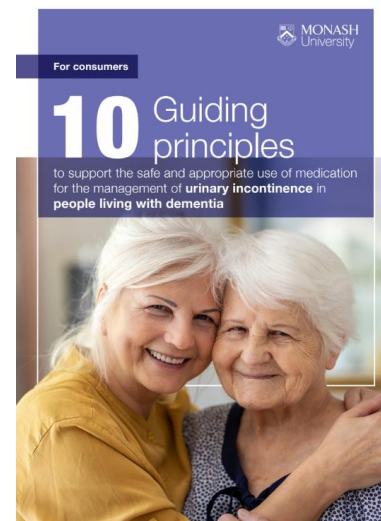
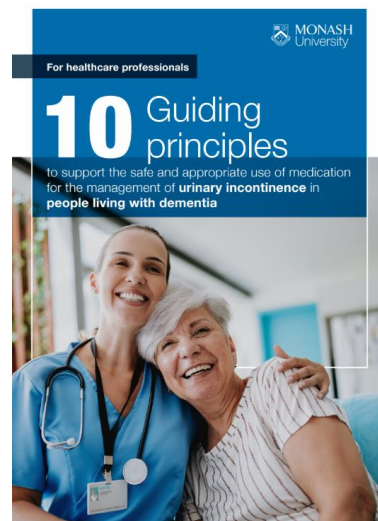








## Safety and effectiveness of medications for management of urinary incontinence in people living with dementia and cognitive impairment

This table provides a summary of existing research on the safety and effectiveness of medications available in Australia to manage urinary incontinence for people living with dementia. In cases where evidence specific to people living with dementia is not available, research involving older adults or the general adult population has been included.

The selection of information provided (e.g., effectiveness, side effects, cost etc) has been guided by interviews with people living with dementia, carers and healthcare professionals.

This table is intended to complement the ‘10 Guiding principles to support the safe and appropriate use of medication for the management of urinary incontinence in people living with dementia’, as a reference for shared decision making when using medication to manage urinary incontinence in people living with dementia.



Medication + Indication	Effect on UI symptoms 	Effects on cognition 	Commonly reported adverse drug events 	Comorbidities/contraindications to consider 	Subsidised 	Dosing 	Certainty of evidence <sup>ll</sup>	Number of studies (sample size) involving people with dementia or living in aged care	Duration of study
<b>Medications with data from trials involving people living with dementia</b>									
<b>Oxybutynin 5mg tablet or 3.9mg/24 hours patch</b> (Indication: Urge UI <sup>1</sup> )	Most studies report no significant or clinically meaningful effects on UI. May result in one fewer UI episodes a day.	May be associated with impaired cognition (i.e., memory, alertness).	Dry mouth, constipation, sense of incomplete bladder emptying, urinary retention, reflux/heartburn, dizziness, drowsiness. <sup>1</sup> Dry mouth may be less common with patch. <sup>1</sup>	Review other anticholinergics being used (i.e. total anticholinergic burden). <sup>1</sup> May antagonise anticholinesterases. <sup>1</sup> Avoid use in urinary retention or significant bladder outlet obstruction. <sup>1</sup>	\$ PBS	Tablet: For older adults, start with low dose (e.g. 2.5mg at night). Can increase slowly to 2.5mg-5mg, 2 or 3 times daily if needed (max 20mg daily). <sup>1</sup> Patch: Apply 1 patch twice a week (every 3-4 days). <sup>1</sup>	Low	8 original studies <sup>4,5,6,7,8,9,10,11,12</sup> (n = 9 - 75)	Up to 4 weeks
<b>Solifenacin 5mg or 10mg tablet</b> (Indication: Urge UI <sup>1</sup> )	Statistically significant reduction in UI episodes/day (Reduction in 1 – 2 UI episodes/day).*	No statistically significant effects on cognition	Dry mouth, constipation, fatigue, blurred vision, cough, hypertension, urinary retention, QT prolongation. <sup>3</sup>	Review other anticholinergics being used (i.e. total anticholinergic burden). <sup>1</sup> May antagonise anticholinesterases. <sup>1</sup> Avoid use in urinary retention or significant bladder outlet obstruction. <sup>1</sup> Consider kidney and liver function. <sup>1</sup>	\$\$ Private	Start with 5mg once daily. If necessary, increase to 10mg once daily. <sup>1</sup>	Very Low	1 original study <sup>12</sup> (n = 23)	Up to 3 weeks
<b>Medications commonly used in practice but have NO trial data specifically involving people living with dementia</b>									
<b>Darifenacin 7.5mg or 15mg tablet</b> (Indication: Urge UI <sup>2</sup> )	May reduce UI episodes. Reduction by 68.75% in weekly UI episodes (7.5mg) and 76.5% (15mg) was statistically significant. Other studies found reductions as not statistically significant.* <sup>13</sup>	Data not available	Dry mouth, constipation, nausea, vomiting, dyspepsia, headache, diarrhoea. <sup>13</sup>	Review other anticholinergics being used (i.e. total anticholinergic burden). <sup>1</sup> May antagonise anticholinesterases. <sup>1</sup> Avoid use in urinary retention or significant bladder outlet obstruction. <sup>1</sup>	\$\$\$ Private	Start with 7.5mg once daily. If necessary, increase to 15mg once daily after 2 weeks. <sup>1</sup>	Very low	No studies	12 weeks*
<b>Mirabegron 25mg, or 50mg<sup>14</sup> tablet</b> (Indication: Urge UI <sup>1</sup> )	May reduce UI episodes. May result in 0.41 fewer UI episodes per day. <sup>#,14</sup>	No statistically significant effect on cognition <sup>#</sup>	Increased blood pressure, heart rate, dizziness, urinary tract infection, headache diarrhoea, fatigue. <sup>#,14</sup>	Caution with severe, uncontrolled hypertension, liver and kidney function. <sup>#,1</sup> Not recommended with CYP3A4 inhibitors. <sup>#,1</sup>	\$\$\$ Private <sup>^</sup>	Start with 25mg once daily. If required and tolerated, increase to 50mg once daily. <sup>1</sup>	Very Low	No studies	12 weeks <sup>#</sup>
<b>Vaginal oestrogen (intravaginal pessary or cream)</b> (Indication: Urge or stress UI <sup>2</sup> )	Studies reported varied effects on UI symptoms. May reduce urinary urgency, frequency and nocturia in women. Effects on stress UI were statistically significant.* <sup>15</sup>	Data not available	Local irritation or burning. <sup>3</sup> Breast enlargement and tenderness, headache, depression, change in libido, irregular or breakthrough bleeding, spotting. <sup>1</sup>	Should not be used with undiagnosed vaginal bleeding, <sup>2</sup> and use with caution in active breast cancer or oestrogen-dependent cancers. <sup>1</sup>	\$ PBS	1 applicatorful or pessary inserted into the vagina at night for 2-3 weeks, then maintenance of 0.5mg once/twice a week. <sup>1</sup>	Very Low	No studies	24 months*

Abbreviations: UI = urinary incontinence; PBS = pharmaceutical benefits scheme; <sup>ll</sup>Quality of evidence based on number of available studies, heterogeneity, sample size; <sup>#</sup> Based on studies in older adults (>65 years); \*Based on studies in adults (>18 years); <sup>^</sup>Subsidy options may be available through some public health services in certain states or territories of Australia, though availability and eligibility criteria may vary.

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### **References = Medications commonly used in practice but have NO trial data specifically involving people living with dementia**

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### **Important Information about the resource**

**Disclaimer:** This document is a summary of the safety and effectiveness of medications for the management of urinary incontinence for people with dementia based on available resources and evidence at the time of development. Any recommendations should be subject to healthcare professional judgement as well as the individual circumstances and the preferences and values of the person living with dementia.

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10 Guiding principles to support the safe and appropriate use of medications for the management of urinary incontinence in people living with dementia [medication comparison table]. 2025. Monash University, Australia.