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Drug Treatment for OAB

The underlined terms are listed in the glossary.

In about one third of people, self-management of overactive bladder symptoms does not work (See Self-management of OAB). If self-management measures did not improve your symptoms, your doctor may suggest drug treatment. This section describes different groups of drugs. Together with your doctor you can decide which approach is best for you.

Factors which influence this decision include:

- Your symptoms
- Your medical history
- Any other medication you are taking
- Drugs available in your country
- Your personal preferences and values

This section offers general information about drug treatment for OAB symptoms and situations can vary from country to country.

There are several groups of drugs to treat OAB symptoms:

- Muscarinic receptor antagonists
- Beta-3 agonists
- Desmopressin

Muscarinic receptor antagonists

Muscarinic receptor antagonists (MRAs) are a group of drugs which reduce the abnormal contractions of the bladder and improve urgency symptoms. This is the most commonly recommended group of drugs for OAB symptoms. There are several types of MRAs:

- Darifenacin
- Fesoterodine
- Oxybutynin
- Propiverine
- Solifenacin
- Tolterodine
- Trospium chloride

Side effects of MRAs are usually mild. They may include dry mouth and eyes, acid reflux, and constipation. In rare cases they may cause symptoms of the common cold, blurred vision, and dizziness as well as difficulty urinating.

Beta-3 agonists

Beta-3 agonists are a new class of drugs which improve OAB symptoms by reducing abnormal contractions of the bladder, similar to MRAs. Currently, only mirabegron is used for the treatment of OAB symptoms.

Mirabegron is recommended if your symptoms have not improved when taking MRAs or if you experience bothersome side effects from the MRAs. The side effects of mirabegron are usually mild.

Desmopressin

Desmopressin reduces the amount of urine the body produces. This drug is recommended if your main OAB symptom is nocturia. Desmopressin may reduce the number of times you wake up to use the toilet and allow you more hours of uninterrupted sleep. It comes as a tablet, a nasal spray, or a melt-in-the-mouth tablet and is taken right before sleeping. The drug is effective for 8-12 hours.

Desmopressin can cause a drop in blood sodium levels. That is why it is common to have your blood tested before and during your treatment. Less common side effects are headache, nausea, diarrhoea, pain in the abdomen, dizziness, or dry mouth. In rare cases, desmopressin can cause high blood pressure and swelling of the feet and ankles (known as peripheral oedema).

This information was updated in January 2014.

This leaflet is part of EAU Patient Information on OAB. It contains general information about overactive bladder symptoms. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider.

This information was produced by the European Association of Urology (EAU). The content of this leaflet is in line with the EAU Guidelines.

You can find this and other information on urological diseases at our website: <http://patients.uroweb.org>

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