

## **Appendix 1**

### **The Management of Urinary Incontinence in Women**

Ref: NICE clinical guideline 40. Issue date: October 2006

#### **Drug therapy in women with overactive bladder (OAB)**

1. Immediate release non-proprietary oxybutynin should be offered to women with OAB or mixed urinary incontinence (when urge is predominant over stress) as *first-line* drug treatment if bladder training has been ineffective. Although there is no evidence of a clinically important difference in efficacy between antimuscarinic drugs, immediate release non-proprietary oxybutynin is considered the most cost effective of the available options. If immediate release oxybutynin is not well tolerated, solifenacin, tolterodine, oxybutynin extended release should be considered as *alternatives*.

Some of these drugs have distinctive features that might suit individual patients.

For example:

- ♦ Tolterodine, oxybutynin extended release, solifenacin: when once / day administration is preferable and when patients are sensitive to side effects from oxybutynin
- ♦ Solifenacin: when urgency is a predominant symptom

2. The response of patients to drugs for OAB is often idiosyncratic and when patients do not respond to a medication, it is appropriate to consider increasing the dose or to try others.

3. Women should be counselled about the adverse effects of antimuscarinic drugs.

4. An early treatment review should be undertaken following any change in antimuscarinic drug therapy.

5. Intravaginal oestrogens are recommended for the treatment of OAB symptoms in postmenopausal women with vaginal atrophy.

#### **Referral Pathway - see Appendix 2**

### **Glossary**

ISC - intermittent self-catheterisation

OAB - over active bladder

PVR - post-void residual

SUI - stress urinary incontinence

UI - urinary incontinence

UTI - urinary tract infection