Corby Clinical Commissioning Group

Nene Clinical Commissioning Group

Urinary incontinence in women: Implementation of NICE CG 171

Northamptonshire drug choices

First line

- **oxybutynin (immediate release),**
  - 2.5mg bd (£2.11)
  - 5mg bd (£3.34), **or**
- **tolterodine (immediate release)**
  - 1mg bd (£4.33)
  - 2mg bd (£4.47), **or**
- **Neditol XL (tolterodine XL) – once daily preparation**
  - 2mg once daily (£11.60)
  - 4mg once daily (£12.89)
- If patient cannot swallow tablets - oxybutynin Patch 3.9mg/hr 2xweekly (£27.20)

NICE advises that the drug with the lowest acquisition cost should be chosen.

Consider offering referral to secondary care if trials of 2-3 of these anticholinergic drugs are not successful.

NICE Clinical Guideline 171

NICE has issued guidance on the management of urinary incontinence in women. See http://guidance.nice.org.uk/CG171 for full guidance.

In summary NICE advises:

➢ **Before starting overactive bladder drugs**

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. [new 2013]

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. [new 2013]

Prescribe the lowest recommended dose when starting a new OAB drug treatment. [new 2013]

➢ **Choosing overactive bladder drugs**

Do not use flavoxate, propantheline and imipramine for the treatment of UI or OAB in women. [2006]
Do not offer oxybutynin (immediate release) to frail older women. [new 2013]
Offer one of the following choices first to women with OAB or mixed UI: [new 2013]

- oxybutynin (immediate release), **or**
- tolterodine (immediate release), **or**
- darifenacin (once daily preparation).

{NB darifenacin is not recommended first-line in Northamptonshire – Neditol XL is the once-daily choice – see above

- *it is more expensive than Neditol XL – NICE do not include branded generics in their costing templates*
- *there is very little historic use*
- *this has been agreed with urology at KGH and NGH}*

If the first treatment for OAB or mixed UI is not effective or well-tolerated, offer the drug with the lowest acquisition cost. [new 2013]
Offer a transdermal OAB drug to women unable to tolerate oral medication. [new 2013]

➢ **Mirabegron for treating symptoms of overactive bladder**

Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.
These recommendations are from **http://guidance.nice.org.uk/TA290**

Mirabegron is an "amber 2" drug in Northamptonshire - the shared care guidance can be found on the traffic light page of Pathfinder.

➢ **Reviewing overactive bladder drug treatment**

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. [new 2013]

Offer review before 4 weeks if the adverse events of OAB drug treatment are intolerable. [new 2013]

Offer referral to secondary care if the woman does not want to try another drug, but would like to consider further treatment. [new 2013]

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. [new 2013]

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). [new 2013]

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