

Medications for overactive bladders

Other formats

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This leaflet explains about medications that can help improve symptoms of an overactive bladder. It will also help you to make an informed decision about trying them.

Your specialist nurse/physiotherapist will consider adding medication to treat bladder symptoms if fluid alteration, bladder retraining techniques and other lifestyle adjustments have not had the desired effect. This will be a joint decision with you and your specialist.

Prescribing of medications is guided by the local Clinical Commissioning Group and the local formulary (an official list giving details of prescribable medicines).

A patient information leaflet is included in each box of prescribed medication. This lists all the side effects found during the extensive testing phase prior to marketing. The list can appear daunting, but please be reassured that not everybody experiences side effects.

Antimuscarinic (anticholinergic) medications

There is a group of antimuscarinic medications in either tablet or capsule form. One also comes as a transdermal skin patch. These medications work by blocking 'antimuscarinic receptors' in the bladder wall, and lead to a reduction in urgency, frequency and urinary leakage. For many patients the effect is slight rather than significant, but when combined with bladder retraining this can make a significant improvement to symptoms over time.

Antimuscarinic medications come in an immediate release preparation that require 2-3 doses to be taken each day at equally spaced intervals, or a longer acting, modified release formulation once daily. The longer acting medications appear to be more tolerable to most patients because side effects are usually less marked.

Immediate release medications:

- Tolterodine 1-2mg twice daily
- Trospium Chloride 20mg twice daily
- Oxybutynin 5mg 2-3 times daily: Maximum of 20mg daily

Modified release medications:

- Tolterodine (Neditol) 4mg XL once daily
- Trospium Chloride (Regurin) 60mg XL once daily
- Darifenacin (Emselex) 7.5-15mg once daily
- Solifenacin (Vesicare) 5-10mg once daily
- Oxybutynin (Lyrinel) 5-20mg once daily
- Fesoteradine (Toviaz) 4-8mg once daily

Transdermal skin patch:

Oxybutynin (Kentera) 3.9mg per 24 hours: change x2 weekly: This medication is not on formulary so will only be prescribed in exceptional circumstances.

Side effects

Unfortunately, whilst these medications block receptors in the bladder, there are other similar receptors throughout the body which can also be affected leading to some side effects. These include:

- Dry mouth/nose/altered taste, potential to cause swallowing issues (latter is rare)
- Constipation/diarrhoea/abdominal discomfort
- Dry eyes/blurred vision
- Drowsiness/fatigue
- Headache
- Raised pulse or palpitations
- Reflux/heartburn/indigestion
- Urinary retention
- Interference with the body's temperature regulation centre; in hot climates has the potential to cause dehydration

Beta 3 adrenoceptor medication

Mirabegron is the only beta 3 adrenoceptor. Mirabegron activates 'beta 3 receptors' in the bladder; this causes an increase in production of Noradrenalin. Noradrenalin relaxes the bladder reducing urgency and frequency. It is a modified release preparation.

- Mirabegron 50mg daily

Side effects

- Irregular pulse
- Raised blood pressure
- Constipation/diarrhoea
- Dizziness/headache
- Increased risk of infection
- Nausea
- Cystitis/urinary infections
- Reflux/heartburn/indigestion
- Urinary retention

What is the prognosis or expected outcome of treatment?

Many initial side effects of any newly prescribed medication will settle in 4-5 weeks, once the body has adjusted to the medication. Medication needs to be trialed for 4-6 weeks to establish its effectiveness. If side effects are intolerable, the dose can be reduced or stopped depending on severity. As with many medications individual patients may find one medication more effective and/or tolerable than another. You may need to try several to find the one particularly effective in reducing your symptoms.

Unfortunately, medications cannot 'cure' an overactive bladder, which is a chronic condition. It is recognised that these medications can become less effective over time. Antimuscarinic medications (also known as anticholinergic medications) may be linked to cognitive decline/impairment in some people and further studies are needed to try to understand long-term effects fully. Cognitive issues are more likely to occur in someone who takes a number of different anticholinergic medications for different medical conditions, adding to their 'anticholinergic burden'. Therefore, using medication for a treatment span of a few months is often recommended whilst continuing with bladder retraining techniques. The aim of this combined treatment is to increase bladder capacity which in turn reduces bladder symptoms, leading to a more manageable bladder. Medications are then available as 'back up' for future use for treatment periods if required.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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