



When prescribing antimuscarinics, the specialist who initiated the treatment would have considered the followings:

- antimuscarinics known to cross the blood-brain barrier (for example, oxybutynin) have the potential to cause central nervous system-related side effects (such as confusion)
- antimuscarinic treatment can reduce bladder emptying, which may increase the risk of urinary tract infections
- antimuscarinic treatment may precipitate or exacerbate constipation

Where a patient failed treatment with tolterodine:

- oxybutynin patch is a preferred choice for a child who cannot take tablets whole. Do not prescribe for any patient with eczema or previous history of skin allergies/sensitive skin.
- trospium should be first option in all children over 12 years who can tolerate tablets as it is licenced and cheaper than the patch, and in children under 12 years who can take tablets. Advise to take tablets on an empty stomach. If problems with compliance, side effects or poor response, consider oxybutynin patch.

NB: Not all antimuscarinics have a UK marketing authorisation for use in children.

Please refer to the individual Summary of Product Characteristics for full list of cautions, contraindications, drug interactions and adverse reactions.

Primary Care prescribing

- Prescribing will be continued in primary care under amber initiated criteria.
- Patients will have been stabilised on treatment by the initiating specialist (including specialist consultants, urology advanced nurse practitioners) before GP prescribing commences.
- The specialist should provide primary care with a diagnosis and treatment plan including review dates. The specialist will inform the patient / carer where a medicine is being used “off-label” and obtain their consent. This will be documented and the GP informed.
- The specialist will continue to monitor and supervise the overall treatment and review of the patient.
- The GP would inform the specialist of any concerns or side effects associated with the drug.
- If the GP does not feel it is appropriate to take on the prescribing then the prescribing responsibilities will remain with the specialist. The GP should inform the specialist the reason for declining.

Monitoring recommendations:

- Mirabegron: regular monitoring of blood pressure and heart rate at least once every 3 months . See [NIH blood pressure tables in paediatrics and adolescents](#) for reference values.
- Anticholinergic side effects e.g. constipation, urinary retention, dry mouth, blurred vision, skin flushing, transient bradycardia

How long the medicine should be prescribed for

The duration of treatment benefit may vary between individuals. Termination of treatment will be carried out by the specialist.

Ongoing role of specialist

Advice of the specialist should be sought if any concerns or if serious adverse effects are reported by the patient.

Notify the specialist of any lack of clinical efficacy or non-adherence with the treatment plan or if patient did not attend appointment(s).

References

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12. Yamaguchi O et al. Safety and efficacy of mirabegron as 'add-on' therapy in patients with overactive bladder treated with solifenacin: a post-marketing, open-label study in Japan (MILAI study). BJU Int, 2015; 116: 612-622