

Summary of NG123 and NG5 Guidance

To help you with your review, here is a detailed summary of **NG123** and **NG5**, focusing specifically on their intersection with overactive bladder (OAB) and anticholinergic burden (ACB).

NICE NG123: Urinary Incontinence and Pelvic Organ Prolapse

Updated June 2019

This is the primary clinical guideline for managing OAB in women. Its recent updates significantly increased the focus on **cognitive safety** and total drug load.

NICE website

1. Pre-Prescribing Mandatory Advice

Before starting any OAB medicine (anticholinergic), clinicians must explain:

- **Success Rates:** It is not a "cure-all"; the likelihood of success should be discussed.
- **"Indicator" Side Effects:** Patients should be told that dry mouth and constipation are common and may actually indicate the medicine is reaching a therapeutic level.
- **Timeframe:** Benefits are rarely seen before **4 weeks**, and improvement can continue over time.
- **Cognitive Uncertainty:** Clinicians must explicitly state that the long-term effects of these drugs on **cognitive function** are currently "uncertain".

2. Assessing the "Total Load"

The guideline moved away from looking at one pill in isolation. Clinicians are now instructed to take account of:

- **Co-existing Conditions:** Specifically poor bladder emptying, existing cognitive impairment, or dementia.
- **Total Anticholinergic Load:** You must review the *entire* medication list (including inhalers, antidepressants, and antihistamines) to calculate a cumulative risk.
- **Frailty Warning:** NG123 explicitly recommends **not offering immediate-release oxybutynin** to older women at risk of sudden physical or mental health deterioration.

3. Review Frequency

- Conduct a formal review every **6 months** (or sooner if the patient is over 75).
- **Trial Stop:** For patients stable on treatment for 6+ months, NICE suggests offering a **trial without treatment** for up to 4 weeks to see if the symptoms remain controlled without medication.

NICE NG5: Medicines Optimisation

Published March 2015

While NG123 tells you *what* to do for the bladder, **NG5** provides the framework for *how* to conduct the review safely and effectively.

Summary of NG123 and NG5 Guidance

1. Person-Centred Professionalism

- **Shared Decision-Making:** This is the core of NG5. Patients must be involved in deciding whether the benefit to their bladder outweighs the risk to their memory or balance.
- **Decision Aids:** Clinicians are encouraged to use visual aids or "patient decision tools" to help them weigh up options like switching to **Beta-3 Agonist** (which has no ACB) versus staying on an anticholinergic.

2. Structured Medication Review (SMR)

NG5 defines the "Structured Medication Review" which is now a contract requirement in many NHS Primary Care Networks. Key elements include:

- **Identifying Polypharmacy:** Identifying patients on multiple medicines where the cumulative risk (like ACB) is high.
- **De-prescribing:** NG5 provides the ethical and clinical framework to stop a medicine that is no longer "optimised" for the patient's current stage of life.

3. Medicines Reconciliation

- This is critical during the review. Ensure that "hidden" anticholinergics—such as over-the-counter sleep aids (diphenhydramine) or hayfever tablets—are identified, as these contribute to the total ACB score of 3+ (the "danger zone").

Summary Comparison for Your Review

Feature	NG123 (The Bladder Rulebook)	NG5 (The Safety Framework)
Primary Goal	Effective symptom management for OAB.	Safe and effective use of all medicines.
ACB Focus	Asks you to calculate "Total Load" before prescribing.	Asks you to review medicines holistically for safety.
Key Risk	Warns of cognitive decline and falls in older women.	Warns of inappropriate polypharmacy and drug interactions.
Action	Start low, review at 4 weeks, then every 6 months.	Use Shared Decision Making to stop/switch "burden" drugs.

Key Takeaway for your Review: Use **NG123** to justify *why* you are changing the bladder medicine (specifically citing the risk to cognitive function) and use **NG5** to guide the *conversation* (ensuring the patient is a partner in the decision).

Summary of NG123 and NG5 Guidance

This one-page summary aligns the clinical requirements of **NG123** with the safety framework of **NG5** to create a streamlined 10-minute Structured Medication Review (SMR).

Clinician Review Map: Bladder ACB (NG123 + NG5)

PHASE 1: Preparation & Triage (NG5: Medicines Reconciliation)

- **Total ACB Score:** Calculate the cumulative score using a tool like *ACBcalc*.
- **Hidden Loads:** Specifically check for **Amitriptyline**, **Inhalers**, or **OTC sleep aids** (Diphenhydramine).
- **The "Rule of 3":** If the total score is ≥ 3 , the patient is at high risk for falls and cognitive decline (NG123).

PHASE 2: Assessment (NG123: Clinical Efficacy)

- **Symptom Check:** "Are the tablets actually working?" (NICE recommends reviewing success vs. side effects).
- **Screen for "Indicator" Symptoms:** Document any report of:
 - Dry mouth or Constipation (Physical burden).
 - Confusion or Dizziness (Neurological burden).
- **Frailty Review:** If the patient has had a recent fall or shows signs of frailty, **Oxybutynin** should be flagged for immediate review/switch.

PHASE 3: The Conversation (NG5: Shared Decision-Making)

- **Transparency:** Explicitly state: "*NICE guidance now warns that these medicines might affect memory or balance long-term*" (NG123 requirement).
- **Options Presentation:**
 1. **Dose Reduction:** Lower the ACB while maintaining some benefit, consider non pharmacological options. In post menopausal women, consider trial of oestrogen pessaries/cream.
 2. **The "Safety Switch":** Move to a **Beta-3 agonist** which have **no** anticholinergic effect (NG123 recommended alternative).
 3. **The Trial Stop:** A 4-week break to see if the bladder has "retrained" (NG123).

PHASE 4: Implementation (NG5: Medicines Optimisation)

- **Safety Netting:** Advise the patient that bladder symptoms may take 4 weeks to re-settle after a change.
- **Coding:** Ensure you code the **SMR (1019111000000100)** and the **ACB Review (1360661000000106)**.
- **Follow-up:** Schedule a 4-week check (SMS or Phone) to confirm the new regime is tolerated.

Summary of NG123 and NG5 Guidance

The "Safety vs. Symptoms" Balance

If the patient has...	NG123/NG5 Recommendation
Cognitive Impairment	Stop/Switch immediately; risk of worsening dementia is too high.
High Falls Risk	Stop/Switch ; anticholinergics increase orthostatic hypotension.
No side effects	Discuss "hidden" long-term risk; offer a Trial Stop or Lower Dose .
Refusal to change	Document that risks were explained; review again in 6 months .

📌 Clinician's Goal: Reduce the total ACB score to **<3** while maintaining the patient's quality of life and dignity regarding their bladder symptoms.