PRESCRIBING FOR THE TREATMENT OF OVERACTIVE BLADDER IN LOTHIAN

Symptoms of overactive bladder include: Urinary frequency / urgency / nocturia with or without urge incontinence

PRIOR TO PRESCRIBING MEDICATION:

- 1. Exclusion of the following:
 - Haematuria
 - Recurrent urinary tract infection
 - Difficulty with bladder emptying

Any of the above and previous surgery for incontinence warrant early referral

- 2. Conservative management:
 - Advice regarding fluid intake
 - Bladder retraining

MEDICATION FOR THE OVERACTIVE BLADDER:

- Medication should be commenced at the lowest dose and titrated up as required and tolerated.
- If medication is not effective or not tolerated, the formulation should be changed.
- The use of medication for overactive bladder may be limited by side effects. These may be reduced by adjusting the dose or changing the formulation / application.

Formulations / Dose:

Generic antimuscarinic formulations:

Tolterodine tartrate

Tablets 1mg, 2mg 2mg 2x daily

Reduce to 1mg 2x daily if required

Modified release

Tablets 4mg daily

 Oxybutynin hydrochloride is no longer on the Lothian Formulary but is the only formulation available for transdermal application if oral application is not tolerated; it should not be used in patients aged over 65 due to increased risk of cognitive impairment

M3 selective antimuscarinic formulations:

Solifenacin

Tablets 5mg, 10mg 5mg daily

Increase to 10mg daily if required

Fesoterodine

Tablets 4mg, 8mg 4mg daily

Increase to 8mg daily if required

β3 Receptor agonist:

Mirabegron
 Tablets 50mg

50mg daily

- If antimuscarinic formulations are contra-indicated, not effective in controlling symptoms or not tolerated, the β3-receptor agonist is an alternative option.
- In patients who are already on medication with a high anticholinergic load, the β3-receptor agonist may be considered as a first line option.
- The lower dose of Mirabegron 25mg is available for patients with renal or hepatic impairment.

