
Overactive Bladder Syndrome

Mrs Ami Shukla
Consultant Gynaecologist and Lead Urogynaecologist
Northampton General Hospital

Three Shires Hospital, Northampton
Woodland Hospital, Kettering

What is an Overactive Bladder Syndrome?

Overactive Bladder (OAB) is a sudden and compelling need to relieve the bladder which is difficult to put off, often associated with the frequent need to go to the toilet during the night or the day, and may result in incontinence.

People experiencing these symptoms should not feel ashamed or embarrassed to talk to their doctor, because help is available.

OAB can have a huge emotional and physical impact on people, including disturbed sleep. A lot of people also suffer from depression, in addition to losing confidence socially and becoming increasingly isolated and withdrawn through anxiety or embarrassment caused by their symptoms.

Overactive bladder syndrome is sometimes called an irritable bladder or detrusor instability. (Detrusor is the medical name for the bladder muscle.)

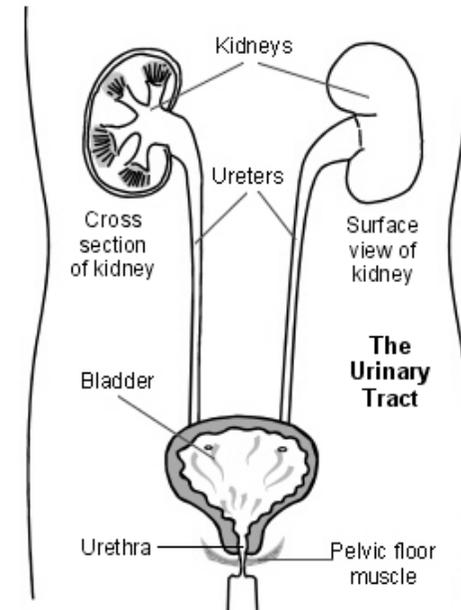
What are the symptoms of Overactive Bladder?

This untimely contractions lead to

- **Urgency:** Getting a sudden urgent desire to pass urine which cannot be put off.
- **Frequency:** This means going to the toilet often (Usually defined as more than seven times a day).
- **Nocturia:** This means waking to go to the toilet more than once at night.
- **Urge incontinence:** This is a leaking of urine before you can make it to the toilet.

How does the bladder normally function?

The bladder is a storage organ made out of muscle. It holds urine which is constantly produced by kidneys and passed down the ureters (the tubes from the kidneys to the bladder). You make different amounts of urine depending on how much you drink, eat and sweat.



The bladder expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles).

When a certain amount of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle contracts (squeezes), and the urethra and pelvic floor muscles relax.

Complex nerve messages are sent between the brain, the bladder,

and the pelvic floor muscles. These tell you how full your bladder is, and tell the right muscles to contract or relax at the right time.

How common is overactive bladder syndrome?

In two large studies it was found that about 1 in 6 adults reported some symptoms of an overactive bladder. Symptoms vary in their severity. About 1 in 3 people with an overactive bladder have episodes of urge incontinence.

What causes overactive bladder syndrome?

Normally, the bladder muscle stay relaxed as the bladder gradually fills up. When it is about half full it gives a feeling of wanting to pass urine. Most people can hold on quite easily for some time after this initial feeling until a convenient time to go to the toilet.

However, in people with an overactive bladder, the bladder muscle seems to give wrong messages to the brain. The bladder may feel fuller than it actually is. The bladder contracts too early when it is not very full, and not when you want it to. This can make you suddenly need the toilet. In effect, you have much less control over when your bladder contracts to pass urine.

In some cases, symptoms of an overactive bladder develop as a complication of a nerve- or brain-related disease such as following a stroke, with Parkinson's disease, with multiple sclerosis or after spinal cord injury. Also, similar symptoms may occur if you have a urine infection or a stone in your bladder. These conditions are not classed as overactive bladder *syndrome* as they have a known cause.

How can you help your symptoms?

Try these top tips to help you control your symptoms:

- Getting to the toilet. Make this as easy as possible. If you have difficulty getting about, consider special adaptations like a handrail or a raised seat in your toilet. Sometimes a commode in the bedroom makes life much easier.
- Go to the toilet only when you need to. Some people get into the habit of going to the toilet more often than they need. They may go when their bladder only has a small amount of urine so as "not to be caught short". This again may sound sensible, as some people think that symptoms of an overactive bladder will not develop if the bladder does not fill very much and is emptied regularly. However, again, this can make symptoms worse in the long run. If you go to the toilet too often the bladder becomes used to holding less urine. The bladder may then become even more sensitive and overactive at times when it is stretched a little. So, you may find that when you need to hold on a bit longer (for example, if you go out), symptoms are worse than ever.
- **Manage how much you drink, what you drink and when.**
 - Drink normal quantities of fluids. It may seem sensible to cut back on the amount that you drink so the bladder does not fill so quickly. However, this can make symptoms worse as the urine becomes more concentrated, which may irritate the bladder muscle. Aim to drink normal quantities of fluids each

day. This is usually about two litres of fluid per day - about 6-8 cups of fluid, and more in hot climates and hot weather.

- Caffeine. This is in tea, coffee, cola, and is part of some painkiller tablets. Caffeine has a diuretic effect (will make urine form more often). Caffeine may also directly stimulate the bladder to make urgency symptoms worse. It may be worth trying without caffeine for a week or so to see if symptoms improve. If symptoms do improve, you may not want to give up caffeine completely. However, you may wish to limit the times that you have a caffeine-containing drink. Also, you will know to be near to a toilet whenever you have caffeine.
 - Alcohol. In some people, alcohol may make symptoms worse. The same advice applies as with caffeine drinks.
- You may have weak **pelvic floor muscles** so ask your doctor or nurse about exercises you can do to strengthen them.
 - Make sure you know where the toilets are when you are out and about (www.publictoilets.com, www.findatoilet.co.uk gives you an information about all the available public toilets if you are visiting places where you have not been before)

What are the treatments for overactive bladder syndrome?

Bladder training (sometimes called bladder drill)

Bladder training is a very simple but effective treatment. It works in up to half of cases and makes it important part of the treatment. The aim is to slowly stretch the bladder so that it can hold larger and larger volumes of urine. In time, the bladder muscle should become less overactive and you should become more in control of your bladder. This means that more time can elapse between feeling the desire to pass urine, and having to get to a toilet. Leaks of urine are then less likely. A doctor, nurse, or continence advisor will explain how to do bladder training. For more information see the “Bladder Drill” section on this website.

Medication

If there is not enough improvement with bladder training alone, medicines in the class of drugs called antimuscarinics (also called anticholinergics) may also help. There are number of medicines available. They work by blocking certain nerve impulses to the bladder, which relaxes the bladder muscle and so increases the bladder capacity.

Medication improves symptoms in some cases, but not all. The amount of improvement varies from person to person. You may have fewer toilet trips, fewer urine leaks, and less urgency. However, it is uncommon for symptoms to go completely with medication alone. A common plan is to try a course of medication for a month or so. If it is helpful, you may be advised to continue for up to six months or so and then stop the medication to see how

symptoms are without the medication. Symptoms may return after you finish a course of medication. However, if you combine a course of medication with bladder training, the long-term outlook may be better and symptoms may be less likely to return when you stop the medication. So, it is best if the medication is used in combination with the bladder training.

Side-effects are quite common with these medicines. You may experience dry mouth, dry eyes, constipation and drowsiness. They are often minor and tolerable. You can deal with them if you know that they are due to your medication. The most common is a dry mouth, and simply having frequent sips of water may counter this. Other common side-effects include dry eyes, constipation and blurred vision. Using eye drops may help with these symptoms. For constipation, you may use regular laxatives and have high fiber diet. However, the medicines have differences, and you may find that if one medicine causes troublesome side-effects, a switch to a different one may suit you better.

Posterior Tibial Nerve Stimulation

This treatment involves inserting a very fine needle (like acupuncture) in to a specific point near the ankle. A specific kind of electrical impulse is delivered to the patient through the lead set. Using a needle electrode placed near the ankle as an entry point, the electrical impulses travel along the tibial nerve to the nerves in the spine that control pelvic floor function. This procedure can be carried out as an outpatient procedure.

Each of your treatments will last approximately 30 minutes. You will receive an initial series of 12 treatments, typically scheduled a week apart. After the initial 12 treatments, your physician will discuss your response to the treatments and determine how often you will need future treatments to maintain your results.

It will probably take at least 6 treatments for you to see your symptoms change. A majority of individuals using this type of neuromodulation experience significant improvement in their bladder and bowel control symptoms. It is important that you continue receiving treatments for the recommended 12 treatments before you and your physician evaluate whether this therapy is an appropriate treatment for your symptoms.

For more information on this treatment please look at the “Tibial nerve stimulation” section on this website.

Surgery

- Surgery is used in very limited cases of overactive bladder where symptoms have not responded to above mentioned treatments and symptoms are too bothersome. Procedures that may be used include:
 - **Sacral nerve stimulation.** Overactivity of the bladder muscle may be helped by inserting an implant into your bladder to help it contract more evenly and normally.
 - **Augmentation cystoplasty.** In this operation, a small piece of tissue from the intestine is added to the wall of the bladder to increase the size of the bladder. However, not all people can pass urine normally after this operation. You may need

to insert a catheter (a small tube) into your bladder in order to empty it.

- **Urinary diversion.** In this operation, the ureters (the tubes from the kidneys to the bladder) are routed directly to the outside of your body. There are various ways that this may be done. Urine does not flow into the bladder. This procedure is only done if all other options have failed to treat your overactive bladder syndrome.

Treatment with botulinum toxin A

This is an alternative treatment to surgery if other treatments including bladder training and medication have not helped your symptoms. The treatment involves injecting botulinum toxin A into the sides of your bladder. This treatment has an effect of damping down the abnormal contractions of the bladder. However, it may also damp down the normal contractions so that your bladder is not able to empty fully. If you have this procedure you usually need to insert a catheter (a small tube) into your bladder in order to empty it. It has not been licensed (approved) for the treatment of overactive bladder syndrome in the UK. Make sure that you discuss this procedure fully with your doctor and understand all of its risks and benefits before you go ahead with it.

Further help and information

www.bladderandbowelfoundation.org

www.bladderproblem.co.uk

Provides accessible information on how you can help to manage bladder conditions.

If you have any further questions, to make an appointment please contact

Helen Barker
(01536)411241