

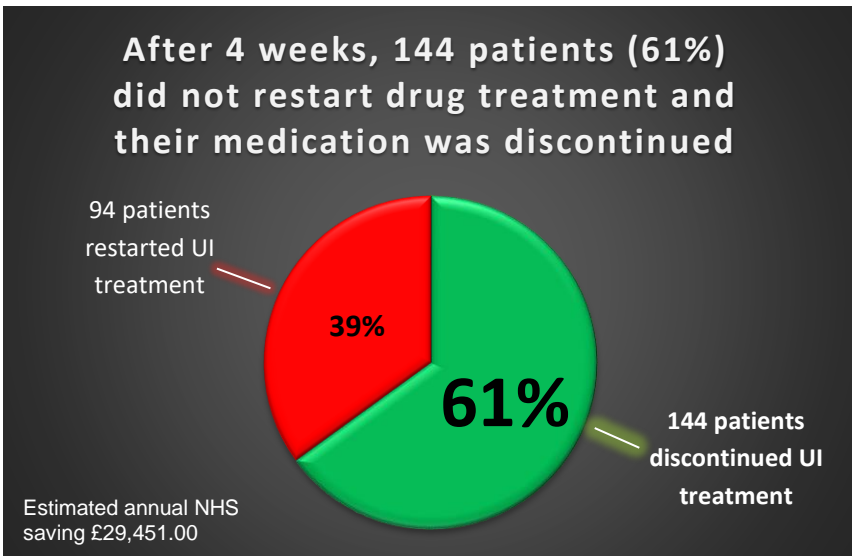
Prescribing tip for information

Drug holidays for women with urinary incontinence/overactive bladder - outcomes

Throughout November the Medicines Optimisation Team undertook a project across both CCGs which encouraged patients to take a “**drug holiday**” from their urinary incontinence medication (see [Prescribing Tip 305](#) for full details).

EMIS templates were created to help identify, review and follow-up patients who may have benefited from a ‘drug holiday’. With patient agreement, medication was stopped for a trial period (4 weeks) to assess effectiveness of treatment, any natural remission of the condition and continuing need for treatment.

The initial project has been carried out in **32 GP practices** across both CCGs and a total of **238 patients** were identified as being suitable and agreeable to a ‘drug holiday’. Patients were responsive to the idea of having a ‘drug holiday’ when the rationale for doing so was explained.



Patient Feedback

“I feel so much better without my urinary incontinence drug and my bladder control has remained the same.”

“I have been taking this drug since 1999 and now I feel much fitter without it.”

“My dry mouth, headache and acid reflux have really improved since I stopped taking the bladder drug.”

Advice for Prescribers:

Before starting treatment with a medicine for overactive bladder, explain to the woman:

- that medication may provide only modest benefit¹
- that the long-term effects of anticholinergic medicines for OAB on cognitive function are uncertain¹
- that there should be a treatment break every 6 months (>75yr) or 12 months (<75yr)

When offering anticholinergic medicines to treat OAB, consider the following:¹

- risk of adverse effects and/or existing conditions (e.g. cognitive impairment or dementia)
- use of other medicines that affect total anticholinergic load (visit www.acbcalc.com)
- do not offer oxybutynin (immediate release) to older women who may be at higher risk of a sudden deterioration in their physical or mental health

When reviewing anticholinergic medicines to treat OAB:

- ensure only one **anticholinergic** drug is being prescribed (mirabegron is a beta₃-agonist)
- consider if any history of falls, confusion, constipation could be medication related
- do not prescribe above the maximum licensed dose

References:

1. NICE [NG123]. Urinary incontinence and pelvic organ prolapse in women: management. *National Institute for Health and Clinical Excellence*, June 2019.

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