THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

ANTICHOLINERGICS (GENITOURINARY)

Deprescribing in older people: A clinical practice guideline

dRx™

ANTICHOLINERGICS (GENITOURINARY)

- **Darifenacin**
- **Oxybutynin**
- **Propantheline**
- **Solifenacin**
- **Tolterodine**

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing of genitourinary anticholinergics be offered to older people: 1. With cognitive impairment, delirium, dementia and/or a high risk of falls due to the risk of adverse cognitive outcomes and sedation potentially outweighing the benefits of continued use, especially in patients with high anticholinergic burden; 2. With no clear indication (e.g. indications in line with current treatment guidelines) or no identifiable benefit; or 3. For drug-induced symptoms where the original drug can be suitably reduced, discontinued, or replaced by another drug (e.g. inappropriate prescribing cascade).
GPS	Deprescribing decisions should be made in consultation with the person and their specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	If multiple attempts at deprescribing are unsuccessful and non-pharmacological interventions or alternative medications with fewer anticholinergic effects are not effective/ possible, we suggest continuing the genitourinary anticholinergic at the lowest effective dose; however, the need for long-term therapy should be reassessed periodically.
	HOW TO DEPRESCRIBE
CBR	Generally, we suggest discontinuing genitourinary anticholinergics without the need for tapering. Tapering may be considered for high-dose therapy, and some individuals may prefer gradual tapering by reducing the dose or dosing frequency per week that the medicine is taken.
GPS	Healthcare providers should consider offering adequate education on lifestyle interventions (e.g. bladder training, pelvic floor exercises, timed toileting) to individuals, as appropriate, in addition to referrals to a continence advisor (ungraded good practice statement).
	MONITORING
CBR	We suggest periodic evaluation of individual preferences, and psychological effects of deprescribing, and advising individuals to report to their healthcare professionals any symptoms of recurrence or disease exacerbation (e.g. any return or worsening of urgency, frequency, incontinence, or nocturia).

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

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