



Lancashire Gynaecologist

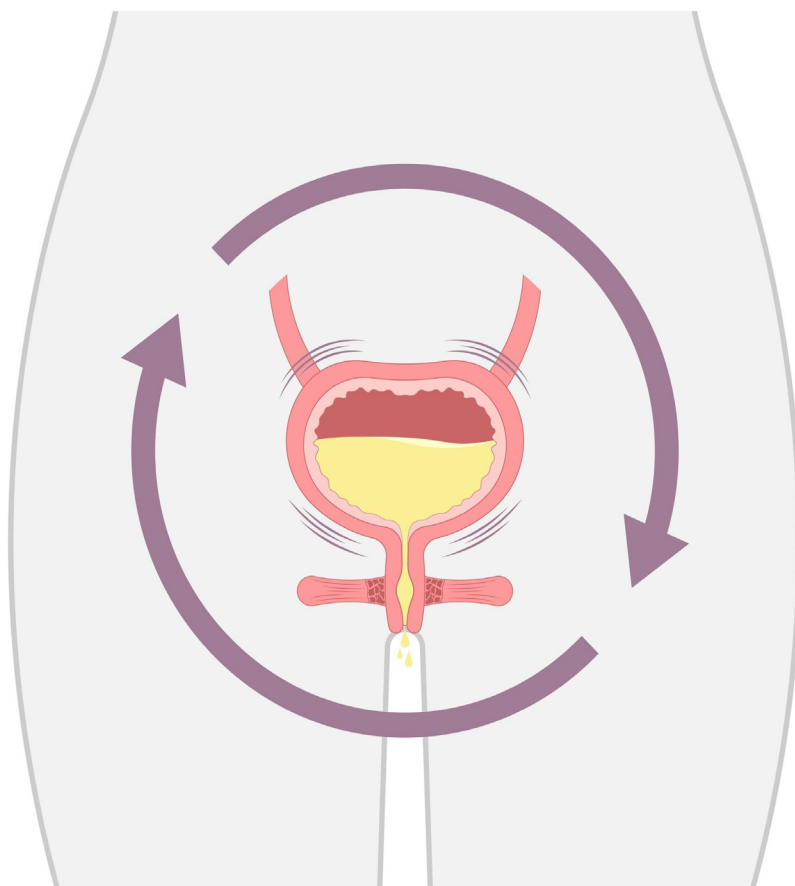
Eric Mutema

New drugs treatment for
OAB and Mixed Incontinence

New drugs for the treatment of Overactive Bladder (OAB) and Mixed Incontinence – a urogynecologist’s guide for women seeking answers

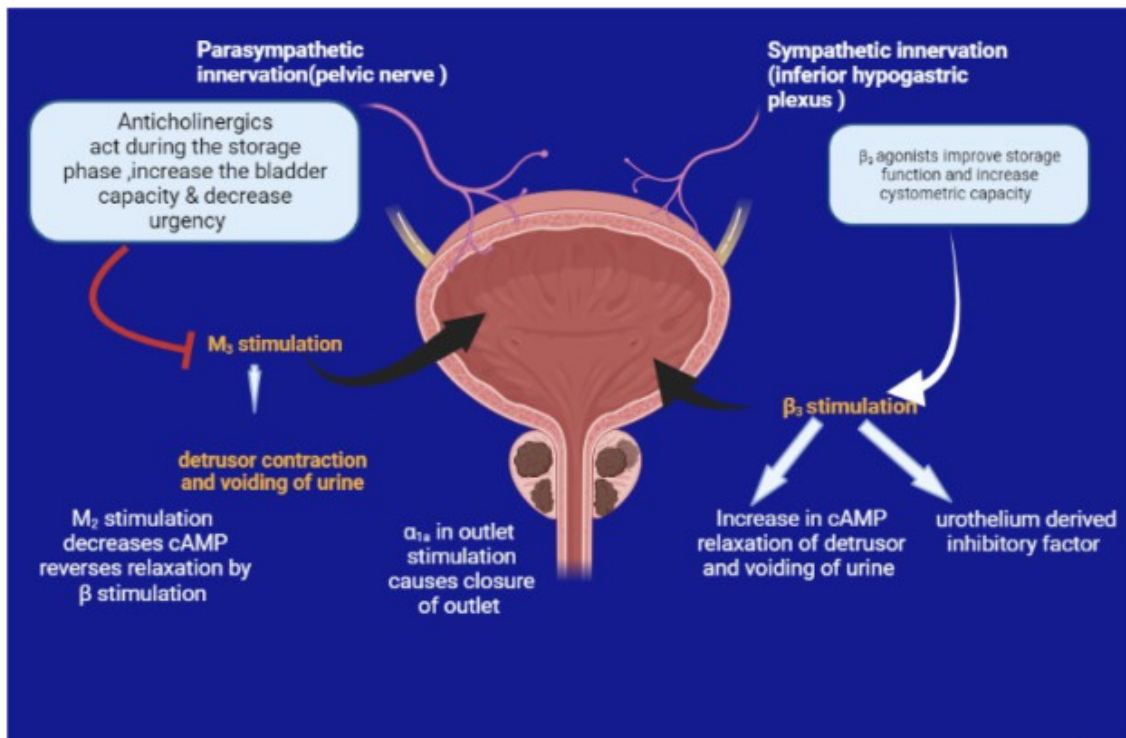
If you’re reading this, you’re likely facing episodes of urgency, leakage, or nighttime trips to the bathroom that are affecting your daily life. You’re not alone and there are thoughtful, evidence-based options that can help you regain control and confidence.

This article explains emerging medications in clear terms, why they might be right for you, practical considerations, and how drug therapy fits into a broader, woman-centred urogynaecology plan. It also covers non-drug treatments such as Perifit Care+ and the Emsella Chair, which that can complement or, in some cases, reduce the need for medications.



Understanding OAB and mixed incontinence in plain language

Overactive bladder (OAB) shows up as a sudden urge to go, with or without leakage, and is often accompanied by more frequent bathroom trips at day and night. Mixed incontinence combines symptoms of stress incontinence (leakage with coughing, sneezing, or activity) and urgency-related leakage. The goal of treatment is personal: reduce urgent episodes and leaks, support pelvic tissues and protect your bladder health so you can sleep through the night and enjoy your daily activities again. A practical, effective plan usually blends education, lifestyle tweaks, pelvic floor exercises, bladder training, and when appropriate, medications or device-based therapies.



Why consider newer drugs?

Many women benefit from traditional therapies like antimuscarinics or beta-3 adrenergic receptor agonists, but some people experience bothersome side effects such as a dry mouth, constipation, dizziness, or cognitive effects and not everyone achieves full symptom control. Newer agents are being developed to improve relief while minimising side effects, and to offer options if older medicines didn't work well for you or aren't suitable for your health conditions. Personalisation matters: the best choice depends on which symptoms bother you most (urgency versus leakage), your overall health, prior responses to treatment and your preferences about dosing and side effects.

What's new in pharmacology and what could this mean for you?

Beta-3 adrenergic receptor agonists (next-generation)

These drugs help the bladder relax between visits to the bathroom, increasing capacity and reducing urgency. Beta-3 mimetics offer significant clinical benefits over older OAB medications, including negating the need for blood pressure monitoring.

Targeted approaches to bladder sensation

Some medicines focus on bladder sensory pathways to lessen the "signal" that tells your brain you need to go, aiming for fewer urgent episodes with fewer systemic effects.

Combination and multimodal strategies

In some cases, combining a beta-3 agent with other mechanisms may provide broader symptom relief, which can be helpful if you have both urgency and leakage.

Non-pharmacologic adjuncts that influence bladder signalling

These options may be used alongside drugs to support symptom control, particularly if you also have pelvic floor concerns.

Practical considerations for you and your care team

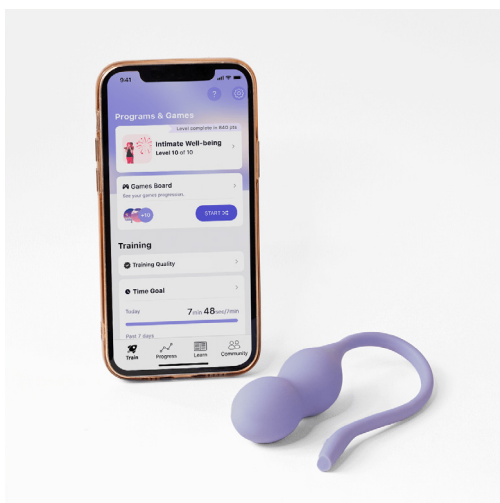
A clear picture of your symptoms helps tailor therapy. Think about which issues bother you most: urgent urges, leakage with activity, nighttime awakenings, or stress-related leaks. Your safety profile matters too: cardiovascular health, glaucoma risk, constipation, dry eyes, and cognitive concerns can influence the choice of therapy.

If you've tried similar medicines before, sharing what helped or didn't help, along with how well you stuck to the treatment, guides a smarter next step. For people planning pregnancy or who are pregnant, some medications require special considerations or alternatives, so this discussion is important early on.

Education is key: know what to expect regarding onset (often several weeks) and possible side effects and understand why adherence matters. A structured follow-up plan helps your clinician monitor how well a treatment is working and whether any adjustments are needed.

Non-drug therapies

Non-drug therapies can be powerful companions or, for some, stand-alone options. Two notable non-drug options are Perifit Care+ and the Emsella or Ultra Tesla Chair.



Perifit Care+ is a digital pelvic floor therapy system that guides you through exercises with real-time biofeedback and progress tracking. For many women, improving pelvic floor strength and coordination reduces leakage and improves bladder control, and it can be a strong partner to medication or, in some cases, a meaningful alternative if you want to minimize pills.



Emsella Chair uses electromagnetic energy to stimulate pelvic floor muscles, strengthening them through non-surgical means. It can complement medications for added continence benefits or serve as an option for those who prefer to reduce drug exposure. As with any therapy, discussing eligibility, expected timelines for benefit, and potential side effects with your clinician is important so you know what to expect.

In summary

Medication often works best when it sits within a broader, cohesive approach. Pelvic floor therapy remains a cornerstone for pelvic support and symptom relief, particularly in mixed incontinence. Bladder training along with lifestyle changes such as maintaining a healthy weight, moderating caffeine and alcohol, stopping smoking, and ensuring sufficient fibre in your diet, can boost the benefits of medication and improve your quality of life. In some cases, surgical discussion may arise if there is predominant stress incontinence or if urgency symptoms persist despite optimised medical therapy, always within a plan that emphasises your goals and preferences.



What to discuss at your next visit

Be ready to share which symptoms bother you most (urgency, leakage during activity, nighttime voiding, or stress leakage), how you've responded to prior therapies, and any health considerations that might influence treatment. Talk about your preferences for dosing, potential side effects, and how you'd like to monitor progress. If you're curious about newer drugs or device-based therapies, ask about their availability and suitability for you.



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The Lancashire Gynaecologist

Mr Eric Mutema is a highly experienced and respected Consultant Obstetrician and Gynaecologist. He founded his private practice, the Lancashire Gynaecologist, to provide a service to women in Lancashire and beyond and respond to the shortage of specialist gynaecological services available to women missing out on individualised care and treatment. The Lancashire Gynaecologist offers patients individual attention, an empathetic, compassionate approach and patient-centred care. His patients will receive a full consultation that takes their overall health into account and subsequent treatments will be tailored to meet the needs of the individual woman. So please don't wait and put off seeking treatment; we're available, convenient and we can help you.



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