# **Do I need to continue my overactive bladder medication forever?**

## **You can take a break to see if you might be able to stop taking your overactive bladder medication.**

You currently take a medicine (an anticholinergic) to treat your overactive bladder symptoms.

There are several types, and you are currently prescribed one of the following medications: tolterodine, fesoterodine, solifenacin, oxybutynin, darifenacin, flavoxate, propiverine, and trospium.

Some medications can only be stopped or changed by your doctor and others need to be taken lifelong (e.g., for high blood pressure or diabetes). However, medications for overactive bladder can be reviewed by the patient, after a few months’ treatment, and in many cases stopped.

**To review the benefit of this medication you can stop it for 4 weeks every 6 months.**

Below there is a table to complete at the beginning and end of the stoppage trial. This helps you assess your symptoms on and off the medication. This will help you to decide whether you want to continue without the treatment, or whether you want to restart treatment. If you are unsure, contact your GP practice.

Your symptoms may have improved sufficiently so that you do not need to continue this medication, if this is the case, you can stop it for good.

## **Why should I review my need for this medication?**

* For some patients, the improvement in symptoms continues even after the medication has stopped as your bladder has been trained to accept being fuller. Taking a break from the medication every six months, to see if you still need it, will minimise the risk of side effects.
* Whilst anticholinergic drugs are beneficial, they may also cause side effects such as dry mouth, constipation, blurred vision and confusion. It is good to check that the benefits of taking the medication outweigh the risks and side effects.
* See the patient information leaflet in the medicine box for full details.
* If you want to restart the treatment but had suffered from side effects which had been harmful to you (e.g., confusion), you can speak with your clinician about whether you could try a different treatment.

## **What else can I do to help my symptoms?**

* Cutting out caffeine, found in coffee, tea, and fizzy drinks, may improve your symptoms.
* Continue to drink normal quantities of fluids. Limiting fluids may make your symptoms worse.
* Go to the toilet only when you need to, this allows the bladder to get used to being full.
* Bladder training helps if this is an option for you. For more information see the leaflet prepared by Bladder & Bowel UK [SCR Overactive Bladder Syndrome (bbuk.org.uk)](https://www.bbuk.org.uk/wp-content/uploads/2022/09/Overactive-Bladder-Syndrome-adult-Bladder-Bowel-UK.pdf)

**How do I stop my overactive bladder medication?**

* Trialing a break from this specific medication every 6 months is recommended.
* Before stopping your medication, record your symptoms using the table below.
* Stop taking this medication for four weeks, every six months to check whether you still need it. If you take more than one medicine, and are unsure which one to stop, your local pharmacist can advise you.
* Complete the second table after the four-week break and this should help you determine whether the medicine is still helping you.
* Contact your GP using your usual communication method (e.g. NHS app, online, phone) to let them know the results and your decision on whether you want to continue or stop the medicine.
* Do not order any more repeat prescriptions of this medication if you decide to stop.

**Can I restart my overactive bladder medication if I want?**

* Request your prescription to be restarted.
* If you want to restart treatment but had suffered from side effects which had been harmful to you, you can speak with your clinician about whether you could try a different treatment.

**Patient Overactive bladder questionnaire** (compare the responses and if there is no noticeable increase in symptoms following the break you could discontinue the medication).

**Before stopping the tablets:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms over the****last week** | **Not at all** | **Occasionally** | **Often** | **Very often** |
| Frequent urination during the day |  |  |  |  |
| Uncomfortable or suddenurge to urinate |  |  |  |  |
| Accidental loss of small amounts of urine |  |  |  |  |
| Waking up at night to goto the toilet |  |  |  |  |
| Urine loss associated with a strong urge to urinate |  |  |  |  |
| Side effects from the tablets e.g., dry mouth constipation, blurred vision, drowsiness |  |  |  |  |
| My bladder problemstopped me doing what I wanted to do |  |  |  |  |

**Four weeks after stopping the tablets:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms over the****last week** | **Not at all** | **Occasionally** | **Often** | **Very often** |
| Frequent urination during the day |  |  |  |  |
| Uncomfortable or suddenurge to urinate |  |  |  |  |
| Accidental loss of small amounts of urine |  |  |  |  |
| Waking up at night to goto the toilet |  |  |  |  |
| Urine loss associated with a strong urge to urinate |  |  |  |  |
| Side effects from the tablets e.g., dry mouth constipation, blurred vision, drowsiness |  |  |  |  |
| My bladder problemstopped me doing what I wanted to do |  |  |  |  |