South West Essex medication pathway for overactive bladder and urinary incontinence

**First Line**

- **Oxybutynin immediate release tablets**
  - Initially 2.5mg - 5mg BD - TDS
  - £1.81 - £4.07/28 days

- **Tolterodine immediate release tablets**
  - 2mg BD (reduce to 1mg BD to minimise side effects)
  - £2.68 - £2.72/28 days

**Second Line**

- **Tolterodine modified release capsules**
  - 4mg OD
  - £25.78/28 days

- **Solifenacin 5mg tablets only**
  - If 5mg not effective or patient experiences side effects; move to third line choice. 10mg tablet is non-formulary

- **Darifenacin (Emselex) modified release tablets**
  - 7.5mg OD, increased if necessary after 2 weeks to 15mg OD, specialist/consultant initiation
  - £25.48/28 days (7.5mg and 15mg)

**Third Line**

- **Mirabegron (Betmiga) sustained release tablets**
  - 50mg OD specialist/consultant initiation (25mg OD dose for certain levels of hepatic impairment, renal impairment or with concomitant interacting drugs—see SPC)
  - £29.00/30 days

---

**Do not offer oxybutynin (immediate release) to frail older women or patients with Parkinson’s disease.**

**Consider trospium immediate release first line in Parkinson’s disease. Please prescribe as the brand name Flotros 20mg tablets (dose of 20mg BD) in primary care.**

**Mirabegron should be reserved as a third line agent, unless there is a contra-indication to antimuscarinic agents.**

If first line not effective or not tolerated

Ditropan elixir if patient unable to swallow tablets

GP to review after 4 weeks of starting, to assess benefits and side effects

GP to review after 4 weeks of starting, and if not effective or not tolerated
### Prescribing notes

- NICE clinical guideline recommends bladder training (for a minimum of 6 weeks) as first-line treatment for women with urgency or mixed urinary incontinence (UI).
- Before starting overactive bladder (OAB) drug treatment, discuss with the patient:
  - the likelihood of success and common side effects, and
  - that some side 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
- Common side effects of antimuscarinics include: dry mouth (up to 30%), constipation, blurred vision, dry eyes, nausea, dyspepsia, flatulence, palpitations, arrhythmia, dizziness, insomnia and skin reactions (see SPC for full details)
- Start with the lowest recommended dose when starting a new OAB drug treatment

### Choice of agent

- Do not offer oxybutynin (immediate release) to frail older women
- Do not use flavoxate, propantheline and imipramine
- Solifenacin (Vesicare) is not recommended locally at the 10mg daily dose (non-formulary, £35.91 for 30 10mg tablets), and is significantly more costly. If solifenacin is commenced at a dose of 5mg daily, do not increase to 10mg daily, but consider the use of an alternative agent.
- Mirabegron should be reserved as a third line agent when antimuscarinics are clinically ineffective, or have unacceptable side effects, or if there is a contra-indication to antimuscarinic agents. Antimuscarinic drugs should not be used in patients with myasthenia gravis, significant bladder outflow obstruction or urinary retention, severe ulcerative colitis, toxic megacolon, and in GI obstruction and intestinal atony (see SPC for full details).

### Reviewing treatment

- Review 4 weeks after the start of each new OAB drug treatment
- If there is no improvement or suboptimal improvement, or intolerable adverse effects change the dose, or try an alternative OAB drug (see pathway), and review again 4 weeks later
- 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)

---

NICE CG171- Urinary incontinence. The management of urinary incontinence in women. September 2013  
NICE TA290-Mirabegron for treating symptoms of overactive bladder June 2013  
Drug costing based on Drug Tariff and MIMS April 2014

Date approved: July 2014  
Approved by: Medicines Management Committee  
Review date: July 2016