Mid and South Essex Health and Care Partnership

NHS

MANAGEMENT OF URINARY INCONTINENCE (UI) AND OVERACTIVE BLADDER (OAB) IN ADULTS IN PRIMARY CARE

Patient Assessment and Conservative Management

KEY POINTS FOR PRIMARY CARE CLINICIANS:
These guidelines have been based on https://www.nice.org.uk/guidance/ng123

NON-PHARMACOLOGICAL METHODS TO BE USED FIRST LINE
Referral can be made to local continence services for non- pharmacological conservative management, advice and support:

- **Mid Essex:** Continence Advisory Service - Adults (Provide), Mid Essex
  Non-public email: provide.ccc@nhs.net
  https://www.provide.org.uk/service/continence-advisory-service-adult/

- **South East Essex and South West Essex:** SE Essex Continence Advisory Service (EPUT)
  Non Public email: Continence.referrals@nhs.net
  https://eput.nhs.uk/our-services/essex/south-east-essex-community-health-services/adults/continence-services

INITIAL ASSESSMENT

- Take history and dipstick test urine
- Urgently refer patients with certain symptoms- table

URGENTLY refer	- microscopic haematuria if ≥ 50 years - visible haematuria - recurrent or persisting UTI associated with haematuria if ≥ 40 years - suspected pelvic mass arising from the urinary tract		
Refer	- symptomatic prolapse visible at or below the vaginal introitus - palpable bladder on bimanual or physical examination after voiding		
Consider referring	- persisting bladder/urethral pain - associated faecal incontinence - previous pelvic radiation therapy	- clinically benign pelvic masses - suspected neurological disease - voiding difficulty	suspected urogenital fistulae previous continence or pelvic cancer surgery

- Score symptoms and assess quality of life
- Categorise Urinary Incontinence (UI)- table

Stress UI	Mixed UI	OAB with or without Urge UI
• Pelvic floor muscle training (for at least 3 months) • Lifestyle changes and patient education (aim for BMI <30)	• Pelvic floor muscle training (for at least 3 months) • Bladder training (for at least 6 weeks) • Lifestyle advice and patient education	• Bladder training (for at least 6 weeks) • Lifestyle changes and patient education

Consider a referral for more complex patients (e.g. significant stress UI or patient with cognitive impairment) to local community continence services for assessment and management.

FIRST LINE TREATMENT - non-pharmacological conservative management:

- Bladder diary (minimum 3 days)
- Lifestyle interventions (reduce caffeine intake, fluid modification, reduce weight if BMI>30, smoking cessation)
- Pelvic floor muscle training (minimum 3 months) for stress or mixed UI
- Bladder training (minimum 6 weeks) for overactive bladder (OAB) or mixed UI
- Patient education on self-management of condition

Referral can be made to local continence services for further assessment, treatment, advice and support.

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Patient Assessment & Conservative Management (should be tried before any medication)

No improvement or intolerable adverse effects

The lowest acquisition cost, clinically appropriate option should be chosen. Options are listed by cost (least to most expensive)

FIRST LINE - GREEN TLS:**
Solifenacin tablets (5 – 10mg once daily)
Trospium IR tablets (20mg twice daily)- consider as first line in Parkinson's disease
Mirabegron tablets (50mg once daily. 25mg once daily dose if moderate renal or hepatic impairment or if drug interactions)
- first line only use when antimuscarinic drugs are contraindicated

In swallowing difficulties consider oxybutynin 3.9mg/24hours transdermal patches (1 patch twice weekly) or solifenacin 1mg/ml oral suspension sugar free (5 – 10mg once daily) - GREEN TLS

**Consider Intravaginal oestrogen in post-menopausal women with vaginal atrophy

Review at 4 weeks for efficacy, adherence and adverse effects?^

No improvement or intolerable adverse effects

^ If effective review after 8 to 12 weeks, then ongoing every 6 to 12 months

SECOND LINE - GREEN TLS (change to):**
Solifenacin tablets (5 – 10mg once daily)
Trospium IR tablets (20mg twice daily)
Tolterodine IR tablets (1 – 2mg twice daily - 1mg twice daily if moderate renal or hepatic impairment & to reduce side effects)**

Are anticholinergics contraindicated or clinically inappropriate?

- See BNF for contraindications.
- Consider co-existing conditions
- Many prescription and non-prescription drugs have anticholinergic activity. The cumulative effect of anticholinergic burden can increase the frequency and severity of adverse events.
- The anticholinergic cognitive burden scale can help to assess risk and is available to download at http://www.medichec.com

Review at 4 weeks for efficacy, adherence and adverse effects?^

No improvement or intolerable adverse effects

Third Line - GREEN TLS (change to):**
Mirabegron tablets
Recommended for use in line with NICE TA290
Caution MHRA alert – Mirabegron may raise the BP. It is contraindicated in patients with severe uncontrolled hypertension i.e. systolic BP ≥180mm Hg or diastolic BP ≥110 mm Hg. Monitor regularly

No improvement or intolerable adverse effects

REFERRAL TO SPECIALIST CARE.

- Patients who have failed to improve with conservative measures including medication should be referred to secondary care if they are having significant troublesome symptoms. Specialist may consider a 4th line treatment (in line with the formulary as a single agent), before offering invasive treatment.
- Choice is based on the drug of next lowest acquisition cost.
- Specialist to provide rationale for the drug if requesting ongoing GP prescribing
- Referrals should be made through NHS eReferral Service (https://nww.ebs.ncrs.nhs.uk). For:
  - Basildon and Broomfield Hospital sites select Gynaecology as speciality and Urogynaecology/Prolapse as the clinic type.
  - Southend Hospital site select Urology as speciality and (In) Continence as clinic type

Refer to appendix 1 for alternative conservative management information and useful contact details and resource material for patients

General prescribing information

- The Summary of Product Characteristics (SPC) for the drugs should also be consulted for up to date prescribing information, including detailed information on adverse effects, drug interactions, cautions and contraindications (available via www.medicines.org.uk)
- Offer the anticholinergic medicine with the lowest acquisition cost (NICE NG123)
- Conservative measures should be tried before drug treatment (Appendix 1).
- OAB drugs only provide modest benefit and there are significant adverse effects (e.g. dry mouth, constipation, falls).
- Manage patient expectation of drug treatment outcome. Including:
  - Modest likelihood of success.
  - Common adverse effects and that some adverse effects of anticholinergic medicines, such as dry mouth and constipation may indicate that the medicine is starting to have an effect
  - Tachyphylaxis to side effects.
  - That the long-term effects of anticholinergic medicines for on cognitive function are uncertain.
  - Full benefit may take 8 weeks, so persistence beyond first few weeks is needed.
  - Treatment goals must be clear and objective. Use a bladder diary to assess response.
- Dose: Start on low doses; take account of total anticholinergic burden (other drugs with antimuscarinic side-effects) and co-existing conditions (e.g. poor bladder emptying).
- Risk benefit assessment is required in frail older people with multiple co-morbidities, functional impairments (walking/dressing difficulties) or cognitive impairment. Refer to NICE Guideline CG N97 (June 2018): Dementia: assessment, management and support for people living with dementia and their carers.
- **ACUTE prescriptions only for new lines of drug treatment. Do not put on REPEAT until reviewed 4 weeks after starting. Do not change drug or dose if therapy is beneficial**.
- Review long term patients annually or every 6 months if >75 years.
- At review only continue drug treatment if benefit maintained, PRN use suits some patients.
- If drug still needed, always review choice of drug is the most appropriate one and working.
- There is no difference in the clinical efficacy between OAB drugs. No evidence that one treatment is better than another. More expensive OAB drugs do not mean they are more effective. The lowest cost drug should be used and the best choice is effectiveness - balanced against side effects.
- If all OAB drugs are not effective, consider referral to secondary care or local continence services if the patient is having significant bother from their symptoms.
- MHRA Drug Safety Update Oct 2015: Mirabegron may raise the BP. It is contraindicated in patients with severe uncontrolled hypertension i.e. systolic BP ≥180mm Hg or diastolic BP ≥110 mm Hg. Monitor regularly.

Appendix 1

Alternative Conservative Management

- **Catheters:** Consider when persistent urinary retention causes incontinence, symptomatic infections, or renal dysfunction which cannot be corrected. Inform patient that use of indwelling catheters in urgency UI may NOT result in continence.
- **Absorbent products, urinals and toileting aids:** Not to be considered as treatment. Only to be used as a coping strategy pending definitive treatment; as an adjunct to ongoing therapy or long-term management of UI only after other treatment options have been explored. NOT available on NHS prescription
- **Products to prevent leakage (intravaginal and intraurethral devices):** Do not use for routine management of UI in women. Do not advise use of devices other than for occasional use when necessary to prevent leakage (example during physical exercise). NOT available on NHS prescription

Useful Contact Details and Resource Materials – Patient QOL Questionnaires/Leaflets/Information

- Mid and South Essex Community Continence services includes:
  - Information for Healthcare Professionals
  - Service Information
  - Patient Information
  - Referral Information
- Patient Information on Urinary Incontinence and Further Reading:
  - NHS Choices: http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx
  - Bladder & Bowel Foundation: https://www.bladderandbowelfoundation.org/
- Patient Information on Overactive Bladder (OAB):
  - Patient UK: http://www.patient.co.uk/health/overactive-bladder-syndrome
  - Bladder & Bowel Community: https://www.bladderandbowel.org/
- Patient Incontinence-Specific QoL & symptom scoring questionnaires:
  The following scoring questionnaires are used locally:
  - International Consultation on Incontinence Questionnaire (ICIQ) – permission required: http://www.iciq.net/structure.html
- Bladder Record Chart (Diary): available from each service provider
- Bladder Training: http://www.patient.co.uk/health/overactive-bladder-syndrome
- Lifestyle Interventions: http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Treatment.aspx
- Pelvic Floor Exercises
  - Patient UK: http://www.patient.co.uk/health/pelvic-floor-exercises
  - Bladder and Bowel Foundation Fact Sheet for women and men: https://www.bladderandbowel.org/downloads/
  - NHS Choices: https://www.nhs.uk/common-health-questions/womens-health/what- are-pelvic-floor-exercises/
- Patient Information on OAB drugs: http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Treatment.aspx
- NICE guideline NG123: Urinary incontinence and pelvic organ prolapse in women: management https://www.nice.org.uk/guidance/ng123
- Further information
  - The Bladder & Bowel Foundation - a charitable organisation providing information and support for patients, carers and healthcare professionals https://www.bladderandbowelfoundation.org/
  - Bladder and Bowel UK - An organisation promoting awareness and providing information and advice to patients and health professionals, particularly useful for product information and aids to daily. Link
- NHS choices Information and conditions, treatments, local services and healthy living. www.nhs.uk

References	• Urinary incontinence and pelvic organ prolapse in women: management, NICE guideline [NG123] Published: 02 April 2019 Last updated: 24 June 2019 https://www.nice.org.uk/guidance/ng123 • BNF online https://bnf.nice.org.uk/ (accessed 14th Sept 2021)
Acknowledgements	Mid and South Essex CCGs Medicines Management Teams
Version	1.0
Author	HCPMSEMOC working group
Approved by	MSEMOC
Date Approved	October 2021
Review Date	October 2026 or earlier subject to any new updates nationally