Overactive Bladder (OAB) Medicines Optimisation

Before starting drug treatment

Advise about lifestyle modifications that may be required:

- **Fluid intake:** avoid drinking either excessive amounts, or reduced amounts, of fluid each day (reduced fluid intake may worsen or cause constipation which can also make OAB worse). The recommended daily intake is six to eight glasses of water.
- **Weight loss**
- **Caffeine reduction**
- **Bladder retraining, pelvic floor muscle training** (patient leaflet: female; male).
- See local urinary continence pathway (Page 15) for further information

Initial trial of 1st line drug for 4 weeks

When offering antimuscarinic agents, consider contraindications and take account of coexisting conditions (such as poor bladder emptying, cognitive impairment or dementia). Calculate total anticholinergic burden (ACB) from concomitant medications before initiating.

1st line choice Tolterodine tablets 2mg twice daily

If antimuscarinic agents are contraindicated; e.g. glaucoma, myasthenia gravis, GI obstruction (see SPC) or specific problems with dry mouth, consider non-antimuscarinic from 2nd line choice below (*).

For ALL patients:

- Discuss patient expectations & likely benefits of drug treatment
- Give questionnaire to help the patient assess the benefits of treatment
- Explain that some adverse effects such as dry mouth and constipation may indicate the treatment is starting to have an effect, and that they may not see the full benefit until taking the treatment for 4 weeks.
- Explain that the long-term effects of anticholinergic medicines for overactive bladder on cognitive function are uncertain.

If no improvement/ not tolerated change the dose or offer a second-line drug

If the first line option is not effective or well tolerated, offer another drug with the lowest acquisition cost as per NICE.

2nd line choices:

- **Trospium 20mg twice daily** prescribed generically
- **Tolterodine MR 2 - 4 mg daily**
  [preferred brands: Neditol XL®; Mariosea XL®
- **Solifenacin 5mg once daily**
  Note: 10mg dose offers minimal additional benefit and is more expensive (£36)
- **Mirabegron 50mg once daily** (**non-antimuscarinic)*
  MHRA Drug Safety Update October 2015 *(See overleaf)*

If no improvement/not tolerated and mirabegron not trialled

3nd line choice: if not already trialled in line with prescribing guidance above prior to specialist referral

Mirabegron 50mg once daily
MHRA Drug Safety Update October 2015 *(See overleaf)*

No benefit from drug intervention

Refer to appropriate specialist

Preferred choices are shown - **other drugs are available in the Worcestershire Formulary** *www.worcsformulary.nhs.uk.*

Please refer to the relevant Summary of Product Characteristics (SPC) and patient information leaflet (PIL) provided by the manufacturers with regards to dosing (e.g. renal/hepatic impairment), cautions, contra-indications, interactions and side-effect profile so as to ensure the most current information is referred to.

Patients already receiving treatment with an OAB drug (including those with catheters)

Anecdotal evidence suggests medication is often continued long-term without consideration of effectiveness, adverse effects or patients' perceptions of success. **All patients who have been taking an OAB drug for at least 12 months (or 6 months if over 75 years) should be reviewed to assess whether there is continued need for treatment:**

OFFER a trial without treatment for 4 weeks (exclusions include patients with neurological conditions such as multiple sclerosis or difficult social circumstances).

- See questionnaire to help the patient assess if continuation of drug treatment is required after 4 weeks. Some patients may prefer to take their OAB drug '*as required*' to suit their daily activities and reduce side effects.
- In care homes, evaluate if there has been a reduction in incontinence pads used or if a catheter is being used.
- Consider polypharmacy and total Anticholinergic Burden (ACB)
- CONSIDER switching to an alternative cost-effective choice where appropriate

Drug treatments evidence summary

- Published evidence suggests there is little difference between OAB drugs in terms of efficacy; approximately 56% of patients will experience an improvement in symptoms, regardless of which drug is taken. There is a lack of data about the efficacy of second-line drug treatment after the first drug has failed.
- Reported discontinuation rates due to adverse effects are highest for immediate-release oxybutynin. There are no major differences between the adverse effect profiles of the other oral anticholinergic drugs.
- Mirabegron shows similar efficacy to anticholinergic drugs; it appears to have a different side effect profile to anticholinergics.
- 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.
- There have been no trials directly comparing mirabegron and currently licensed therapies and there is no safety data longer than 12 months available.
- Although NICE recommended darifenacin as the most cost-effective once-daily alternative drug treatment option in the NICE full guideline 'Urinary incontinence in women: the management of urinary incontinence in women' (September 2013) which NG123 still refers to; since publication the price has increased and this is no longer the case.
- The lack of evidence showing long term efficacy of OAB therapy should restrict the number of OAB drugs tried before seeking alternative recommended treatment.

References:

NICE Guideline 123. Urinary incontinence and pelvic organ prolapse in women: management; Apr 2019.
NICE Clinical Guideline 97. Lower urinary tract symptoms in men: management; June 2009 (Last updated June 2015)
NICE TA 290. Mirabegron for treating symptoms of overactive bladder; June 2013
NHS PrescQIPP Briefing: Urinary Incontinence

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MHRA Drug Safety Update: Mirabegron (Betmiga®): risk of severe hypertension and associated cerebrovascular and cardiac events; October 2015.