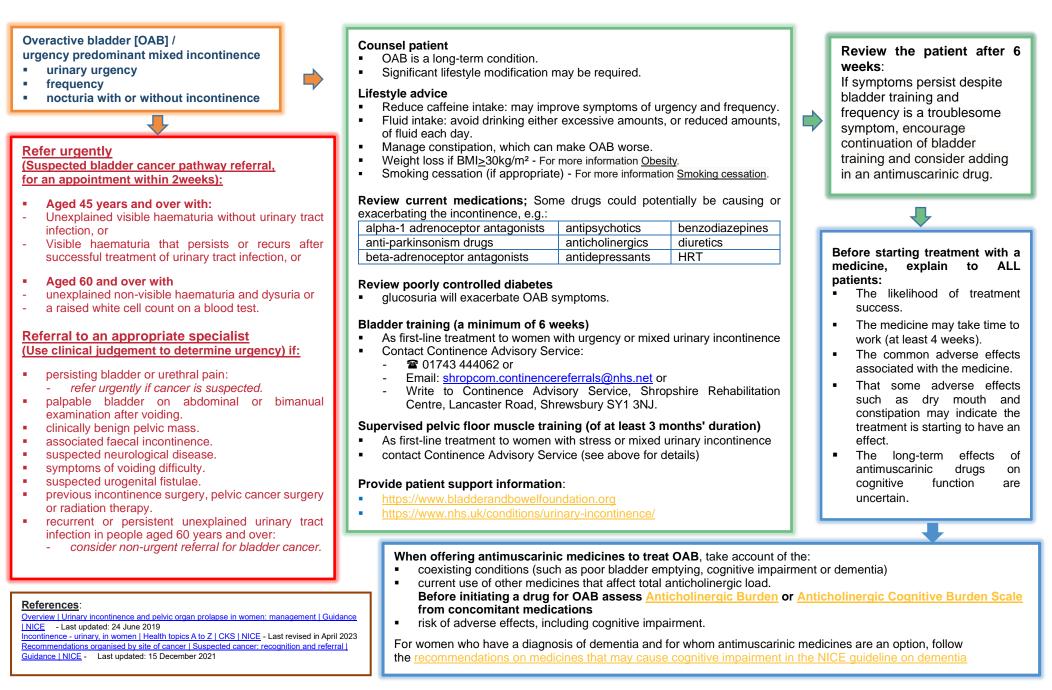


Treatment of overactive bladder symptoms and urgency urinary incontinence in women in Primary Care





Treatment of overactive bladder symptoms and urgency urinary incontinence in women in Primary Care

 First line drug treatment Oxybutynin Immediate release 2.5-5mg twice daily to three times daily 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. Tolterodine Immediate release 1mg - 2 mg twice daily 1mg twice daily if eGFR ≤30ml/min or impaired liver function For OAB symptoms in post-menopausal women with vaginal atrophy Consider intravaginal oestrogens if they do not have any contraindications. Review at least annually to re-assess the need for continued treatment and to monitor for symptoms of endometrial hyperplasia or carcinoma in women with a uterus. Women with recurrent cystitis will also benefit from vaginal oestrogens. 	 Drug interactions to antimuscarinic drugs) antiarrhythmics citalopram, escitalopram antiretrovirals tricyclics antihistamines chloroquine Description of the provided struction of the provided struct
 <u>Review</u> <u>4 weeks after starting a new medicine</u> (sooner if drug adverse effects are intolerable). If the first-line drug treatment is not effective or not tolerated, options include: change the dose or try an un-tried first line drug treatment or second line drug treatment 	Third line drug treatment - non-antimuscarinic Mirabegron 50 mg once daily - 25 mg if there is renal or hepatic impairment. - in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects (NICE TA290) - BP should be measured before starting treatment and monitored regularly during treatment.
 Second line drug treatment Tolterodine modified release 2mg - 4 mg daily 2mg once daily if impaired liver function Avoid if eGFR <30ml/min or Antimuscarinics Prescribing information Incontinence - urinary, in women CKS NICE Solifenacin immediate release 5 mg - 10 mg once daily For people with severe renal impairment, moderate hepatic impairment, and if treated with a potent inhibitor of CYP: do not exceed 5 mg daily. Trospium modified release 60mg XL limited blood brain barrier penetration useful if neurological side effects are a problem. not suitable for people with renal impairment or severe hepatic impairment. Oxybutynin transdermal patch 3.9mg/24 hours Apply one patch twice weekly: (Change every 3-4 days; site replacement patch on a different area) for patients unable to tolerate oral medication only. 	 Contraindicated for patients with severe uncontrolled hypertension (Systolic blood pressure ≥ 180mm Hg and/or diastolic BP ≥ 110mm Hg), Not recommended for patients with severe hepatic impairment, end stage renal disease. See SPC and Mirabegron Prescribing information Incontinence - urinary, in women CKS NICE for further information. Do not offer women flavoxate, propantheline or imipramine to treat urinary incontinence or overactive bladder. The use of desmopressin may be considered specifically to reduce nocturia in women with urinary incontinence or overactive bladder who find it a troublesome symptom. Specialist recommendation/initiation. Do not use duloxetine as a first-line treatment or routinely offer as second-line treatment although it may be offered second-line as an alternative to surgical treatment in stress incontinence or mixed urinary incontinence. NICE NG123
On-going review	

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 and to continue to take into account the woman's total anticholinergic load. Assess Anticholinergic Burden or Anticholinergic Cognitive Burden Scale from concomitant medications.

Referral to secondary care

Patients should try two antimuscarinics or one antimuscarinic and one non-antimuscarinic (unless contraindicated) prior to referral to secondary care.

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