Primary Care Management of Adult Female Urinary Incontinence and Prolapse

NICE clinical guidelines [NG123] 2019 https://www.nice.org.uk/guidance/ng123 recommends the following before starting treatment with a medicine for overactive bladder, explain to the woman:

- The likelihood of the medicine being successful.
- The common adverse effects associated with the medicine.
- The adverse effects anticholinergic medicines such as dry mouth and constipation may indicate that the medicine is starting to have an effect.
- That she may not see substantial benefits until she has been taking the medicine for at least 4 weeks and that her symptoms may continue to improve over time.
- The long term effects of anticholinergic medicines for overactive bladder on cognitive function are uncertain.

Anticholinergics should be prescribed with caution in the elderly as they are more likely to experience adverse effects such as constipation, urinary retention, dry mouth/eyes, sedation, and falls.
The Anticholinergic Cognitive Burden (ACB) is useful to raise awareness of anticholinergic effects of different medicines. The higher the number, the stronger the anticholinergic effect.
There are many ACB tools available. One of which is http://www.acbcalc.com/

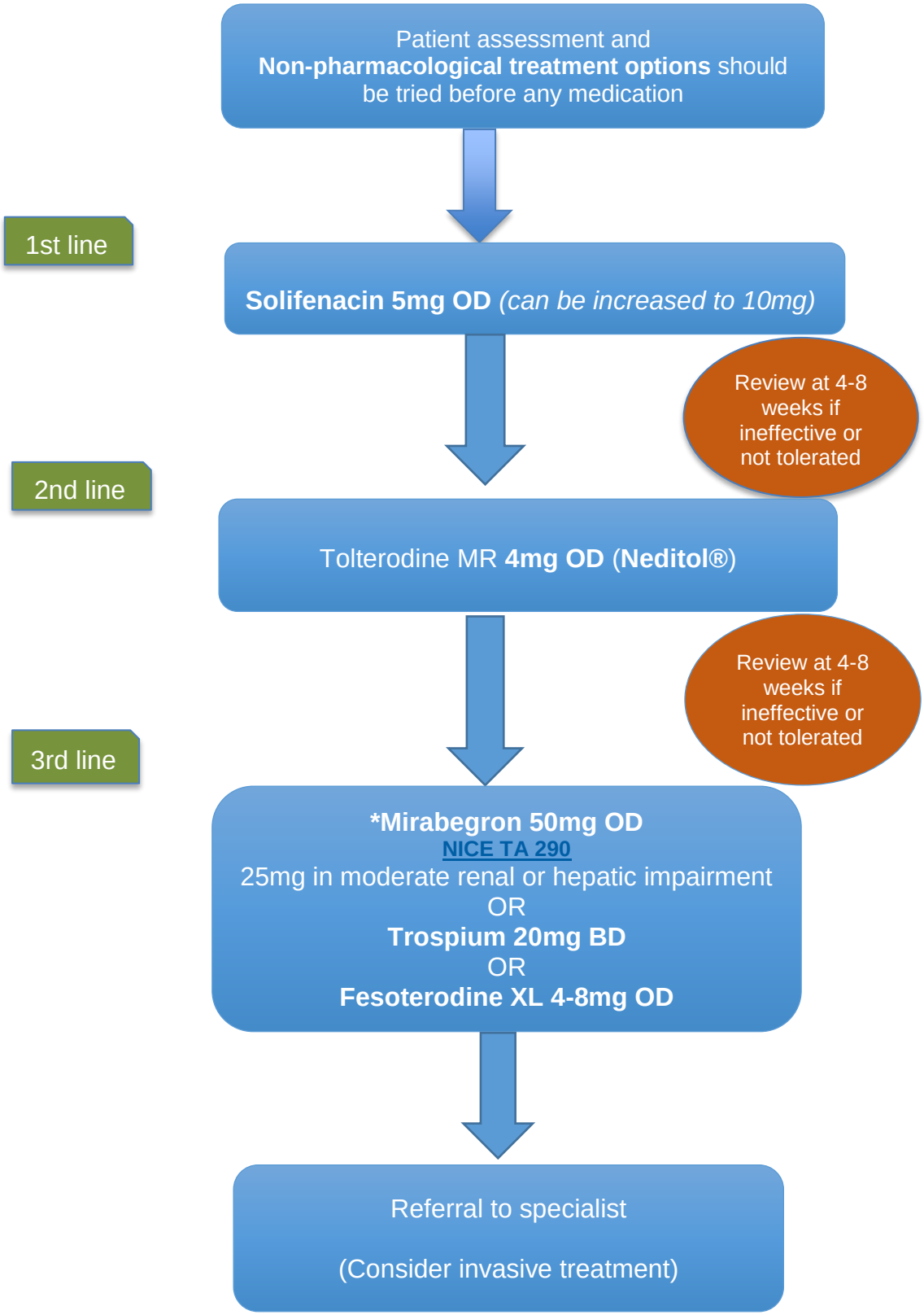
Table of antimuscarinic medicines and their anticholinergic cognitive burden

ACB 1 Point (Mild)	ACB 2 Points (Moderate)	ACB 3 Points (High)
Mirabegron		Fesoterodine Oxybutynin Solifenacin Tolterodine Trospium

A score of 3+ is associated with an increased cognitive impairment and mortality.
When offering anticholinergic medicines to treat overactive bladder, take account of the woman's:

- Coexisting conditions (dementia, cognitive impairment, poor bladder emptying)
- Current use of other medicines that affect total anticholinergic load.
- Risk of adverse effects, including cognitive impairment.

Pharmacological Treatment Algorithm for Overactive Bladder (OAB) Urinary Incontinence



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Prescribing notes:

- **<u>If patient has swallowing difficulty:</u>**
  Offer a transdermal patch (Oxybutynin 3.9mg/24 hours patch twice weekly)
- **Do not offer** Oxybutynin immediate release to frail older women or patients with parkinson's disease.
- *Mirabegron is contraindicated in patients with severe uncontrolled hypertension defined as systolic blood pressure ≥180mmHg and/or diastolic blood pressure ≥110mmHg. Blood pressure should be monitored before starting treatment as well as regularly during treatment.

Pharmacological Treatment of Pelvic Organ Prolapse

Consider:

• **A vaginal oestrogen**	In patients with signs of atrophy
• **An oestrogen-releasing ring**	In patients with signs of atrophy with <u>cognitive/physical impairments</u>
• **A vaginal pessary**	In patients with symptomatic prolapse alone or in conjunction with supervised pelvic floor muscle training.

Refer women who have chosen a pessary to a urogynaecology service if pessary care is not available locally. Before starting pessary treatment:

- Consider treating vaginal atrophy with topical oestrogen
- Explain that more than 1 pessary fitting may be needed to find a suitable pessary
- Discuss the effect of different types of pessary on sexual intercourse
- Describe complications including vaginal discharge, bleeding, difficulty removing pessary and pessary expulsion
- Explain that the pessary should be removed at least once every 6 months to prevent serious pessary complications.

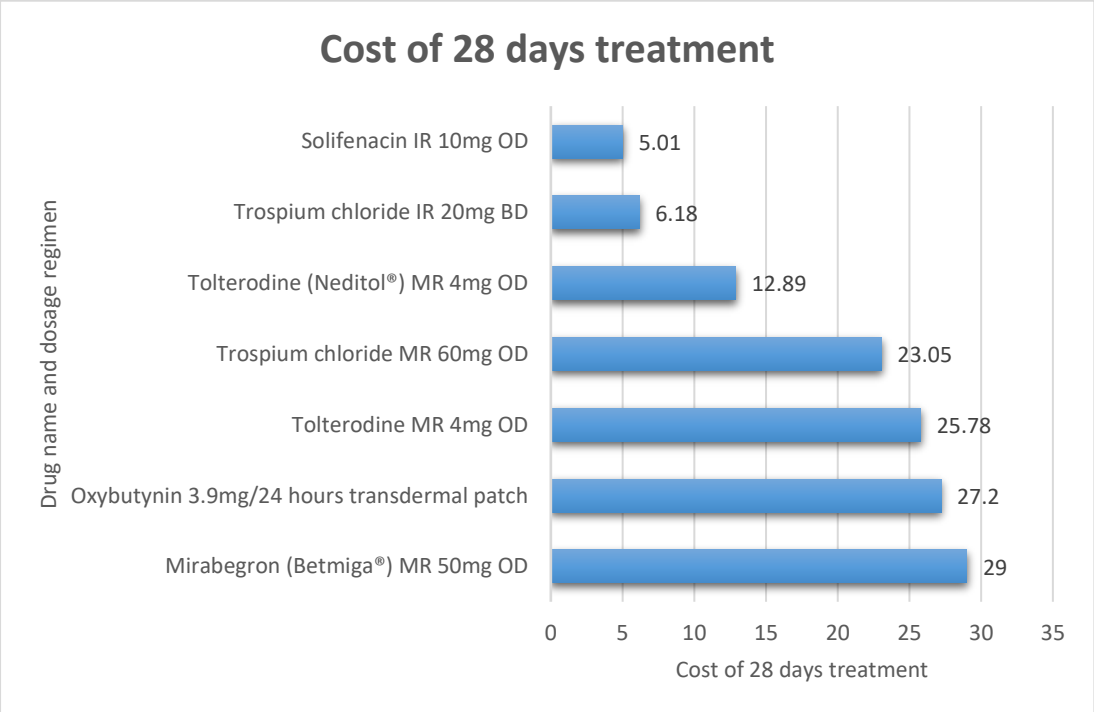
Medication review

- First review at 4-8 weeks (face-to-face or telephone), after starting drug treatment. Review sooner if side effects are intolerable.
- If optimal improvement (may take up to 8 weeks), continue treatment. Review regularly.
- If clinically ineffective (defined as when there has not been a beneficial improvement in symptoms or quality of life) **OR** side effects are intolerable (change dose or consider alternative OAB drug (see 2nd and 3rd line choices).
- If new line of drug treatment is no more effective or better tolerated, revert patient to previous (less expensive) line of treatment.
- Review patients on long-term drug treatment annually in primary care (or every 6 months for >75yrs). Consider a 4 week drug holiday to see if treatment is still required. If still needed, consider another OAB drug choice if patient has not previously taken.
- Offer referral to secondary care if woman does not want to try another drug, but would like to consider further treatment.

Always offer the anticholinergic medicine with the lowest acquisition cost to treat overactive bladder or mixed urinary incontinence in women.

Table: Cost and dose of medicine for 28 days treatment course

(Source: Drug Tariff July 2020)



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References:

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2. NICE NG123. Urinary incontinence and pelvic organ prolapse in women: management. June 2019 https://www.nice.org.uk/guidance/ng123
3. Drug Tariff, November 2019 (accessed online 11/11/2019)
4. All Wales Medicines Strategy Group. Polypharmacy: Guidance for Prescribing. July 2014 (accessed online 13/11/2019)
5. PrescQIPP bulletin 140. Anticholinergic Drugs (accessed online 13/11/2019).
6. ACB Calculator. http://www.acbcalc.com/