

This clinical summary sheet is designed to help a Clinical Pharmacist or GP conduct a focused Structured Medication Review (SMR). It uses the Gather, Assess, Align framework to move from clinical risk to a shared decision.

### The Opening (2 mins)

- Goal: Establish the patient's current experience.
- Ask: "How are your bladder symptoms currently? Are the tablets still doing the job you need them to do?" Consider using the [IPSS](#) for men and [OABSS](#) tools.
- Check: "Are you taking any other over-the-counter medicines such as Nytol for sleep or Piriton for hay fever?"
- Note: These significantly increase the total ACB score.

### The "Hidden" Side Effect Screen (3 mins)

- Goal: Connect the medication to the patient's daily concerns.
- Dryness: Constant thirst or dry mouth and/or eyes?
- Cognition: Any 'brain fog' or increased forgetfulness?
- Vision/Balance: Dizziness on standing or blurry vision?
- Bowels: Any constipation concerns?

### The Clinical Pitch (2 mins)

- Goal: Explain ACB risk without causing 'pill-shame'.
- Script: "This medicine blocks a chemical that helps the bladder, but the same chemical supports memory and balance. As we get older this can increase the risk of falls or confusion. We want to explore a more 'brain-friendly' alternative".

### Shared Decision Options (3 mins)

- Option A: Dose Reduction – Let's try a half-dose for 4 weeks. If your bladder stays settled, we'll stay there".
- Option B: The Switch – "I'd like to try you on Mirabegron, it works differently and doesn't affect your memory or balance in the same way"
- Option C: Trial Stop – "if your symptoms have improved over the years, we could try a 2-week break to see if you actually still need it".

### Documentation Codes (SNOMED/NHS)

Ensure the following are coded to satisfy IIF or QOF requirements.

Structured Medication Review:

**1019111000000100**

Anticholinergic burden review:

**1360661000000106**

Document medication changes clearly.

### Success Metrics for the Clinician

#### ACB Score Reduction:

Aim for total score below 3

#### Patient Satisfaction:

Ensure patients understand the goal is safety, not just cost-saving.

### NOTE

Beta-3 agonists are suggested alternatives to anticholinergics for OAB that don't have anticholinergic effects but do come with their own monitoring requirements and contraindications that the clinician will need to weigh up with the patient before prescribing in line with SPCs and NICE guidance.

This toolkit has been developed independently by the PCPA and supported by an educational sponsorship from Astellas. Astellas has had no editorial control over clinical content, recommendations or prescribing guidance contained within the toolkit.

For clinician use only: Developed June 2026: PCPA