

Feel good about life again, with Oxytrol®



A guide for people who have been prescribed
OXYTROL® patch for the treatment of overactive bladder.

Days I change my OXYTROL® patch:

(Please circle your selected days of the week)

MON

TUE

WED

THU

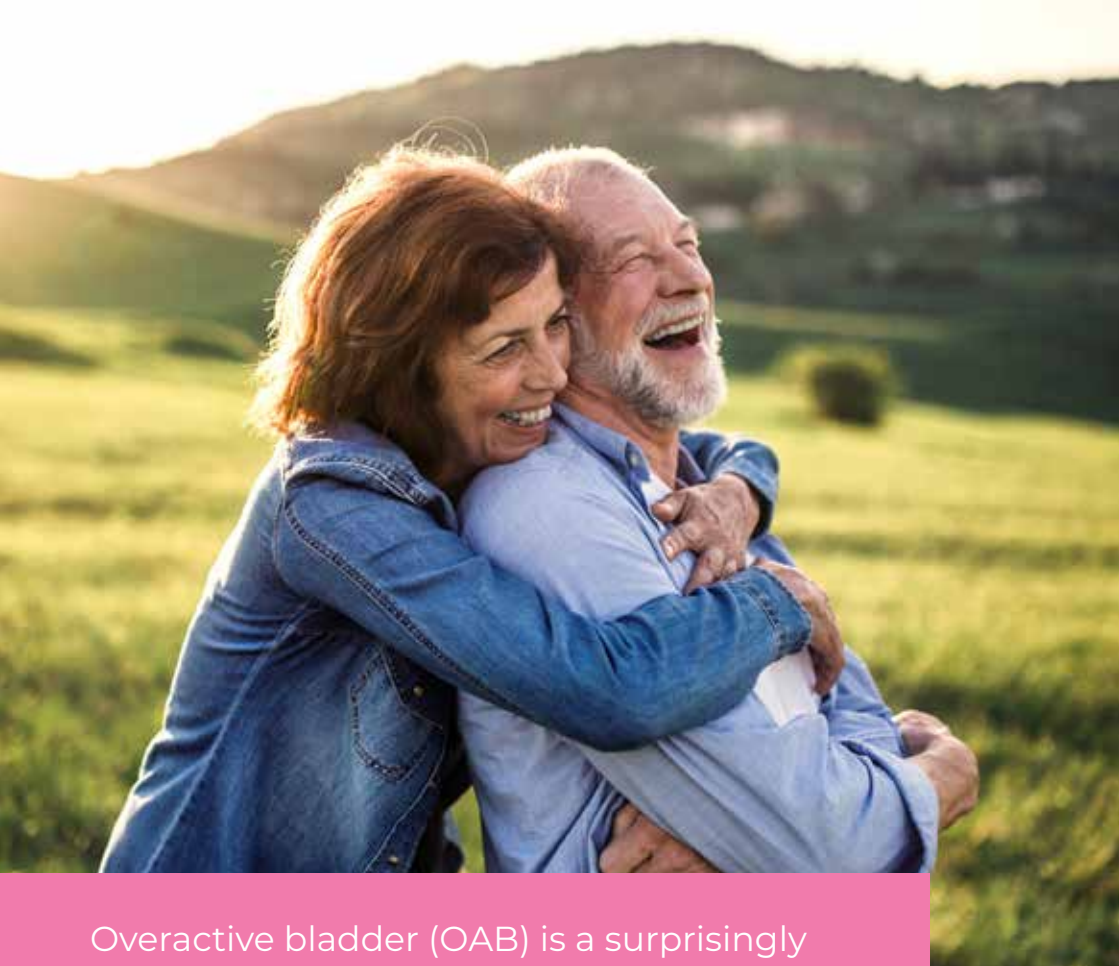
FRI

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This booklet contains answers to some common questions about overactive bladder and OXYTROL®. This information does not replace talking to a healthcare professional. If you would like more information, please talk to your pharmacist or doctor.





Overactive bladder (OAB) is a surprisingly common condition that can have a significant impact on a person's quality of life.¹

Your doctor has prescribed you OXYTROL® patch to help treat an OAB. By taking this medication, the goal is to help improve your OAB symptoms, so you can better manage your condition.¹

Because the medicine in OXYTROL® patch is delivered via the skin, it provides a different way to take your medicine, that may be more appropriate for your needs.¹

Let's find out more about OAB, OXYTROL® patch and how the right combination of treatment and lifestyle changes can help you take control of OAB.

What is OAB?

OAB is a common condition mainly characterised by frequent and sudden urges to urinate that may be difficult to control.^{1,2}

How common is OAB?

OAB is fairly common, affecting between 12-17% of Australians and becomes increasingly common as people age.^{1,2} OAB is more likely to be experienced by women who are post-menopausal, or who have given birth through vaginal delivery.^{1,2} People who have a body mass index (BMI) higher than 30 or who experience chronic constipation may also have a higher risk for OAB.^{1,2}

What are the symptoms of OAB?

People with OAB may experience the following symptoms:¹

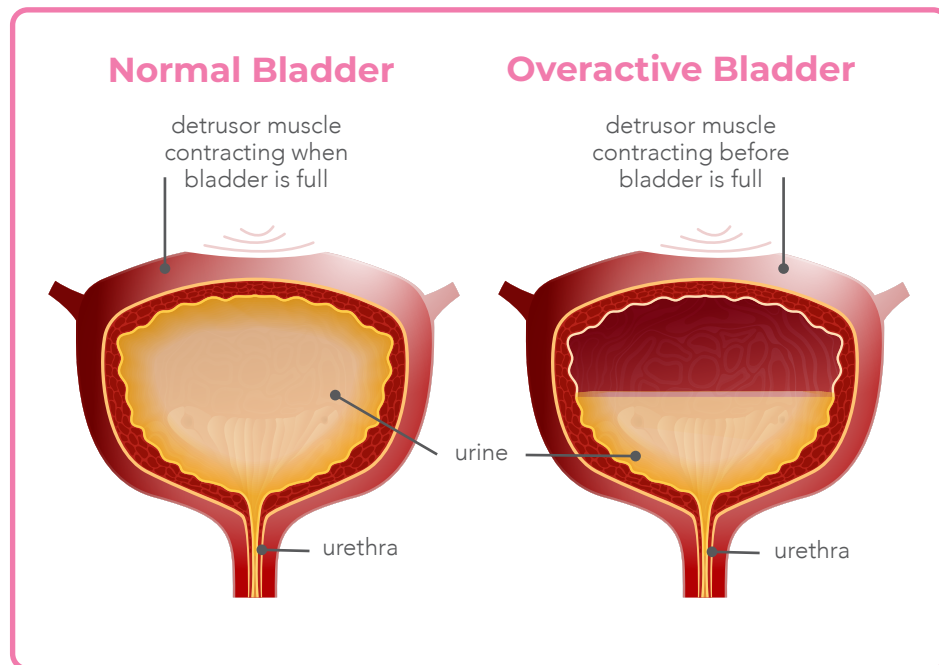
- Sudden and intense urges to urinate
 - Sometimes followed by accidentally wetting yourself
- Needing to urinate many times during the day
- Needing to wake up multiple times during the night to urinate
- The passing of unusually large amounts of urine each time you urinate

For comparison, normal urinating frequency for healthy adults is every 3 to 4 hours, or approximately 6 to 8 times during the day.² It is also normal to wake up once a night to go to the toilet.²

To diagnose OAB, a doctor will first exclude other possible conditions by examining your urine and asking questions about your lifestyle and medical history.¹ They may then perform an ultrasound to observe how your bladder is functioning.¹ You may also be asked to monitor when and how much you urinate over a few days, to help them assess your symptoms.¹

What causes OAB?

When your bladder is functioning normally, it will expand like a balloon as it fills with urine.¹ When you go to urinate, a muscle in your bladder called the detrusor muscle will contract, which causes the bladder to empty.¹



The most common cause of OAB is overactivity of the detrusor muscle, which causes it to contract involuntarily and creates the urge to urinate.¹

Is OAB dangerous?

While OAB may not be life-threatening, it can have a significant impact on a person's quality of life and may cause people to limit social outings or physical activity.²

How is OAB treated?

Unfortunately, there is no cure for OAB. Therefore, the goal of treatment is to manage symptoms in the short and long-term.¹

The primary recommended treatment for OAB includes lifestyle changes, pelvic floor exercises and bladder training aimed at improving bladder control.^{1,2} These treatments can be quite effective; you can read more about them on page 12 of this booklet.

If this is not enough to control your OAB, there are also medications available, like OXYTROL[®] patch, which can help manage symptoms.^{1,2} These medications can have side effects, so before a doctor prescribes one, the benefits of a medication should be weighed against the risks for each individual patient.³

While it might feel embarrassing or awkward to discuss OAB, support is available. It's important to talk to your doctor to understand your options so you can get the best health outcome possible.

OXYTROL® patch: your treatment for OAB, in a clear patch

What is OXYTROL® patch?

OXYTROL® patch is a prescription-only medicine used for the treatment of OAB.³ It comes as a small patch (around the size of a business card) that you stick on to your skin.^{3,4} The patch contains an active ingredient called oxybutynin, which is released slowly and continuously through your skin and into your bloodstream while you are wearing it.^{3,4}



How is OXYTROL® patch different from oral oxybutynin treatment?⁴

OXYTROL® patch delivers oxybutynin via a patch that is applied to your skin, called a transdermal patch.^{3,4} A transdermal delivery system helps to reduce typical side effects experienced with taking oral oxybutynin tablets (like dry mouth or constipation) while maintaining treatment efficiency.^{1,2}

OXYTROL® patches only need to be changed every 3 to 4 days,³ which may be preferable for some people who are unable to take (multiple) oral oxybutynin tablets daily.

How do I know OXYTROL® patch is right for me?⁴

Your doctor would have prescribed you OXYTROL® patch because they believe it is appropriate for the treatment of your OAB. You may be unable to swallow oxybutynin orally, or you may have tried taking oral oxybutynin before but experienced undesirable side effects. If you have questions or concerns about why you've been prescribed OXYTROL® patch, make sure to ask your doctor.³

How does OXYTROL® patch work?



The active ingredient, oxybutynin, is able to block certain nerve signals and cause your bladder muscles to slightly relax.⁴ This helps to increase your bladder's capacity, allowing it to hold more urine before needing to urinate.⁴ In this way, it decreases the urge to urinate and reduces the incidence of involuntary urination.⁴

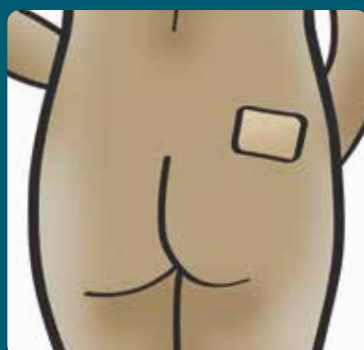


How to use your OXYTROL® patch

How do I use OXYTROL® patch?

The OXYTROL® patch should be placed on your abdomen (stomach area), hips or buttocks.³ To apply it, remove the OXYTROL® patch from its individually sealed protective pouch.³ There will be two pieces of overlapping protective liners covering each half of the patch's sticky adhesive side, which need to be carefully removed as you place the patch onto your skin.³ Once the patch is on, apply firm pressure over the surface with your fingers to ensure it stays in place.³

More detailed instructions are available in the Consumer Medicine Leaflet inside your OXYTROL® patch box.³



To ensure your OXYTROL® patch is applied properly:³

- Place it on a clean, dry and smooth (fold-free) area of skin that can be covered by clothing – this is important as the patch should not be exposed to sunlight.
- Avoid touching the sticky adhesive side of the patch, as this can cause it to fall off early.
- Avoid placing the patch on areas where tight clothing may rub against it.
- Do not place it on skin that is oily, damaged (cut or scraped), irritated (rashes) or has any other skin problems
- Do not put place it on areas that have been treated with oils, lotions or powders that may stop the patch from sticking well to your skin.
- When applying a new patch, use a different area of skin from where previously applied – do not use the same area for at least one week.

To remove the patch, peel it back slowly from your skin and fold the patch in half with the sticky sides together before disposing.³ Gently wash the application site with warm water and mild soap to remove any adhesive residue.³

How often do I need to apply OXYTROL® patch?

Apply one new OXYTROL® patch twice a week, or every 3 to 4 days according to your doctor's instructions.³ Make sure to only wear one patch at a time.³

To help keep a schedule, try to change the patch on the same two days each week, 3-4 days apart.³ Your box of OXYTROL® patches has a calendar checklist printed inside to help you remember your schedule.³ You can also indicate your application days on the front of this booklet.

What happens when I have a shower?

Contact with water when you are showering, bathing, swimming or exercising won't change the way OXYTROL® patch works but try to avoid rubbing the patch during these activities.³

How to use your OXYTROL® patch

What happens if the OXYTROL® patch falls off?

If the patch partly or completely falls off, press it back into place.³ If it does not stay, put on a new patch in a different area, but stick to your original application schedule.³

What do I do if I miss a dose?⁴

If you forget to change your patch after 3 or 4 days, remove the old patch and put on a new patch in a different area.³ Continue to follow your original application schedule.³

What are the side effects?⁴

OXYTROL® patch may have unwanted side effects in some people.³ The most common side effects of OXYTROL® patches are skin reactions where the patch is put on, like redness or itching.³ It may also cause tiredness or drowsiness in some people, so be careful driving or operating machinery until you know how it affects you.³ A full list of side effects can be found in the Consumer Medicine Leaflet inside your OXYTROL® patches box.³

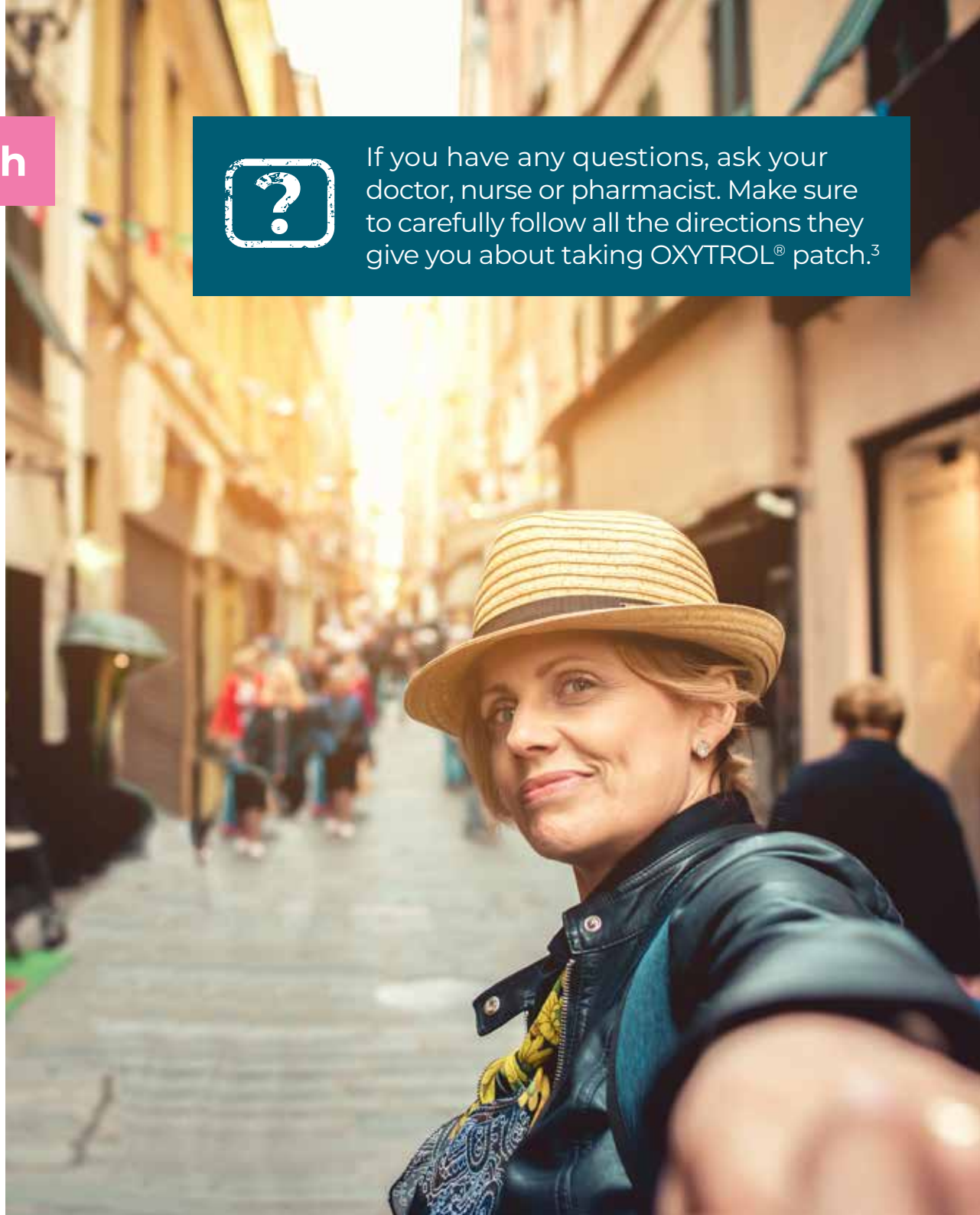
The OXYTROL® Consumer Medicine Information, available inside your OXYTROL® carton, from your pharmacist or by scanning QR code, provides helpful information about what to do if you experience any side effects. Some side effects may require prompt treatment.



Because OXYTROL® patch delivers oxybutynin through the skin, some side effects that are common with oxybutynin tablets are less likely to occur.^{1,2} If you notice any side effects that worry you or if you start to feel unwell while using OXYTROL® patch, tell your doctor, nurse or pharmacist.³



If you have any questions, ask your doctor, nurse or pharmacist. Make sure to carefully follow all the directions they give you about taking OXYTROL® patch.³



Living well with OAB

OAB can be a difficult condition, but there are actions that you and your healthcare professionals can take to help manage symptoms.^{1,2}

Lifestyle interventions

Changes to your lifestyle may help to reduce your symptoms and can be relatively easy to initiate. Some options to try are:^{1,2}

- Reducing fluid intake to 6-8 glasses of water per day and avoiding fluids 2-3 hours before sleeping.
- Avoiding food and drinks that can irritate the bladder, including caffeine, carbonated beverages, spicy food, artificial sweeteners and alcohol
- Regulating your bowel movements to avoid constipation (e.g. using fibre supplements or stool softeners)
- Controlling any chronic health conditions, like hypertension, diabetes, sleep apnoea or obesity
- Stopping smoking

Pelvic floor muscle exercises

Training your pelvic floor muscles can help you to interrupt a bladder muscle contraction, helping to reduce the urge to urinate and control urine leakages.^{1,2} It usually takes at least 3 months to see any benefit, so consistency and persistence is key.¹ Below is an example of a possible training schedule, although pelvic floor muscle exercises are best guided by a trained nurse or physiotherapist:¹

- To activate your pelvic floor muscles, squeeze the muscles around your thighs, bottom and tummy as if trying to stop the flow of urine.
- Contract and relax for 2 seconds each, with 15 repetitions, 3 times per day.
- Increase the contractions and relaxations by 1 second per week, until you are able to do 10 second contractions and relaxations.
- Continue to do 10-second contractions and relaxations with 10 repetitions once a day – maintenance is essential for strength and effectiveness.



Freeze & Squeeze^{1,2}

Instead of rushing to the bathroom when you have the urge to urinate, stay still and hold your pelvic floor muscles for 10 seconds, or quickly and repeatedly tighten them until the urgency is gone. You can then proceed to the bathroom at a normal pace.



Bladder training

The aim of bladder training is to modify your bladder function by scheduling the times you urinate.¹ To do this, you and your doctor choose the longest time interval with which you are comfortable not going to the toilet.¹ You then start the day by emptying your bladder, and then urinate at every agreed time interval, and again before going to bed.¹ Any urges to urinate before the right time are suppressed using techniques like distraction, relaxation or deep breathing.¹ The time interval between urination is then gradually increased over time.¹ Like pelvic floor exercises, bladder training needs consistency and persistence, with benefits seen around the 6-week mark.¹



Get support

You don't have to suffer through OAB alone. The Australian Government Department of Health offers various services and information, including the National Continence Helpline and an extensive range of resources. Find out more at <http://tiny.cc/continencehelp> or <http://tiny.cc/bladderandbowel>

In combination with OXYTROL[®] patch, these lifestyle suggestions may help improve your OAB.¹ Talk to your doctor about how these suggestions can work for you and to make sure you carry them out correctly.

Notes:

[illegible]





References:

1. Arnold J, et al. Overactive bladder syndrome – management and treatment options. Aust Fam Physician. 2012;41(11):878-883. **2.** Willis-Gray MG, et al. Evaluation and management of overactive bladder: strategies for optimizing care. Res Rep Urol. 2016;8:113-122. **3.** OXYTROL® Consumer Medicine Information. Revised February 2019. **4.** OXYTROL® Approved Product Information. Revised March 2019.

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Abbreviations: OAB: overactive bladder.

PBS: Pharmaceutical Benefits Scheme.

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