Prescribing Pathway for Drug Treatment for Overactive Bladder.

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30(^{th}) September 2013</td>
<td>Kirsten Lawrence</td>
<td>Draft</td>
<td>Updated pathway for women following NICE publication</td>
</tr>
<tr>
<td>2</td>
<td>23(^{rd}) October 2013</td>
<td>Kirsten Lawrence</td>
<td>Draft</td>
<td>Amended following comments from consultants</td>
</tr>
<tr>
<td>3</td>
<td>4(^{th}) November 2013</td>
<td>Kirsten Lawrence/Melinda Veck</td>
<td>Draft</td>
<td>Amended following discussion at PCN meeting 30/10/13</td>
</tr>
<tr>
<td>4</td>
<td>2(^{nd}) December</td>
<td>Kirsten Lawrence</td>
<td>Draft</td>
<td>Amended following discussion at PCN meeting 27/11/13</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Introduction

In September 2013, NICE published guideline 171 (2013) on the management of urinary incontinence in women. The recommendations for the choice of overactive bladder (OAB) drugs have changed since the previous version. **Urinary incontinence in women.**

NICE have also produced an academic detailing aid ([http://www.nice.org.uk/nicemedia/live/14271/65299/65299.pdf](http://www.nice.org.uk/nicemedia/live/14271/65299/65299.pdf)) which provides an overview of the management of OAB in women.

In June 2013 NICE published technology appraisal guidance 290 **Mirabegron for treating symptoms of overactive bladder.**

The purpose of this document is to provide guidance for primary care regarding OAB drug choices. The overall management of overactive bladder is not considered in this document.

Pathway

**Overactive bladder in women - link to the NICE pathway**

Before the drug treatment for OAB is started women should be advised and be familiar with the concept of bladder training, fluid input, reducing the consumption of caffeinated drinks and addressing constipation

When offering antimuscarinic drugs to treat OAB always take account of:

- the woman’s coexisting conditions (for example, poor bladder emptying)
- use of other existing medication affecting the total anticholinergic load
- risk of adverse effects.

Before OAB drug treatment starts, discuss with women:

- the likelihood of success and associated common adverse effects, and
- the frequency and route of administration, and
- that some adverse effects such as dry mouth and constipation may indicate that treatment is starting to have an effect, and
- that they may not see the full benefits until they have been taking the treatment for 4 weeks.

Prescribe the lowest recommended dose when starting a new OAB drug treatment.

NICE concluded there is a lack of evidence to show a difference in clinical effectiveness between OAB drugs; the relative cost effectiveness was determined mostly by the difference in cost between them.
OAB Drug Choice Pathway:

**Antimuscarinic drugs:**

1\textsuperscript{st} line:
- Tolterodine immediate release tablets
  - OR
  - Oxybutynin immediate release tablets
    - N.B. Avoid in frail older woman (NICE)

NB: If unable to tolerate oral medication - offer transdermal drug (Oxybutynin patches)

Review*:
- If treatment is not effective or not well tolerated:

2\textsuperscript{nd} line:
- Tolterodine MR tablets*
  - OR:
    - Trospium MR capsules
    - OR:
      - Fesoterodine MR tablets
      - OR:
        - Darifenacin tablets

Review after 6 months or if treatment is not effective or not well tolerated
- *Some branded generics are cheaper than drug tariff

If antimuscarinic drugs are contraindicated:

If patient unable or unwilling to try alternative antimuscarinic

Mirabegron M.R. tablets

NB Solifenacin is NOT recommended. NICE concluded there is a lack of evidence to show a difference in clinical effectiveness between OAB drugs. Currently the 5mg preparation is one of the most expensive anticholinergics and the annual cost of the 10mg strength is approximately £100/patient more.
Reviewing Overactive bladder Treatment

If a woman’s OAB drug treatment is effective and well-tolerated, do not change the dose or drug.

Offer a face-to-face or telephone review 4 weeks after the start of each new OAB drug treatment. Ask the woman if she is satisfied with the therapy:

- If improvement is optimal, continue treatment.
- If there is no or suboptimal improvement or intolerable adverse effects change the dose, or try an alternative OAB drug, and review again 4 weeks later.

Offer review before 4 weeks if the adverse events of OAB drug treatment are intolerable.

Offer referral to secondary care if the woman does not want to try another drug, but would like to consider further treatment.

Offer a further face-to-face or telephone review if a woman's condition stops responding optimally to treatment after an initial successful 4-week review.

Review women who remain on long-term drug treatment for UI or OAB annually in primary care (or every 6 months for women over 75).

Offer referral to secondary care if OAB drug treatment is not successful.
Treatment costs:

Drugs for urinary frequency, enuresis and incontinence
Cost of 1 year’s treatment
Based on Drug Tariff and MIMS Nov 13

- Oxybutynin tabs 2.5mg (BD)
- Oxybutynin tabs 5mg (BD)
- Tolterodine tabs 2mg (BD)
- Oxybutynin MR 5mg (OD)
- Oxybutynin tabs 3mg (BD)
- Propiverine tabs 15mg (eg BD)
- Trosplium MR caps 60mg (OD)
- Trosplium tabs 20mg (BD)
- Propiverine MR caps 30mg (OD)
- Darifenacin tabs 7.5mg/15mg (OD)
- Oxybutynin MR tabs 10mg (OD)
- Tolterodine MR caps 4mg (OD)
- Fesoterodine MR tabs 4mg/8mg (OD)
- Solifenacin tabs 5mg (OD)
- Mirabegron MR tabs 25mg/50mg (OD)
- Oxybutynin patch 36mg (=3.9mg/24hrs) twice weekly
- Solifenacin tabs 10mg (OD)
- Duloxetine caps 40mg (BD)