Continence PGD - Oxybutynin 5mg Modified Release

Patient group direction for the supply of Oxybutynin 'Lyrinel XL' 5mg and 10mg tablets, maximum dose of 20mg/day to patients suffering from urinary frequency, urgency or incontinence attending the Continence Service in NHS Borders.

This document authorises the supply or administration of Lyrinel XL 5mg or 10mg tablets by physiotherapists or nurses to patients who meet the criteria for inclusion under the terms of the document.

The physiotherapist or nurse seeking to supply Lyrinel XL 5mg or 10mg tablets must ensure that all clients have been screened and meet the criteria before supply takes place.

The purpose of this Patient Group Direction is to allow the continence service to assess a patient's response to anti-muscarinic therapy prior to ongoing prescribing by a GP.

This direction was authorised on APRIL 2010

The direction will be reviewed by APRIL 2012

Clinician responsible for training and review: Fiona Grant

PGD reviewed by:

Patient Group Direction for supply of Lyrinel XL 5mg and 10mg tablets without prescription for a named individual by Physiotherapist or Nurse employed by NHS Borders in the Continence Service.

1. This Patient Group Direction relates to the following specific preparation:

Name of medicine, Strength, formulation	Lyrinel XL(modified release oxybutynin hydrochloride) 5mg, 10mg tablets Maximum dose of 20mg/day
Legal Status	POM Prescription Only Medicine
Storage	No special precautions required
Dose	5mg increased if necessary to 10mg and thereby increased by 5mg weekly to a maximum dose of 20mg/day. **Child:** over 6 years 5mg/day,can be increased by 5mg/week to a maximum dose of 15mg/day.
Route/method	Oral, swallowed whole
Frequency	Daily
Total Dose Quantity (Maximum/Minimum)	Up to 2 months treatment (60 tablets of 5mg), if patient increases dose a maximum of 4 months in total may be given before GP prescribes on-going therapy.
Advice to patients	Lyrinel XL, like other anticholinergics may cause blurred vision, insomnia.
Follow up arrangements	The patient should see the continence team before supply is finished to ensure review of side effects and effectiveness is carried out and further supply can be made by the patients GP. The patient should also be reviewed by the continence service after 3-6 months to ensure treatment remains effective.
Relevant warnings	Due to the pharmacological effect of Lyrinel XL side effects are common. These include: Common (less than 1 per 10 but more than 1 per 100 patients) side effects are:

	Appetite increased, euphoric mood, confusion, irritability, libido decreased, disorientation, insomnia dizziness, somnolence, ataxia, coordination abnormal, tremor, dysarthria, memory impairment, disturbance in attention, paraesthesia, sedation, balance disorder, lethargy, vision blurred, diplopia, vertigo, erectile dysfunction, gait abnormal, feeling drunk, fatigue, oedema peripheral, oedema, <u>Uncommon</u>(less than 1 per 100 but more than 1 per 1000) Hallucination, panic attack, restlessness, agitation, depression, depressed mood, mood swings, depersonalisation, word finding difficulty, abnormal dreams, libido increased, anorgasmia, apathy, nasopharyngitis, anorexia, hypoglycaemia, syncope, stupor, myoclonus, psychomotor hyperactivity, ageusia, dyskinesia, dizziness postural, intention tremor, nystagmus, cognitive disorder, speech disorder, hyporeflexia, hypoaesthesia, amnesia, hyperaesthesia, burning sensation, visual disturbance, eye swelling, visual field defect, visual acuity reduced, eye pain, asthenopia, dry eye, lacrimation increased, tachycardia, atrioventricular block first degree, flushing, hot flushes, hypotension, hypertension, dyspnoea, nasal dryness, abdominal distension, gastro-oesophageal reflux disease, salivary hypersecretion, hypoaesthesia oral, rash papular, sweating, muscle twitching, joint swelling, muscle cramp, myalgia, arthralgia, back pain, pain in limb, muscle stiffness, urinary incontinence, dysuria, ejaculation delayed, sexual dysfunction , gait abnormal, feeling drunk, fatigue, oedema peripheral, oedema, blood creatine phosphokinase increased, alanine aminotransferase increased,

	aspartate aminotransferase increased, platelet count decreased. <u>Rare</u>(less than 1 per 1000 but more than 1 per 10000 patients) side effects are: Blood glucose increased, blood potassium decreased, white blood cell count decreased, blood creatinine increased, weight decreased, anasarca, pyrexia, amenorrhoea, breast discharge, breast pain, dysmenorrhoea, hypertrophy breast, renal failure, oliguria, rhabdomyolysis, cervical spasm, neck pain, urticaria, cold sweat, ascites, pancreatitis, dysphagia, epistaxis, throat tightness, nasopharyngitis, cough, nasal congestion, rhinitis, snoring, peripheral coldness, sinus tachycardia, sinus arrhythmia, sinus bradycardia, hyperacusis, peripheral vision loss, oscillopsia, altered visual depth perception, photopsia, eye irritation, mydriasis, strabismus, visual brightness, hypokinesia, parosmia, dysgraphia, disinhibition, elevated mood, neutropenia,

2. Clinical Condition

Clinical condition To be treated	Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with Overactive Bladder Syndrome.
Criteria for inclusion	Patients aged over 6 with symptoms of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome.
Criteria for exclusion	Urinary retention Uncontrolled narrow angle glaucoma Myasthenia Gravis Hepatic and Renal failure Demonstrated hypersensitivity to the active substance or to any of the excipients. Patients with obstructive conditions of the gastrointestinal tract eg. Pyloric stenosis. Hiatus hernia

	Pregnancy and breast feeding. Patients on interacting medication. Autonomic Neuropathy
Action if excluded	Consider alternative therapy or management
Action if declines	Document patient's refusal for treatment and inform GP that patient refused treatment.
Interactions with other medicaments and other forms of interaction.	Concomitant medication with other medicinal products with anticholinergic properties may result in more pronounced therapeutic effects amd undesirable effects.

3. Records - Epex and Continence Team records.

1. The following records should be kept(either paper or computer based)

   The GP practice, clinic, hospital, and ward or department.
   Patient name and CHI number
   The medicine name, dose, route, time of dose(s), and where appropriate start date, number of doses and or period of time, for which the medicine is to be supplied or administered.
   Drug batch number and expiry
   The signature and printed name of the approved healthcare professional who supplied or administered the medicine
   The patient group direction title and/or number
   Whether patient met the inclusion criteria and whether the exclusion criteria were assessed.
   Quantity supplied/received and current stock balance.

2. Preparation, audit trail, data collection and reconciliation.
   Stock balances should be reconcilable with receipts, administration, records and disposals on a patient by patient basis.

3. Storage- no special precautions required.

4. Professional responsibility-

- ❖ All health professionals will ensure he/she has the relevant training and is competent in all aspects of medication, including contra-indications and the recognition and treatment of adverse effects. He/she will attend training updates as appropriate.
- ❖ Nurses will have due regard for the NMC Code of Professional Conduct, standards for conduct, performance and ethics (2008) and NMC Standards for Medicines Management (2008)

5. References

- ❖ British National Formulary (BNF) current edition http://bnf.org/bnf/index.htm
- ❖ Borders Joint Formulary (BJF) http://intranet/new_intranet/microsites/index.asp?siteid=65&uid=1
- ❖ SPC – www.medicines.org.uk

Patient Group Direction For Provision of Oxybutynin 'Lyrinel XL' 5mg and 10mg tablets by Continence Team Nurses or Physiotherapists employed by NHS Borders

This Patient Group Direction is Approved for use by the under-signed :			
Job Title	**Name**	**Signed**	**Date**
Senior Doctor/Dentist for relevant clinical area	Ross Cameron		
NHS Borders Director of Pharmacy	Alison Wilson		
NHS Borders Senior Health Professional for Clinical Area	Sheena Wright		
NHS Borders Senior Health Professional for Clinical Area	Maggie Stobie/ May Sharp		

PGD AUTHORISED ON ……/……./…….. BY NHS BORDERS ADTC/CHAIRPERSON

Signed by ADTC CHAIRPERSON: ……..

Name: ……

The Health Professionals named below, being employees of

NHS Borders based at Continence Clinic

are authorised to provide and/or administer this medication under this Patient Group Direction and agree to provide and/or administer this medication in accordance with this Patient Group Direction

Name of Health Professional	Job Title	Signed	Date

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Senior Doctor/Dentist for relevant clinical area	Ross Cameron		5/5/10
NHS Borders Director of Pharmacy	Alison Wilson		12/5/10
NHS Borders Senior Health Professional for Clinical Area	Sheena Wright		6/5/10
NHS Borders Senior Health Professional for Clinical Area	Maggie Stobie/ May Sharp		

PGD AUTHORISED ON 18/5/2010 BY NHS BORDERS ADTC/CHAIRPERSON

Signed by ADTC CHAIRPERSON: .....

Name: .....

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