explored.
  - **Products to prevent leakage (intravaginal and intraurethal devices):** do NOT use for routine management of UI in women. Do not advise use of devices other than for occasional use when necessary to prevent leakage (e.g. during physical exercise)

Back to pathway

If no response to third line refer to HCT Adult Bladder and Bowel services or secondary care

- Advise weight loss for patients with a high BMI as this may help both stress and urge incontinence.
- **For urge incontinence** refer **for specialist urological assessment and management** if symptomatic despite conservative measures and a trial of three drugs for 1-3 months.

Back to pathway

Information for GPs and HCPs

Hertfordshire Community Trust Adult Bladder and Bowel Service: http://www.hct.nhs.uk/our-services/bladder-and-bowel-care/

Bladder & Bowel Foundation: https://www.bladderandbowelfoundation.org/healthcare-professionals/health-professional-resource/

NICE Clinical Guideline 171 – Urinary Incontinence in Women: https://www.nice.org.uk/guidance/CG171

Further information

Bladder and Bowel UK (part of Disabled Living) - An organisation promoting awareness and providing information and advice to patients and health professionals, particularly useful for product information and aids to daily living: http://www.disabledliving.co.uk/bladderandboweluk/about

DRUG SAFETY UPDATE - Mirabegron October 2015: https://www.gov.uk/drug-safety-update/mirabegron-betmiga-risk-of-severe-hypertension-and-associated-cerebrovascular-and-cardiac-events

- Reference: https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1438&checksum=db6ebd0566994d14a1767f14eb6fba81

Back to pathway

Information for Patients

Female incontinence: https://www.womens-health-concern.org/help-and-advice/factsheets/female-incontinence/

Urinary incontinence from NHS Choices: http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx

Urinary Incontinence leaflet from Patient Info: http://patient.info/health/urinary-incontinence-leaflet