

## Drug Treatment for the Overactive Bladder

This leaflet provides information which you will find useful when you have been prescribed drugs to treat your bladder problem. It is important that you take the medication as recommended by the doctor. The drugs listed below are used to treat the **overactive bladder**, i.e. urinary urgency, frequency, urgency incontinence and nocturia (getting up regularly at night to pass urine). There is no strong evidence that one drug is better than another. One cannot compare the strength of one tablet with another. In other words, a 5mg tablet of one drug is not 5 times the strength of a 1 mg tablet of another drug.

### Oxybutynin

This is one of the oldest drugs on the market. It comes in 2.5mg and 5mg tablets. We usually advise patients to start on a low dose, 2.5mg, twice or three times a day. You can then increase the dose gradually after a week to 5mg twice daily and so on to a maximum of 5 mg four times a day.

### Oxybutynin MR

This drug is the same as oxybutynin but it is released more slowly into your system. One advantage is that you only have to take it one a day rather than at different times. Starting with 5mg a day, you can increase the dose by 5mg at a time after a week, so you are taking 10mg; then by another 5mg after another week (15mg once daily) and so on to a maximum of 20mg once daily. The tablets are best taken in the morning. You should only increase the dose if you feel there is room for further improvement, and you can leave it longer than a week before you increase the dose.

### Oxybutynin Patch (also known as Kentera).

The medication is actually oxybutynin and is the only bladder medication that comes in a patch which you apply to the side of your buttock. Its advantage is that it is associated with less side-effect compared with other tablets. You change the patch twice a week. It is advisable to swap the side to which you apply the patch when you change it. Some patients report itching or redness of the skin over the area to which the patch has been applied. More rarely you might notice some loss of pigment in the skin. Skin irritation may be reduced by waiting a minute after you have peeled off the back of the patch before applying it. These side-effects do settle with time once you stop treatment.

### Tolterodine

There are 3 different doses; 1mg twice a day, 2 mg twice a day and 4 mg XL once a day.

### Solifenacin

This is also known as **Vesicare**. There are two doses – 5mg once a day and 10mg once a day. It is best to start at the lower dose and if you do not notice any benefit after six weeks, increase the dose.

## Information for Patients

---

### Trospium Chloride

This is also known as **Regurin**. The dose is 20mg twice a day. It is also available in a once daily dose as Regurin XL 60mg.

### Mirabegron

This is also known as **Betmiga**. The dose is 50mg once a day

This works in a different way to the other drugs above. As a result it does not have the same side-effects. However, it is important to have your blood pressure checked regularly as it can go up.

### What if the treatment does not work?

You should try and take the medication for at least a month on the maximum dose that you can tolerate. If there is little or no benefit, it is worth trying a different drug which your GP or specialist will prescribe. We do not understand why some drugs work for some patients but not others.

### What are the side-effects of treatment?

It is difficult to say whether you will experience side-effects or not. It is not unusual to get side-effects, but do not let this put you off. We do not understand why some patients get side-effects but others do not. The following is a list of side-effects that patients often report:

- Dry mouth
- Heartburn
- Abdominal bloating or constipation
- Headaches

Other side-effects which are reported less commonly include drowsiness, blurred vision, palpitations and nausea.

Side-effects are rarely serious. They sometimes settle down with time and tend to stop once you discontinue treatment. It is still possible for you to take bladder medication if you have a **hiatus hernia** especially if the heartburn or reflux is under control. Similarly, you can also take bladder medication if you have **open angle glaucoma**. You should not take the treatment if you have **narrow angle glaucoma** which has not been corrected by surgery, liver or kidney failure, or severe ulcerative colitis (inflammation of the large bowel). If you have any doubts about whether to take bladder medication ask your GP or specialist.

### What if I get side-effects?

If you experience side-effects you need to balance the severity of the side-effects against any benefit you get from taking the treatment. If you can cope with the side-effects, you should continue with treatment, especially if your bladder symptoms are improving. If on increasing the dose you experience side-effects, which are unacceptable, you should go back down to the previous dose. If you experience palpitations or blurred vision you should stop the bladder medication and inform your GP or specialist.

### How long should I take the medication?

It is important you continue to take the prescribed medication until told to stop by your doctor or specialist. The length of time you need to take the medication varies from person to person. When you feel you have got good bladder control, you should try stopping the medication to see if you can manage without. You can stop treatment at once. It is not necessary to stop treatment gradually but you can do this if you wish.. If your symptoms return you can restart treatment.

### **Can I take the medication if I am taking other drugs?**

Yes you can. It is unusual for bladder medication to interfere with your other tablets. Please check with your doctor if you are not sure.

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).