



Partners in improving local health

Medicines Optimisation Update

Drugs for urinary incontinence



Clinical Commissioning Group

What this includes:

Cost-effective prescribing for urinary incontinence. Drugs for urinary incontinence (BNF section 7.4.2) cost per 1,000 cost based Astro PUs (Age, Sex, Temporary Resident Orientated Patient Units).

Identifying the problem:

A care bundle to support this update is available on the NECS medicines optimisation website:

<http://medicines.necu.nhs.uk/cumbria-practice-resources/>

This update covers the treatment of overactive bladder for women. Similar considerations apply when treating men for lower urinary tract storage symptoms (see NICE CG 97: <https://www.nice.org.uk/guidance/cg97>)

Background: NICE CG 171: Urinary incontinence in women is linked to seven quality standards (QS 77). These evidence based statements include: initial assessment (examination, symptoms, categorisation), bladder diaries & lifestyle change, supervised pelvic floor exercises and bladder training - prioritising their value in management over drug treatment.

Evidence Based Outcomes (patient reported cure or improvement rate):

Pelvic floor exercises number needed to treat (NNT) : 3 Bladder training NNT: 6 Pharmacological intervention: NNT: 7

Medication produces small benefits, with little difference between drugs.

Solifenacin summary of product characteristics (SPC) states:

Number of micturitions in 24 hours decreases from approximately 12 visits per day to:

- Placebo: 10.5 times a day (1.5 fewer visits)
- Solifenacin 10mg: 9.2 times a day (2.8 fewer visits)

This equates to a benefit over placebo of one fewer toilet visit every two days.

More expensive OAB drugs do not confer sufficient additional benefit to justify their higher cost.

Suggested actions:

New Patients:

- Follow the NICE [treatment pathway](#) and apply the 7 NICE Quality Standards
- Before drug treatment is started, inform patients about the risks and the benefits of treatment.

NICE Guidance CG 171 key statements on treatment choices, see table for cost information:

- Immediate release Oxybutynin should not be prescribed for frail elderly patients. Patches are recommended for patients with dysphagia rather than liquid.
- Tolterodine IR (immediate release) is more effective and less expensive than MR (Modified Release).
- Darifenacin (or trospium) are the formulary options, Solifenacin is the most expensive choice.
- Mirabegron: Is not clinically superior. Blood pressure MUST be taken before initiation, monitored along with pulse rate and rhythm as atrial fibrillation is an uncommon (1 in 100) side-effect.

Drug choice: drug/formulation/dose	Cost/Year /Patient
Oxybutynin 2.5mg tablets	£15.00
Oxybutynin 3mg tablets	£201.60
Oxybutynin 10mg MR tablets	£330.48
Oxybutynin 3.9mg/24hours patches	£326.40
Oxybutynin 5mg/5ml oral solution sugar free	£2,390.40
Tolterodine 2mg tablets	£24.96
Tolterodine 4mg MR capsules	£309.36
Darifenacin 7.5 mg and 15mg MR tablets	£305.76
Trospium chloride 20mg tablets	£69.60
Solifenacin 5mg tablets	£331.44
Solifenacin 10mg tablets	£430.92
Mirabegron 25mg & 50mg MR tablets	£348.00



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- **oxybutynin IR, tolterodine IR and (darifenacin or trospium) are the preferred local treatment options.**
- After initiation: offer a face-to-face or telephone review 4 weeks after the start of each new OAB treatment (or sooner if adverse events are intolerable) and review regularly thereafter as recommended.

Review existing patients:

- Was patient fully evaluated before treatment initiated? Were NICE Quality Standards met?
- NICE guidance highlighted the lack of longer term studies and safety evaluation. Patients should be reviewed at least once a year to discuss benefits and any tolerability issues.
- Some anticholinergic drugs can affect cognitive function, particularly in frail older people with multiple comorbidities. Such patients require a full medication review considering all drugs which add to the anticholinergic burden. Data from Cumbria shows that 55% of prescribing is for people aged 70 or older and 70% of patients have anti-cholinergic drugs prescribed for more than 3 years.
- Offer patients a dose reduction or trial interruption of treatment with support, suggesting non-drug options – e.g. pelvic floor exercise or bladder training.
- Is treatment likely to be lifelong? Consider and discuss long term safety issues. Consider trospium if longer term-use is anticipated.

Mirabegron: NICE TA 290 states:

- Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom anti-muscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.
- Patients should have tried lifestyle and non-pharmacological measures and at least two anticholinergics.
- Mirabegron is *not* superior to anti-muscarinic drug treatments – this is therefore not a treatment decision based on clinical superiority. Mode of action and side-effects are different and dry-mouth not an issue. Reported adverse effects include tachycardia, atrial fibrillation and hypertensive crisis. Blood pressure and pulse should be checked before initiation and at follow up.
- Mirabegron should not be co-prescribed with an anticholinergic in primary care, the combination is for specialist use only.

Resources:

- Cumbria Area Prescribing Committee: Treatment of Overactive Bladder (OAB) in Women: http://medicines.necu.nhs.uk/download/cumbria_overactive_bladder_-_oab_in_women_academic_detail_aid_august_2014-pdf/
- Cumbria CCG. Bladder Diary: https://www.networks.nhs.uk/nhs-networks/nhs-cumbria-ccg/medicines-management/care-bundles/bladder-diary/file_popview

References:

- NICE Clinical Guideline 171. Urinary incontinence in women: management. Sept 2013: <https://www.nice.org.uk/guidance/cg171/resources/urinary-incontinence-in-women-management-35109747194821>
- NICE Technology appraisal guidance [TA290] Mirabegron for treating symptoms of overactive bladder. June 2013: <https://www.nice.org.uk/guidance/TA290>
- NICE Clinical Guideline 171: Urinary incontinence in women: Quality standard [QS77]: <https://www.nice.org.uk/guidance/qs77>
- Solifenacin (Vesicare) SPC: <https://www.medicines.org.uk/emc/medicine/14900>
- NICE Clinical Guidance 97 - <https://www.nice.org.uk/guidance/cg97>
- <https://pathways.nice.org.uk/pathways/urinary-incontinence-in-women>