Optimisation of medication for urinary incontinence in primary care

AUTHORS
Grace Kelly Practice Support Pharmacist and Siobhan O'Hare-Smith Pharmacy Adviser HSCB

INTRODUCTION

Urgency urinary incontinence (UI) is a common problem and its prevalence increases with age. **NICE recommend conservative management as first line treatment[1].** Antimuscarinics may be prescribed for patients in whom bladder training has not been effective. It is important that patients receive regular review. Benefits from antimuscarinics for UI are small, with fewer than 200 cases of continence attributable per 1000 treated[2].**Long term prescribing of anticholinergics is associated with an increased risk of cognitive impairment, dementia and mortality[3]**. Clinicians should consider stopping treatment for a short period to assess effectiveness or any natural remission in condition in line with the Medicines Optimisation Framework. In practice however medication for UI is often continued long term without review of effectiveness, adverse effects or patients' perceptions of success.

Patients may be taking treatment with limited benefit and increased risk of adverse effects.

AIM

- To develop a UI review tool for use in primary care
- To promote use of the review tool in all GP practices
- To review patients prescribed medication for UI and offer a 'drug holiday' to determine whether continued treatment is beneficial

METHOD

The HSCB Pharmacy & Medicines Management Team worked with secondary care consultants in Urology and Gynaecology and specialist continence nurses to develop a review tool. This tool helps to identify patients who may benefit from a 'drug holiday' from their UI medication. Medication is stopped for a trial period to assess effectiveness of treatment and/or remission of symptoms.

RESULTS

A pilot using the review tool was carried out in 7 GP practices in NI. A total of 300 patients had their UI medication reviewed. Of these 207 patients were identified as being suitable for a 'drug holiday'.

After 4 weeks, 161 (77%) did not restart drug treatment and their medication was discontinued; 46 (23%) believed their symptoms were better managed by treatment and so restarted UI medication in line with NICE guidance / NI formulary – Figure 1

4 week review following 'drug holiday'

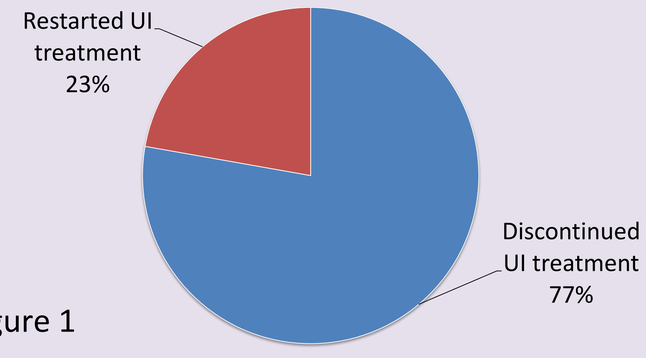
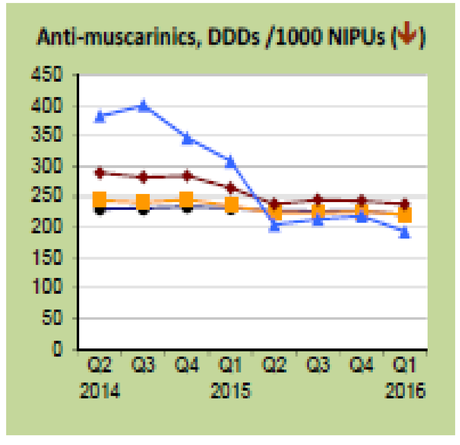
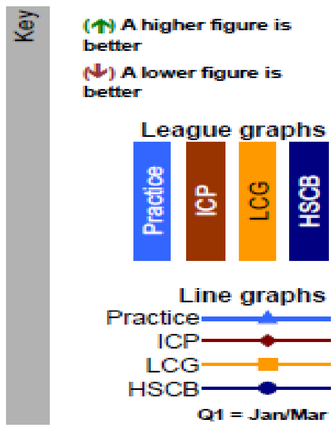


Figure 1

Prescribing before and after the pilot in one practice





CONCLUSION

Patients were responsive to the trial when the rationale for the 'drug holiday' was explained. The majority of patients felt that they no longer needed medication to control their symptoms. The review tool proved to be an effective means of optimising medicines in this group of patients

RECOMMENDATIONS

- Routine practice should include advice on conservative management techniques
- **Drug treatment should only be considered if conservative treatment has failed**
- Patients should be informed when UI medication is started that there will be a break in treatment at 6 months
- **Patients should be educated to manage their expectations of treatment outcomes as these may provide modest benefit only**
- Efficacy of UI medication should be reviewed after 3 to 6 months
- **Long term prescribing of anticholinergics should be avoided**, with medication reviewed to decrease anticholinergic burden which cumulatively can further increase risk of adverse effects

REFERENCES

1. NICE CG171.Urinary Incontinence; The management of urinary incontinence in woman. *National institute for Health and Clinical Excellence,* September 2013
2. Shamliyan T, Wyman JF, Ramakrishnan R et al. Systematic review: benefits and harm of pharmacologic treatment for urinary incontinence in women. Annals of Internal Medicine 2012:156:861–74.
3. Fox C, Richardson K, Maidment I, Savva G, Matthews F, Smithard D, Coulton S, Katona C, Boustani M, Brayne C. Anticholinergic Medication Use and Cognitive Impairment in the Older Population: The Medical Research Council Cognitive Function and Aging Study. *Journal of the American Geriatrics Society* August 2011 Volume 59, Issue 8:1477-1483.