

Drug holidays for women with urinary incontinence/overactive bladder

Prescribing tip for information

If conservative management for urinary incontinence is not effective, antimuscarinics should be offered along with regular review¹. In practice, medication for urinary incontinence is often continued long term without review of effectiveness, adverse effects, or patients' perceptions of success.

NICE recommends reviewing women who remain on long-term drug treatment for UI or OAB annually, or every 6 months if they are aged over 75¹

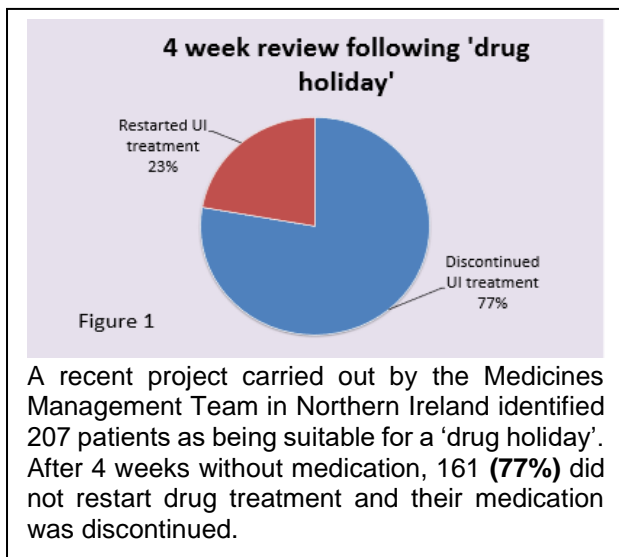
Complementing the advice from NICE, the BNF advises that: ***The need for continuing antimuscarinic drug therapy should be reviewed every 6-12 months²***

Effectiveness: Evidence suggests high rates of discontinuation with all OAB drugs because of adverse effects (dry mouth, drowsiness, blurred vision, constipation), and that benefits from medication are small, with fewer than 200 cases of continence achieved per 1000 treated³

Safety: There is a risk of anticholinergic load with OAB drugs and **long-term prescribing** of antimuscarinics (which includes anticholinergic drugs used to treat urinary incontinence) **is associated with an increased risk of falls, cognitive impairment, dementia and mortality⁴⁺⁵**

Natural remission of UI can occur, with the average yearly remission rate lying somewhere between 5.7% and 27.8%⁶⁺⁷

Based on the above it has been suggested that, where appropriate, women be encouraged to undertake a “drug holiday” from their medication to determine if there is a continuing need for treatment.



Throughout November your Medicines Optimisation Team will be undertaking a similar project locally across both CCGs, the results of which will be shared with practices in early 2021.

Advice for Prescribers:

For women with UI, clinicians should discuss the efficacy of the antimuscarinic drugs, the risks associated with long-term use, and regularly encourage anticholinergic drug holidays for short periods (normally 4 weeks) to assess

- effectiveness of drug treatment
- natural remission of the condition
- continued need

For further information about the project please speak to your practice Medicines Optimisation Pharmacist or Technician

References:

1. NICE CG123. Urinary incontinence and pelvic organ prolapse in women: management. *National Institute for Health and Clinical Excellence*, June 2019.
2. Joint Formulary Committee. *British National Formulary*. 76th ed. London: BMJ Group and Pharmaceutical Press; 2018
3. Shamlivan T, Wyman JF, Ramakrishnan R et al. Systematic review: benefits and harm of pharmacologic treatment for urinary incontinence in women. *Annals of Internal Medicine* 2012;156:861–74.
4. Ruxton et al. Drugs with anticholinergic effects and cognitive impairment, falls and all-cause mortality in older adults: A systematic review and meta-analysis. *British Journal of Clinical Pharmacology* August 2015 Volume 80, Issue 2:209-220
5. Gray S, Anderson M, Dublin S, Hanlon J, Hubbard R, Walker R, Yu O, Crane P, Larson E. Cumulative Use of Strong Anticholinergics and Incident Dementia. *JAMA International Medicine* January 2015.
6. Townsend et al. Incidence and Remission of Urinary Incontinence in Middle-aged Women. *Am J Obstet Gynecol*. 2007 August ;197(2): 167.e1–167.e5. doi:10.1016/j.ajog.2007.03.041
7. Moller et al. Incidence and remission rates of lower urinary tract symptoms at one year in women aged 40-60: longitudinal study *BMJ* vol 320: 1429-31 27 May-2000

To contact the Medicines Optimisation Team please phone 01772 214302