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OVERACTIVE BLADDER (OAB)- Patient Information

In people with an overactive bladder (OAB), the muscle that surrounds the bladder (**detrusor muscle**) contracts without a known cause. This results in sustained, high bladder pressure and the urgent need to urinate (urgency). The detrusor muscle normally contracts and relaxes in response to the volume of urine in the bladder and the initiation of urination.

People with OAB often experience urgency at inconvenient and unpredictable times and sometimes lose control before reaching a toilet. Thus, overactive bladder interferes with work, daily routine, intimacy and sexual function; causes embarrassment; and can diminish self-esteem and quality of life.

Incidence and Prevalence

Overactive bladder affects men and women equally. It is estimated that approximately 13 million people in the United States suffer from OAB and other forms of incontinence.

Causes

A malfunctioning detrusor muscle causes overactive bladder. Identifiable underlying causes include the following:

- Nerve damage caused by abdominal trauma, pelvic trauma, or surgery
- Bladder stones
- Drug side effects
- Neurological disease (e.g., multiple sclerosis, Parkinson's disease, stroke, spinal cord lesions)

Other conditions can produce symptoms similar to overactive bladder, the most common of which is urinary tract infection (UTI) in women.

Signs and Symptoms

Three symptoms are associated with an overactive bladder:

- Frequency (frequent urination)
- Urgency (urgent need to urinate)
- Urge incontinence (strong need to urinate followed by leaking or involuntary and complete voiding)

In the past, very few people mentioned their OAB symptoms to their doctors. When they did, they were usually dismissed with little more than advice about protective undergarments.

Today, OAB is recognized as a medical problem that affects both men and women of all ages, including a surprising number of younger adult women. Many treatments are available, from oral prescription medications to various alternative treatments and surgery.

Your doctor can help you determine which treatment is best for you.

Diagnosis

A complete medical history, including a bladder diary; a physical examination; and one or more diagnostic procedures help determine an appropriate treatment plan for overactive bladder. Urine testing, urodynamic studies, cystoscopy and radiological imaging may be required.

Treatment

Diet and Lifestyle

Many people find these diet and lifestyle modifications helpful:

- Avoid or limit caffeine, carbonated beverages, chocolate, alcohol and other foods that make the body produce more urine. Specifically be careful of foods and beverages that can irritate the bladder, such as coffee, tea, cola, chocolate, alcohol, citrus fruits and juices, tomato-based products, artificial sweeteners, and spicy foods.
- Drink normal amounts of water, about 6 to 8 glasses, spread out evenly throughout the day. Do not avoid drinking because this can worsen incontinence by irritating the bladder. However, you may want to restrict fluids before bedtime so you're less likely to use the bathroom in the middle of the night.
- Since constipation can worsen OAB symptoms, watch your diet and include natural fiber from sources like whole grains, fresh vegetables, beans and prunes.
- If you smoke, try to quit. Smoking irritates the bladder.
- Excess weight puts pressure on the bladder which may contribute to OAB. If you're overweight, talk to your doctor about a diet and exercise program.
- Review the medications you're taking with your doctor. Diuretics, sedatives, muscle relaxants and even some over-the-counter cold medications can affect the bladder.

Skin Care

One of the challenges of OAB is keeping the affected area clean and dry. If you are using an absorbent product, make sure you change it often. To avoid developing a rash or irritation, cleanse yourself with gentle, deodorant-free soap and dry off thoroughly.

Pelvic Floor Exercises (Kegel exercises)

Pelvic floor exercises can strengthen the pelvic muscles around the bladder. These internal muscles help control urination. The easiest way to locate them is while you are going to the bathroom. Try squeezing your genital area together to stop the flow of urine.

Once you've located these muscles during urination, try doing the exercise without urinating. Tighten those same muscles and hold for 3-4 seconds. Relax. Next, attempt to increase the contraction time up to 5-10 seconds. Relax again. Alternate tightening and relaxing 10 times to complete one set. Try to do these sets of exercises 3 times a day: you can do them anywhere and anytime.

Many women see a change for the better after doing these exercises daily for 3 to 6 months. It's important to keep doing Pelvic Floor exercises the rest of your life.

Bladder Retraining

This simple technique helps reduce frequency by lengthening the time between bathroom visits. To begin your retraining program, slowly extend the time between toilet visits. For instance, if you go to the bathroom every 2 hours, start by increasing the time to 2 hours and 15 minutes. A reasonable goal might be working up to four hours between bathroom breaks.

Medication

Medications are a common, safe way to control overactive bladder or to treat the underlying cause of urinary problems. Several factors must be considered in selecting an appropriate medication. Your doctor will need to consider the cause of bladder symptoms and the type of urinary incontinence, as well as factor in your age, general health and any medication you may already be taking. Your doctor should be consulted to review potential side effects and overall safety profile as well as efficacy.

Drugs such as oxybutynin chloride (Ditropan®) and tolterodine (Detrusitol®), solifenacin (Vesicare) are taken orally for overactive bladder. They can improve symptoms within 2 weeks. These drugs (antimuscarinics) affect the central nervous system and muscarinic receptors in smooth muscle. They relax the smooth muscle of the bladder, which reduces detrusor contraction and subsequent wetting accidents.

Side effects, including dry mouth, constipation, headache, blurred vision, hypertension, drowsiness, and urinary retention occur in up to 50% of those who use the drugs. People with glaucoma or certain types of kidney, liver, stomach, and urinary problems are advised not to take Ditropan. Although there is no evidence that Ditropan causes birth defects, pregnant women should not take it without consulting a physician.

Sacral Nerve Stimulation

Electrical stimulation techniques send painless, pulsed electrical or magnetic waves through the pelvic muscles and bladder to promote muscle contractions and improve muscle strength. Strengthening your pelvic muscles can enhance bladder relaxation and lessen or even prevent uncontrollable bladder contractions.