NHS Cumbria Clinical Commissioning Group

Treatment of Overactive Bladder (OAB) in Women

GP Assessment including 3 Day Bladder Diary
Overactive Bladder Diagnosis

Recommend caffeine reduction. Treat constipation, modify low/high fluid intake and alcohol.
Mild Symptoms: Lifestyle advice
1st line treatment for urge or mixed UI should be bladder training lasting at least 6 weeks.
Consider pharmacological intervention only if the above is ineffective
Severe Symptoms: Refer to Continence Service

Do not use flavoxate, propantheline and imipramine for the treatment of UI or OAB in women. Do not offer oxybutynin immediate release to frail older women.

First line medication:	**Cost of 28 days treatment** (Drug Tariff Nov 14)
Tolterodine 1mg twice daily	£2.88
Tolterodine 2mg twice daily	£2.92

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

Second line medication:	
Darifenacin 7.5mg daily	£25.48
Darifenacin 15mg daily	£25.48

Third line medication:	
Trospium MR 60mg caps daily	£23.05

Review after 4 weeks, if tolerated and effective, then review every 6-12 months. If patient symptom free for at least 6 months then consider a trial without drug treatment.

If there is no response to treatment or if more advice is required then refer to Continence Service.

If above options contraindicated, clinically ineffective or unacceptable side effects, consider:
Mirabegron 50 mg daily £29
(25 mg in renal and hepatic impairment)

Postmenopausal Women
For all postmenopausal women with urinary incontinence, consider treating vaginal atrophy with intra-vaginal oestrogen.

Urinary Frequency/Urgency & Urge Incontinence (Overactive bladder)

Overactive Bladder syndrome (OAB) is defined by the International Continence Society as 'urgency, with or without urge incontinence (UI), usually with frequency and nocturia'. It is associated with high economic and social costs. It is also associated with increased risk of injury in a fall, with urge incontinence and nocturia considered as independent risk factors for falls and bone fractures, particularly in the elderly.

First line-Non-Pharmacological Interventions

Pelvic floor muscle training and bladder training have been proven to be effective strategies and in motivated patients can be more effective than medication. Traditional non-pharmacological tools and lifestyle modification should be provided consistently as part of a balanced program for improving target symptom control. Women with Stress Incontinence (50% of UI is due to Stress Incontinence) who remain uncontrolled after pelvic floor exercises should be referred to Continence Service. Anticholinergics should not be prescribed in stress incontinence.

Continence Service

Patients with severe symptoms should be referred to the Continence Service where they will be seen by a nurse and advised on bladder training, pelvic floor training and lifestyle changes. The patient should be asked to complete a bladder diary before referral.

Drug Therapy - only after bladder and pelvic floor training

First line: Tolterodine IR tablets 1mg or 2mg twice daily.
Second line: Darifenacin tablets 7.5mg or 15mg daily
Third line: Trospium MR capsules 60mg daily
Fourth line: Mirabegron MR tablets 25mg, 50mg

Supporting Evidence

- Given that all antimuscarinic drugs are known to cause cognitive adverse effects, CKS recommends regular monitoring of these drugs when used in elderly people, and to consider substituting for an alternative drug if cognitive adverse effects are an issue.
- Evidence suggests high rates of discontinuation with all OAB drugs because of adverse effects and that there is a lack of data on long-term efficacy.
- Darifenacin is endorsed by NICE as the most cost effective daily preparation.
- NNT for treatment for UI

Pelvic Floor Exercise - Subjective Cure Rates	3
Behavioural Therapy -Subjective Cure Rates	6
Tolterodine	12
Darifenacin	9

For patients treated with an anticholineric drug:

- Leaks reduced by 0.58/day better than placebo
- micturitions reduced by 0.64/day better than placebo
- No clinical difference in efficacy between different agents: **More expensive OAB drugs do not confer sufficient additional benefit to justify their higher cost**
- Full benefits may not be seen for up to 4 weeks
- There is a greater chance women will continue treatment, tolerate mild side effects and/or accept second-line drug treatment, if they receive information about adverse effects and the time taken to see full benefits

References:

Cochrane review (Hay-Smith et al, 2005)
Edwards S. Mirabegron for the treatment of symptoms associated with overactive bladder. *STA Report, BMJ Technology Assessment Group.* 2013.
NICE CG 171 – Urinary Incontinence in Women, Sept 2013
NICE TA290 – Overactive bladder – mirabegron, June 2013
CKS - http://cks.nice.org.uk/incontinence-urinary-in-women#!scenario:2