

Quality Improvement Project: Oxybutynin prescription review

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Background

Oxybutynin has a high ACB risk, with highest risk of dementia/ mental impairment. It increases the risk of falling. Combining prescribing in patients who have frailty already, puts patients at an added risk of falls, fractures which will increase morbidity and quality of life.

Incontinence also poses a risk of falls and fractures by frequency and urgency leading to trips on the way to the toilet. Patients may also value independence of better bladder control, therefore patients should be supported to control symptoms whilst not being put at increased risk due to medications.

Aims and Objectives

Aim to reduce prescribing of high anticholinergic burden medications.

Review patients with frailty (moderate and severe) – who are prescribed oxybutynin.

Aim to determine current symptoms, effectiveness of medications and optimise prescribing where still indicated to a lower risk antimuscarinic.

Why is it important to service users and carers?

Patients often do not realise the risk associated with ACB and dementia – memory is important to a lot.

Patients lose independence and a high percentage die if suffering a hip fracture. Therefore being able to reduce risks and prevent such events is important to many.

Hip fractures and dementia carry a heavy carer burden. So as above, therefore to maintain an individuals independence as long as possible, supports those who would or already do care for frail patients.

Ideas and Reference to Baseline Audit

Running a search for patients with moderate or severe frailty AND prescribed oxybutynin of 5644 patient population gave a result of 1 patient.

The search was extended to all patients prescribed oxybutynin in order to aim prevention of frailty by the potential development of dementia and falls. This figure was 8.

Tools Utilised

SystemONE search.

MDT /frailty meetings and GPs to discuss patients.

ACB tools/Graham stretch previous slides on medication for overactive bladder control and passage through BBB to determine lowest risk alternatives

Results and Discussion

100% patients have been reviewed taking oxybutynin.

One patient remains on this medication where they are based at a care home, and GP and patient felt benefit > risk.

7 patients are either being trialled without all medication for overactive bladder, or planned to trial off this medication or change to another medication e.g. trospium or mirabegron with lower propensity to cross the BBB.

The most important element of these reviews was working with GPs and other pharmacists, to raise awareness of ACB scores in general and move away from medications that increase this risk where possible.

Patient preference remained central - some preferred to stay on some form of medication for bladder control vs coming off completely to maintain Quality of life vs risk of dementia and falls.

Time frame and work load gave some limitations to implementation and review of identified patients before submission of this QI pressures -however these patients remain on our radars and all prescribers now avoid initiating oxybutynin and are more cautious in their prescribing of ACB drugs in general.

Outcomes and Future Implementation

Outcomes: patient appreciation (qualitative and verbal) of being reviewed as most involved a Structured Medication review.

Future implementation: there is ongoing work to be done on this cohort of patients prescribed medications for bladder control. There is further scope to extend to those prescribed tolerodine (next on our formulary) – to determine if patients have been reviewed and are actually benefitting from this medication.

Pharmacy team have been updated on the data behind oxybutynin (and other ACB) links to dementia.

Ongoing education and review of patients at Frailty meetings will avoid new prescriptions where possible – and chose lowest risk where indicated.

Further work and scope extension would also be to review any patient on an AchE inhibitor and anticholinergic medication, as an outcome of learning from one of the most recent frailty webinars.