

## Drugs for urinary frequency, enuresis and incontinence

<http://www.prescqipp.info/resources/viewcategory/224-urinary-incontinence>

This bulletin focuses on drugs for urinary frequency, enuresis and incontinence. Across the PrescQIPP membership (20.3 million patients, December 2013) over £24 million is spent annually on solifenacin products (ePACT October - December 2013), which is the drug with the highest spend in this therapeutic category. Over £14.5 million is spent annually on oxybutynin extended release including modified release products (ER), tolterodine ER, and fesoterodine and trospium products.

Additional resources available:



[Bulletin](#)



[Data pack](#)



[Audit, patient letters and fact sheet, ICIS questionnaire](#)

### Recommendations

- Conservative management, with lifestyle advice and bladder training, should be the initial management option for overactive bladder (OAB). Drug treatment should only be considered for OAB when the condition has not improved with conservative management alone.
- Commence new patients on oxybutynin immediate release or tolterodine immediate release as first line treatment options. Ensure that oxybutynin is not prescribed in frail elderly or neurogenic patients and that the lowest effective dose is initiated then dosage titrated upwards slowly.
- Take into account coexisting conditions, the use of other existing medication affecting the total anticholinergic load and the risk of adverse effects.
- It will be necessary for each CCG to gain local specialist opinion and consensus for second-line choices. Neditol XL®, a branded version of tolterodine ER may be considered as an alternative option to tolterodine IR or oxybutynin IR if once daily dosing is required as it has the lowest acquisition cost.
- Review all patients on oxybutynin ER, tolterodine ER, solifenacin, fesoterodine, trospium or propiverine for suitability for switch to oxybutynin immediate release (IR) or tolterodine IR if these options have not previously been tried and are not contra-indicated.
- Prescribers need to review therapy four weeks after the start of each OAB drug treatment.

### Supporting evidence

- NICE clinical guidelines (CG) for urinary incontinence (UI) in women<sup>1</sup> and the management of lower urinary tract symptoms in men<sup>2</sup> define the treatment pathways for OAB. Drug treatment with antimuscarinic therapy should ONLY be considered for OAB (and mixed UI in women) when the condition has not improved with conservative non drug therapy management alone.<sup>2</sup>
- NICE CG 171<sup>1</sup> specifically recommends oxybutynin IR or tolterodine IR as first-line treatment options. Take into account the coexisting conditions, frequency of doses, total anticholinergic load (see ACB score in Attachment 2) and risk of adverse effects when choosing a drug treatment. Do not offer oxybutynin to frail elderly or patients with neurogenic disease.
- NICE<sup>1</sup> concluded through high quality meta-analysis that there is a lack of evidence to show a difference in clinical effectiveness between OAB drugs; the relative cost effectiveness was determined mostly by the difference in cost between them. If the first treatment for OAB or mixed UI is not effective or well tolerated, offer another drug with a low acquisition cost.

### Costs and savings

Product	Cost per 28 days
Oxybutynin 2.5mg twice daily to 5mg four times daily	£1.97 - £6.34
Tolterodine 1mg -2mg twice daily	£2.94 - £3.07
Neditol® XL 2mg- 4mg daily	£11.60 - £12.89
Oxybutynin ER 5mg - 10mg daily	£12.85 - £25.70
Trospium ER 60mg daily	£23.05
Trospium 20mg twice daily	£23.93
Darifenacin 7.5mg - 15mg daily	£25.48
Tolterodine XL 4mg daily	£25.78
Fesoterodine 4mg-8mg daily	£25.78
Solifenacin 5mg-10mg daily	£25.78 - £33.52

#### Switching options and savings available

Review or discontinue therapy if there is no or suboptimal improvement.

Nationally switching from:

**Oxybutynin ER to oxybutynin IR could save £9 million annually.**

**Tolterodine ER, fesoterodine, trospium or propiverine to tolterodine IR could save £25.3 million annually.**

**Solifenacin to oxybutynin IR or tolterodine IR could save £58 million annually.**

## References

1. National Institute for Health and Care and Excellence (NICE). Clinical Guideline 171. The management of urinary incontinence in women. September 2013.  
<http://guidance.nice.org.uk/CG171>
2. National Institute for Health and Care and Excellence (NICE). Clinical Guideline 97. The management of lower urinary tract symptoms in men. June 2009.  
<http://guidance.nice.org.uk/CG97>