Treatment Pathway for Urinary Incontinence in Adults (Primary Care)

Initial assessment
History including type & duration of symptoms, physical examination, urine dip. Consider quality of life questionnaire and bladder diary for minimum of 3 days. See appendix for red flag symptoms that require specialist referral

Primary Care

Advise lifestyle changes to all patients
Reduce caffeine intake, modify fluid intake in line with fluid matrix and urine colour, weight loss if BMI >30 *(review after 2 month trial)* (1)

Overactive bladder (OAB) urgency syndrome
Urinary urgency, usually accompanied by increased daytime frequency and/or nocturia, with or without urinary incontinence (2)

Mixed urinary incontinence
Complaints of both stress & urgency urinary incontinence (2)

Stress urinary incontinence
Complaint of involuntary loss of urine on effort or physical exertion (2)

Commence both pathways simultaneously

1st line: anticholinergic
- **Oxybutynin IR**
  - **Adult: 5mg BD-TDS** (can be up titrated to 5mg QDS)
  - **Elderly:** NICE state best avoided in older women at higher risk of sudden deterioration in physical/mental health
- **Tolterodine IR 2mg BD** *(1mg BD in liver/renal impairment & elderly)*
- **Trospium 20mg BD** *(1st line in Parkinson's Disease)*

Caution with all anticholinergics in frail, elderly patients

Adequate trial of 2 months unless intolerable side effects
If no response switch to second line anticholinergic

Refer to continence advisor for trial of non-pharmacological therapies for example:
- Bladder training
- Pelvic floor exercises
- TENS
- Other

(See appendix for further guidance)

Intolerable side effects / contraindications

2nd line: anticholinergic
- **Solifenacin 5mg – 10mg OD**
- **Fesoterodine MR 4mg – 8 mg OD**

Start at lowest dose and up titrate every 2-4 weeks if necessary

Adequate trial of 2 months;

If concordance issues or symptoms at night
- **Oxybutynin MR 5mg OD** (up-titrated by 5mg each week to 20mg OD)
- **Tolterodine MR 4mg OD**
- **Trospium MR 60mg OD**
- **Oxybutynin patch 36mg (3.9mg/24hrs) twice weekly**

Refer back to GP if not responded after 3-6 month trial

3rd line: β_3 agonist
- **Mirabegron 50mg OD** (25mg in renal impairment, GFR<30ml/min and severe liver impairment), *contraindicated in severe uncontrolled HTN,* check for CYP3A inhibitors (3)

2 month trial; if responding well continue with periodic BP check in controlled hypertensive patients & review annually

Secondary care

Failed pharmacotherapy: refer to specialist in secondary care
Urodynamics
Consultant urologist to decide on further management: botox / PTNS / tertiary referral

In collaboration with:
WEL MOCC- NHS Newham CCG, NHS Tower Hamlets CCG, NHS Waltham Forest CCG
Barts Health NHS Trust

SChowdhury/BJones/OABPathCCG/Nov 2019

Appendix - Useful Information for prescribers in Primary Care

The information in this appendix was written using NICE guidance—

https://www.nice.org.uk/guidance/ng123 [1]

The mainstay of treatment for overactive bladder (OAB) and urinary incontinence (UI) should remain in Primary Care. Referral to a specialist is usually indicated when conservative measures of lifestyle changes, other non-pharmacological treatments and up to third line pharmacological treatments fail to improve symptoms.

Referral guidelines:

If you suspect urological cancer, refer to the recognition and referral guidelines:
https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#urological-cancers [5]

Exclude 'red flag' features, and refer immediately if present [1]**:**

- persisting bladder or urethral pain
- clinically benign pelvic masses
- associated faecal incontinence
- suspected neurological disease
- symptoms of voiding difficulty
- suspected urogenital fistulae
- previous continence surgery
- previous pelvic cancer surgery or radiation therapy

Stress urinary incontinence

Bladder training: offer bladder training lasting for a minimum of 6 weeks as first line treatment to women with urgency or mixed urinary incontinence.
Pelvic floor exercises: Offer a trial of supervised pelvic floor muscle training of at least 3 months' duration as first line treatment to women with stress or mixed UI. Pelvic floor muscle training programmes should comprise at least 8 contractions performed 3 times per day. Continue an exercise programme if beneficial.
TENS: Electrical stimulation and/or biofeedback should be considered in women who cannot actively contract pelvic floor muscles in order to aid motivation and adherence to therapy.

Pharmacological therapy for overactive bladder (OAB, urgency) syndrome
NICE recommends offering the anticholinergic medicine with the lowest acquisition cost to treat overactive bladder or mixed urinary incontinence in women.

When offering antimuscarinic drugs to treat OAB always take account of:

- coexisting conditions (for example, poor bladder emptying)
- use of other existing medication affecting the total anticholinergic load
- risk of adverse effects (common side effects include dry mouth, constipation, blurred vision,

dry eyes, nausea, dyspepsia, palpitations, arrhythmia, dizziness, insomnia & skin reactions (see SPC for full details)

- do not offer oxybutynin to frail, elderly women - the Guideline Development Group defined 'frail older women' as those with multiple comorbidities, functional impairments such as walking or dressing difficulties and any degree of cognitive impairment.

Before OAB drug treatment starts, discuss with patient

- the likelihood of success and associated common adverse effects, and the frequency and route of administration
- that some adverse effects such as dry mouth and constipation may indicate that treatment is starting to have an effect
- that they may not see the full benefits until they have been taking the treatment for 4 weeks

Reviewing treatment: offer a face-to-face or telephone review 4 weeks after the start of each new OAB drug treatment. Ask the patient if she is satisfied with the therapy:

- If there is no or suboptimal improvement or intolerable adverse effects change the dose, or try an alternative OAB drug and review again 4 weeks later
- patients should be trialled on a maximum of two anticholinergics
- review women who remain on long term drug treatment annually in primary care (or every 6 months for women >75)

Monitoring

- **Mirabegron is contraindicated in patients with severe uncontrolled hypertension;** defined as SBP ≥180 mmHg +/or DBP ≥160. Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment.
  Link to the MHRA Drug Safety Update?https://www.gov.uk/drug-safety-update/mirabegron-betmiga-risk-of-severe-hypertension-and-associated-cerebrovascular-and-cardiac-events

Please check the current product literature for a full list of contraindications, precautions. Note that the content of individual SPCs are subject to constant revision and Clinicians are advised to ensure they are accessing the current version of an SPC (available via the Electronic Medicines Compendium (eMC) at www.medicines.co.uk

Useful Resources and Advice

The following are useful resources for patients to help manage and make informed choices for their condition:

- **Bladder Matters:** www.bladdermatters.co.uk – an independent, clinician-led website with easily accessible information on bladder problems and treatment options. Downloads section includes Frequency and Volume Chart, Pelvic Floor Exercises etc
- **Squeezy®:** Squeezy is an NHS app which helps women to remember to do their pelvic floor muscle (kegel) exercises and to do them in the right way. Further information is available here: https://www.nhs.uk/apps-library/squeezy/
- **Bladder Training:** Information about bladder re-training from The British Association of

Urological Surgeons (BAUS). Available here.

- **General Patient Information Leaflet on Overactive Bladder** from patient.info available here.

References

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Approval and Version Control

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To be read in conjunction with the following documents:

Current and relevant Summary of Product Characteristics (SPC) monograph. Available at:

(http://www.medicines.org.uk)

Current and relevant BNF monograph.

Consultation with:

NHS Newham CCG

NHS Tower Hamlets CCG

NHS Waltham Forest CCG

Waltham Forest and East London Medicines Optimisation & Commissioning Committee (WEL MOC)

Barts Health Trust Drugs and Therapeutics Committee

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0.1 Draft	-	Original Draft presented at WEL MOCC November 2019
0.2 Draft	-	Review of pathway and clarification of choice of pharmacological therapy in-line with NICE recommendations.
1.0	26th February 2020	Approved by WEL MOCC