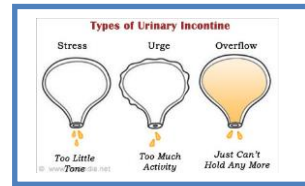


Prescribing tip for information

Pharmacological management of Urinary incontinence (UI) in women – NICE NG123

Urinary incontinence can be categorised as

1. Stress urinary incontinence (SUI)
2. Overactive bladder (OAB) or urgency incontinence.
3. Mixed urinary incontinence



Lifestyle advice

- ❖ Treat contributory factors such as constipation /chronic cough. Minimise heavy lifting.
- ❖ Advice regarding modification of high or low fluid intake.
- ❖ Reduce caffeine and alcohol intake – increase water-based fluids. Avoid spicy or citrus foods.
- ❖ Encourage weight management if BMI > 30
- ❖ Patient education sources www.bladderandbowelfoundation.org and NHS How to help a weak bladder
- ❖ A trial of supervised pelvic floor muscle training of at least 3 months' duration should be offered as first-line treatment in stress and mixed UI, for more information see <http://patient.info/health/pelvic-floor-exercises>
- ❖ Bladder training lasting for a minimum of 6 weeks should be offered as first-line treatment in OAB and mixed UI.

Drug treatment action points

- Remind patients that antimuscarinic drug treatments are for **short term use ONLY** and will be stopped to determine effectiveness of treatment.
- In terms of efficacy there is no evidence that any one treatment is better than another.
- **The lowest cost drug should be used.**
- Educate the patient to manage their expectations of drug treatment outcome.
- Discuss likelihood of success (only modest benefit) and discuss side effects such as dry mouth, constipation, blurred vision, nausea, dyspepsia, flatulence, palpitations, arrhythmias, dizziness, insomnia, and skin reactions.
- Consider current use of other medicines affecting total anticholinergic burden.
- **Long term prescribing of antimuscarinics is associated with an increased risk of cognitive impairment, dementia, and mortality.**
- Carry out a medication review four weeks after starting or changing medication.
- Review long term patients annually or every 6 months if > 75 years.
- Trial a drug holiday for appropriate patients receiving long term treatment, to determine if the drug is still effective.

Choice of drug NICE NG123

Urinary incontinence drugs include darifenacin, fesoterodine, oxybutynin, propiverine, solifenacin, tolterodine and trospium, which are all anticholinergic drugs. Mirabegron is a beta 3 agonist, which helps the bladder to relax.

- Offer the anticholinergic medicine with the lowest acquisition cost to treat OAB or mixed UI in women.
- If the first medicine is not effective or well-tolerated, offer another medicine with a low acquisition cost.
- Offer a transdermal OAB treatment to women unable to tolerate oral medicines.
- Do NOT offer flavoxate, propantheline or imipramine to treat UI or OAB.
- Do NOT offer oxybutynin (immediate release) to older women – risk of sudden deterioration in physical/mental health.
- Do NOT use duloxetine as a first-line treatment for women with predominant SUI
- For guidance on Mirabegron see [The technology | Mirabegron for treating symptoms of overactive bladder | Guidance | NICE](#) . Mirabegron is rated 'green restricted' with LSCMMG.
- Offer intravaginal oestrogens to treat OAB in postmenopausal women with vaginal atrophy.

[Overview | Urinary incontinence and pelvic organ prolapse in women: management | Guidance | NICE](#)
[NICE-Bites-Apr-2019-Urinary-incontinence-and-pelvic-organ-prolapse-in-women.pdf \(sps.nhs.uk\)](#)

To contact the Medicines Optimisation Team please phone 01772 214302

If you have any suggestions for future topics to cover in our prescribing tips please contact Nicola.schaffel@nhs.net