Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Primary Care

Initial Assessment to identify underlying cause

Standard Urotherapy

Behavioural/Lifestyle changes
Modify Fluid intake + adequate urination intervals
Adequate positioning for voiding and defecation
Avoidance of caffeine, chocolate and citrus foods

Constipation
Hydration and fibre intake
Treatment with laxatives

Non-neurogenic
Inadequate response to urotherapy

Neurogenic
May already undergoing intermittent catheterisation

First Line Pharmacological Treatment with Anticholinergics
Solifenacin 5mg OD (TLS green)
Increased to 10mg OD if beneficial but not curative
Trial duration **minimum 1 month** at maximum tolerated dose and review
Requires annual review. Review 6monthly if frail or cognitive impairment.

Contraindicated or not tolerated

Alternative Pharmacological Options with Anticholinergics
Trospium Chloride 20mg BD (standard release) (TLS blue)
See BNSSG Formulary for alternative formulary options
Trial duration **minimum 1 month** at maximum tolerated dose and review
Requires annual review. Review 6monthly if frail or cognitive impairment.

Contraindicated, not tolerated or ineffective

Second Line Pharmacological Option
NB: Can be used first line after bladder retraining if anticholinergics are contraindicated or the patient/clinician does not want to trial anticholinergics due to anticholinergic burden
Mirabegron 50mg OD (TLS blue) as per NICE TA290
Trial duration **minimum 6 weeks** at maximum tolerated dose.
Requires annual review including BP check. Review 6 monthly if frail, cognitive impairment or hypertension.
Consider combination antimuscarinic therapy such as Solifenacin + Mirabegron[6] (TLS Blue)
Trial duration **minimum 1 month** at maximum tolerated dose

Author:BNSSG Medicines Optimisation Team with Prof Hashim Hashim and Dr Bethany Patel
Minor update August 2024, Review June 2027

Secondary Care

Referred for detrusor activity assessment using urodynamics and MDT decision

Non-neurogenic detrusor over activity (DO)
Persistent wetting despite maximal medical therapy

Neurogenic detrusor over activity (DO)
Persistent neurogenic detrusor overactivity and/or poor bladder

Botulinum Toxin A (Botox®) administration
Non-neurogenic 100 units under local/general anaesthetic
Neurogenic 200 units under local/general anaesthetic

Contraindicated, not tolerated, ineffective, or not willing or able to self-catheterise

Surgical Intervention
Sacral neuromodulation/ Ileal conduit/ augmentation cystoplasty using intestinal segment

Telephone consultation with Nurse in 6 weeks. Reassess in clinic after 3 months to assess outcomes and for suitability of repeated Botulinum toxin A (Botox®) injections after 6-9 months according to duration of action in individual patient [based on return of DO +/-

Re-treatment

Following a minimum of a 3 month interval after Botulinum Toxin A (Botox®) treatment, if urinary incontinence symptoms return, patients can self-refer for repeated treatment.

Stopping criteria

If Botox treatment is contra-indicated, not tolerated, causes adverse events or does not improve symptoms.

References

1. NICE Clinical Guideline CG148 Urinary incontinence in neurological disease: assessment and management. https://www.nice.org.uk/guidance/cg148
2. NICE Clinical Guideline NG123 urinary incontinence and pelvic organ prolapse
3. NICE Technology Appraisal Guidance TA290 Mirabegron for treating symptoms of overactive bladder. https://www.nice.org.uk/guidance/ta290/chapter/2-The-technology [Accessed 13.2.20]
4. Summary of Product Characteristics BOTOX® 100 Units (last updated on the eMC: 12.06.19) https://www.medicines.org.uk/emc/product/859/smpc [accessed 20 August 2019]
5. Summary of Product Characteristics BOTOX® 200 Units (last updated on the eMC: 12.06.19) https://www.medicines.org.uk/emc/product/436/smpc [accessed 20 August 2019]
6. Jefferson, K (North Bristol Trust) (2020) Evidence Review: Solifenacin and Mirabegron Combination Therapy for Overactive Bladder. (attached supporting document)

Author:BNSSG Medicines Optimisation Team with Prof Hashim Hashim and Dr Bethany Patel
Minor update August 2024, Review June 2027