Pharmacotherapy for the Management of LUTS in Males and Females

Pathway adapted from NICE CG171, CG97 and TA290

Conservative Management

All patients should have conservative treatment <u>prior</u> to commencement of medical therapy or referral to secondary care. This should include patient education, lifestyle advice, bladder training and pelvic floor exercises

- Post -menopausal women
 - Intra-vaginal cream containing 0.01% estriol use daily for 2 weeks, then twice weekly for 3 months. Intra-vaginal oestrogens are recommended for women with vaginal atrophy and OAB symptoms e.g. Gynest or Ovestin
- Males with Benign Prostatic Hyperplasia (BPH)
 - Following conservative management, α -blocker therapy as per the MK formulary should be initiated for males with BPH
 - \bullet Consider adding an antimuscarinic (see below) for males with residual storage symptoms following α -blocker mono-therapy



First line medication - choose one of the following generic antimuscarinic agents

Generic oxybutynin* (immediate release) – 2.5mg bd – 5mg tds as tolerated (£1.97 - £3.17 / 28d)

OR

Generic tolterodine (immediate release) 2mg bd (£3.07 / 28d)

*Do not offer immediate release oxybutynin to frail, older patients.

Counsel patients on likelihood of success and possible side effects (dry mouth / constipation). These may be indicators of efficacy. If patient is contraindicated to an antimuscarinic agent, or has narrow angle glaucoma, initiate third line therapy (see below).

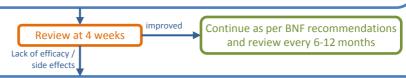


Second line medication – choose one of the following antimuscarinic agents

NICE CG171 - If the first treatment for OAB or mixed UI is not effective or well-tolerated, offer another drug with the lowest acquisition cost from the Milton Keynes <u>formulary</u>. Non-formulary drugs should not be initiated:

- Trospium 20mg bd (£23.93 / 28d) non selective antimuscarinic
- Darifenacin 7.5mg od (£25.48 / 28d) selective, targets the M3 muscarinic receptor
- Tolterodine MR 4mg od (£25.78 / 28d) non selective antimuscarinic

Counsel patients on likelihood of success and possible side effects (dry mouth / constipation). These may be indicators of efficacy.



Third line medication – β3–Adrenoceptor agonist

Initiate a β3-adrenoceptor agonist following 2 antimuscarinic agents prior to referral to secondary care. [NICE TA290]

• Mirabegron 50mg od (25mg od for special populations – see SPC) (£27.07 / 28d)

Mirabegron should be used first line in patients contraindicated to an antimuscarinic or suffering from narrow angle glaucoma



Consider referral to Urology / Urogynaecology for specialist drug therapy or surgical options



Milton Keynes Clinical Commissioning Group

Review due: February 2016