Pharmacotherapy for the Management of Lower Urinary Tract Symptoms (LUTS) in Males and Females

Pathway adapted from NICE CG171, CG97 and TA290 and updated April 2019

Conservative Management

All patients should have conservative treatment prior 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
  - Consider adding an antimuscarinic (see below) for males with residual storage symptoms following α-blocker mono-therapy

Review at 3 months → improved → Continue as per BNF recommendations and review every 6-12 months

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

- Generic oxybutynin* (immediate release) – 2.5mg bd – 5mg tds as tolerated (£2.25 - £4.26 / 28d)

OR

- Generic tolterodine (immediate release) 2mg bd (£1.94 / 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).

Review at 4 weeks → improved → Continue as per BNF recommendations and review every 6-12 months

Lack of efficacy / side effects

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 formulary. Non-formulary drugs should not be initiated:

- Trospium 20mg bd (£5.42 / 28d) – non selective antimuscarinic
- Solifenacin 5mg – 10mg OD (£8.67 - £11.64 / 30 days) – selective cholinergic and muscarinic antagonist
- 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.

Review at 4 weeks → improved → Continue as per BNF recommendations and review every 6-12 months

Lack of efficacy / side effects

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

Review at 4 weeks → improved → Continue as per BNF recommendations and review every 6-12 months

Lack of efficacy / side effects

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

MKCCG Pharmacy Team
Review due: November 2021

NHS
Milton Keynes Clinical Commissioning Group