

East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, North East Hampshire & Farnham CCG, Crawley CCG, Horsham & Mid-Sussex CCG - Prescribing Clinical Network

Prescribing Pathway for Drug Treatment for Overactive Bladder.

Version	Date	Author	Status	Comment
1	30 th September 2013	Kirsten Lawrence	Draft	Updated pathway for women following NICE publication
2	23 rd October 2013	Kirsten Lawrence	Draft	Amended following comments from consultants
3	4 th November 2013	Kirsten Lawrence/ Melinda Veck	Draft	Amended following discussion at PCN meeting 30/10/13
4	2 nd December	Kirsten Lawrence	Draft	Amended following discussion at PCN meeting 27/11/13
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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>) which provides an overview of the management of OAB in women.

In June 13 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:

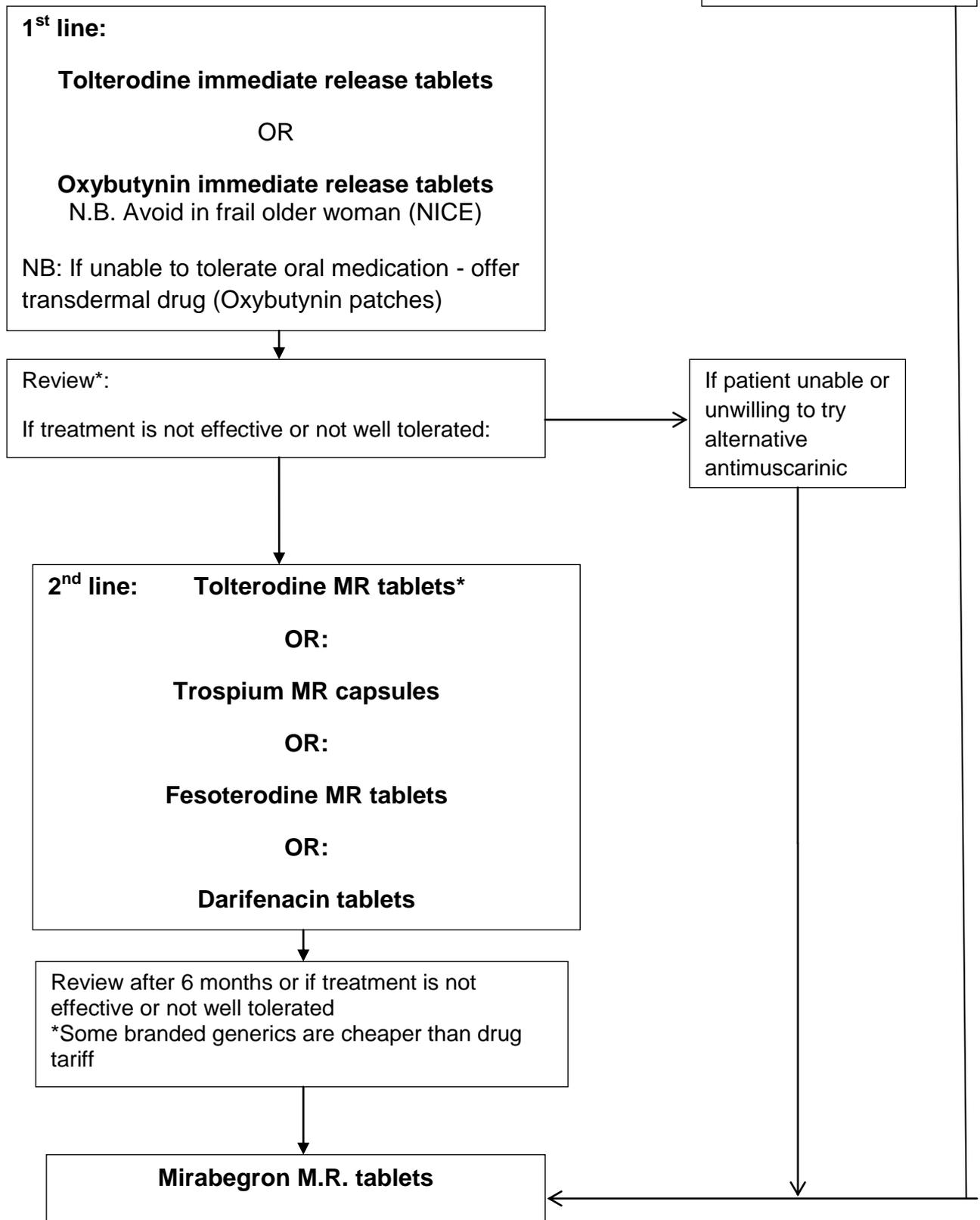
- the likelihood of success and associated common adverse effects, **and**
- the frequency and route of administration, **and**
- that some adverse effects such as dry mouth and constipation may indicate that treatment is starting to have an effect, **and**
- that they may not see the full benefits until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



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:

