

BERKSHIRE WEST APC

Algorithm for medical treatment of overactive bladder (OAB)

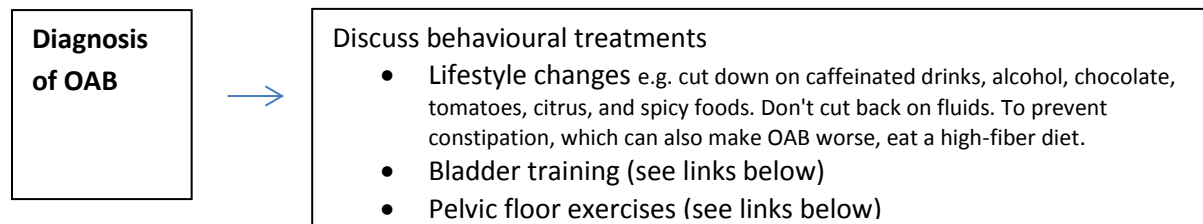
APC 012 (Version 3)

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Algorithm for Medical Treatment of overactive bladder (OAB)



The Continence Advisory Service is available on 0118 949 5145 / 5146. This team will also accept self-referrals from patients directly.

Pelvic floor exercises for women
http://westberks.formulary.co.uk/docs/BHFT%20Pelvic%20muscle%20exercises%20for%20Women_final.pdf
Pelvic floor exercises for men
http://westberks.formulary.co.uk/docs/BHFT%20Pelvic%20muscle%20exercises%20for%20men_FINAL.pdf
Bladder retraining leaflets
<http://westberks.formulary.co.uk/docs/BHFT%20Bladder%20Retraining.pdf>
Overactive bladder leaflets
<http://westberks.formulary.co.uk/docs/BHFT%20Overactive%20Bladder.pdf>



Review the patient after 6 weeks and if no improvement, pharmacological treatment may be required



Initiate **tolterodine immediate release tablets** 2mg BD. For patient with a high anticholinergic burden score (ABS), consider going to mirabegron (for more information on ABS see appendix 1) Patients should be reviewed within 2 weeks to assess for efficacy and side-effects. Pelvic floor exercises should be continued lifelong.



Mirabegron once daily should be prescribed for patients who have failed to respond to or are not able to tolerate an antimuscarinic. Dose is 50mg once daily. Check BP before initiating in line with MHRA guidance <http://psnc.org.uk/our-news/mhra-drug-safety-update-mirabegron/> Patients should be reviewed within 2 weeks to assess for efficacy and side-effects. Pelvic floor exercises should be continued. Patients should be reviewed regularly to establish treatment is still effective.



Consideration should be given to referral to secondary care.

Refer to secondary care immediately :

- Haematuria
- Urinary retention or voiding difficulties
- Bladder pain
- Recurrent UTI's
- Significant vaginal prolapse

*Oxybutynin patches should not be routinely prescribed. Liquid preparations are available for patients with swallowing difficulties.

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Appendix 1

It has been shown that an increase in the number of anticholinergic drugs taken by patients directly increases their ACB.¹ Increasing a patient's ACB by one point has shown to increase the risk of mortality by 26%.

Furthermore, patients with an ACB score greater than 3 have a "high risk" of mortality.¹ To calculate the anticholinergic burden (ACB), find the drug's ACB score from the relevant tables and add the scores up. If the patient's ACB is 3 or more, then try to review the anticholinergic medicines by using the mnemonic MAP: 1 Medication — Is it essential? If so . . .

2 Alternatives — Is there an alternative medicine with lower ACB? If not, then . . .

3 Patient monitoring — Monitor patient symptoms (and side effects they may suffer from)

Follow the three simple steps above to reduce the risk of falls by reducing the patient's ACB.

Common* drugs on the Anticholinergic Burden (ACB) scale

ACB Score 1 (Mild)	ACB Score 2 (Moderate)	ACB Score 3 (Severe)
Alprazolam	Amantadine	Amitriptyline & most TCAs
Alverine	Belladonna alkaloids	Amoxapine
Aripiprazole	Carbamazepine	Atropine
Asenapine	Cyclobenzaprine	Benztrapine
Beta-blockers (atenolol, metoprolol,	Cyproheptadine	Brompheniramine
Bupropion hydrochloride	Loxapine	Carbinoxamine
Captopril	Meperidine	Chlorpromazine
Cetirizine (and levocetirizine)	Methotrimeprazine	Clemastine
Chlorthalidone	Molidone	Clomipramine
Cimetidine & H2RAs	Nefopam	Clozapine
Codeine & other opiates	Oxcarbazepine	Darifenacin
Colchicine	Pimozide	Desipramine
Desloratidine		Dicyclomine
Diazepam		Dimenhydramine
Digoxin		Doxepin
Dipyridamole		Doxylamine
Fentanyl		Fesoterodine
Furosemide & other diuretics		Flavoxate
Fluvoxamine		Hydroxyzine
Haloperidol		Imipramine
Hydralazine		Meclizine
Hydrocortisone		Methocarbamol
Isosorbide preparations		Nortriptyline
Loperamide		Olanzapine
Loratidine		Orphenadrine
Morphine		Oxybutynin
Nifedipine		Paroxetine
Paliperidone		Perphenadine
Prednisolone		Promethazine
Quinidine		Propantheline
Ranitidine		Propiverine
Risperidone		Quetiapine
Theophylline		Scopolamine
Trazodone		Solifenacine
Triamterene		Thiordiazine
Venlafaxine		Tolterodine
Warfarin		Trifluoperazine
		Trospium

**This list is not exhaustive and side-effects should be checked for all drugs*

1. Fox C, Richardson K, Maidment ID, et al. Anticholinergic medication use and cognitive impairment in the older population; the Medical Research Council Cognitive Function and Ageing Study. Journal of the American Geriatrics Society 2011;59:1477–83.

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