

Prescribing Clinical Network

| | |
|--|---|
| Policy Statement | Botulinum toxin A for overactive bladder (unlicensed indication) |
| Policy No: | PCN 10-2012 |
| Date of Issue | 28 th March 2012 |
| Review Date: | March 2015 <i>(Unless new published evidence becomes available before this date OR there is new published national guidance e.g. NICE)</i> |
| Recommendations: Botulinum toxin A is recommended as a treatment option for the management of overactive bladder in the following patients: <ul style="list-style-type: none"> • Diagnosis of OAB has been urodynamically proven • Conservative measures have been exhausted: to include bladder training, and a suitable trial of three anti-muscarinic drugs (see APC 03-2011) • Administration of Botulinum toxin A is carried out by an appropriately trained specialist | |
| Key Considerations: <ul style="list-style-type: none"> • NICE CG 40 –the management of urinary incontinence in women. It is recommended that bladder wall injection should be used in the treatment of idiopathic detrusor overactivity only in women who have not responded to conservative treatments (including antimuscarinic drugs) and who are willing and able to self catheterize. NICE notes there is a gap in treatment between conservative treatment and surgery and botulinum toxin has been adopted to fill this position, however this is in advance of high quality data on efficacy, safety and long term outcomes. • Cochrane Collaboration 2007 – Botulinum toxin injections for adults with overactive bladder syndrome (review). The review included both males and females and it found that there were very few comparative studies that involved a relatively small number of patients, but that there was some evidence that botulinum toxin can improve the symptoms of overactive bladder syndrome. Botulinum toxin in to the bladder appeared to give few side effects or complications, but there were no long-term follow up studies, and there could be rare side effects that have not been discovered yet. The review concluded that intra-detrusor botulinum toxin A injection was an effective treatment for patients with urodynamically proven detrusor overactivity of either neurogenic or idiopathic origin, with 82% of patients showing a clinical improvement of 25% or more at week 4. Botulinum toxin was likely to be a cost effective intervention from the perspective of the UK NHS. | |
| Date taken to Prescribing Clinical Network | 28 th March 2012 |
| Date Ratified by Clinical Executive Committee on behalf of NHS Surrey Board | 2012 |

