

## Prescribing Tip For Information

Part of a series of prescribing tips to support clinicians conducting Structured Medication Reviews (SMRs)



### Deprescribing – Anticholinergics for Urinary Incontinence in Women

Following a successful project undertaken by the Medicines Optimisation Team in November 2020, 61% of women with urinary incontinence (UI) who agreed to a 4-week drug holiday from their anticholinergic medication, were able to successfully discontinue it.<sup>1</sup>

All anticholinergic medication (e.g. oxybutynin, trospium, tolterodine) used in the treatment of urinary incontinence has an anticholinergic burden (ACB) score of 3. An ACB score of 3 or greater is associated with an increased risk of falls, cognitive impairment, dementia and mortality in patients aged 65 or over.<sup>2</sup>

There are many groups of medicines with anticholinergic effects (e.g. antihistamines, tricyclic antidepressants, drugs for asthma and COPD, cold preparations, hyoscine). When these are co-prescribed with anticholinergic drugs for UI they further increase the anticholinergic burden thus increasing the risk of anticholinergic syndrome and mortality.

#### Advice for Prescribers:

Before **starting** treatment with a medicine for UI, explain to the woman:<sup>3</sup>

- that medication may provide only modest benefit
- that the long-term effects of anticholinergic medicines on cognitive function are uncertain
- that long-term medication for overactive bladder/UI will be reviewed every 12 months or every 6 months if the patient is aged over 75

When **offering** anticholinergic medicines to treat UI, consider the following:<sup>3</sup>

- 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](http://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 UI:

- ensure only one *anticholinergic* drug is being prescribed for UI (mirabegron is a beta<sub>3</sub>-agonist)
- consider if any history of falls, confusion, constipation could be medication related
- do not prescribe above the maximum licensed dose
- **discuss the rationale for trying a drug holiday with a view to stopping if it has been prescribed long-term**

#### References

1. [Incontinence medication reviews offer major patient benefits - MLCSU Medicines Management and Optimisation Services \(midlandsandlancashirecsu.nhs.uk\)](#) accessed 16/6/23
2. [www.acbcalc.com](http://www.acbcalc.com) accessed 16/6/23
3. [Recommendations | Urinary incontinence and pelvic organ prolapse in women: management | Guidance | NICE](#) NICE [NG123]. Urinary incontinence and pelvic organ prolapse in women: management. *National Institute for Health and Clinical Excellence*, June 2019 accessed 16/6/23

To contact the Medicines Optimisation Team please phone 01772 214302. All content accurate and correct on the date of issue of this tip.

If you have any suggestions for future topics to cover in our prescribing tips please contact [Nicola.schaffel@nhs.net](mailto:Nicola.schaffel@nhs.net)