

Overactive bladder syndrome (OAB)



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What is OAB?

An overactive bladder or OAB is where a person regularly gets a sudden and compelling need or desire to pass urine. This sensation is difficult to put off (defer) and this can happen at any time during the day or night, often without any warning. This leaflet describes the symptoms of an overactive bladder and identifies possible treatment options.

How do I know if I have got it?

Urinary urgency and urgency incontinence

If your bladder squeezes (contracts) without any warning it can give you an urgent need to pass urine, that is 'when you have to go, you have to go'. This gives you a little or no time to get to the toilet. This is called urinary urgency. If the need to pass urine is so intense that you cannot hold on to it, it can lead to involuntary leakage of urine which is called urgency urinary incontinence.

Urinary frequency

If you have urinary urgency, this means that you need to pass urine often and more frequently than usual and in small volumes. The number of times people normally have to pass urine each day is very varied, but people with overactive bladders tend to pass urine more often than they would expect during the daytime.

Nocturia

Overactive bladder can also cause you to get up at night several times to pass urine. Sometimes disturbed nights can be the main problem. Urinary tract problems other than OAB can also cause nocturia, so this symptom may persist even if other OAB problems respond to treatment.

What is the cause of OAB?

OAB is common and can affect people of all ages, including children and the elderly. About 12% of the total adult population suffer from OAB. Usually the cause is unknown. Anxiety can make the problem worse. The type of fluid you drink can also influence your symptoms. People with neurological disease are at particular risk of OAB.

How am I going to be assessed?

The doctor will ask you questions about your problem and your general health. He/she may examine you and perform an internal examination. A urine test to check for infection will be done. You will be asked to complete a 4-day frequency/volume chart to record the time of voiding and volumes of urine you pass. You may also have a flow test which includes passing urine in a special machine to measure the strength of your flow and to check whether you empty your bladder completely. If your symptoms fail to respond to conservative and medical treatment, you may have an invasive urodynamic test, which is a special test to measure pressures inside the bladder. For more information on urodynamic tests, please refer to leaflet number NBT002646.

How is OAB treated?

Changing drinking habit

There are number of drinks that may irritate the bladder such as caffeinated drinks, carbonated drinks, drinks containing aspartame (artificial sweetener found in diet drinks), hot chocolate, green tea, alcohol, blackcurrant juice and citrus fruit juice. Drinks which are believed not to irritate the bladder are: water, herbal and fruit tea, milk and diluted fruit juice.

People with OAB are advised to think carefully about their fluid intake. Aim to drink about 1-1.5 litres a day; you can adjust the amount you drink according to your need; being thirsty is a guide that your body needs water. So if you are exercising, or in a hot climate, then you will be sweating and losing water, and therefore you will need to compensate for that. Remember that your food contains water, particularly fruits and vegetables; this can be up to half a litre each day. It is recommended that if you have OAB, to reduce your fluid input by 25%, as long as you drink more than one litre of fluid a day.

If you are getting up at night to pass urine, then try to reduce your fluid intake in the evening, four hours before going to bed. Avoid caffeine and alcohol before going to bed. If you feel thirsty or need to take medications, then you can have small sips of water.

Bladder training

The purpose of bladder training is to help you to regain control of your overactive bladder by suppressing its contractions. Instead of rushing to the toilet as soon as you get the urge (strong desire) to pass urine, it is important to try to hold on. If you have difficulty doing this, try to distract yourself by doing something else such as sitting on your feet, crossing your legs or sitting on a rolled up towel. You should aim gradually to increase the capacity of your bladder and the time interval between voiding (passing water).

Start by passing urine every hour on the hour whether you need to go or not from when you get up in the morning until you go to bed at night. Try hard not to void outside your set times. Practice this for 3-4 days. When you feel you have mastered this, gradually increase the time between voiding.

For example:

- 1 & 1/4 hours for 1 week or until mastered
- 1 & 1/2 hours for 1 week or until mastered
- 1 & 3/4 hours for 1 week or until mastered
- 2 hours for 1 week or until mastered
- 2 & 1/4 hours for 1 week or until mastered
- 2 & 1/2 hours for 1 week or until mastered
- 2 & 3/4 hours for 1 week or until mastered
- 3 hours for 1 week then may be longer if you feel able

It is helpful to carry out pelvic floor exercises (see separate leaflet NBT002529) to help you suppress your urgency feeling, for example when getting up from a sitting position, when hearing running water or putting the key in the door.

It is important to note that bladder training takes time and needs your full commitment as it can take up to 3 months to show any benefit.

Medicines that help

There are various medicines that you can try. The medicines are called antimuscarinics or anticholinergics. They work by blocking certain nerve impulses to the bladder which stops it contracting when it should not contract, and therefore improve 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.

There are different types of antimuscarinic agents on the market and you may need to try different types to find one that works best for you. Most of them are tablets but one of them comes as a patch which you stick onto the skin- follow the instructions carefully if you are prescribed the patch, to minimise the risk of skin reactions.

Side-effects are quite common with these medicines, but are often minor and tolerable. Read the information sheet which comes with your medicine for a full list of possible side-effects. The most common is a dry mouth, and simply having frequent sips of water may counter this. You can also get preparations from your pharmacy to help keep your mouth feeling moist. Other common side-effects include dry eyes, constipation and blurred vision. 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. Ask your doctor,

nurse or pharmacist, for more information on the medicines if you wish.

New medicines for OAB are always being researched and some may be launched at various times. It is best to ask your doctor if there is anything new on the market, if the above treatments do not help.

Surgery

If the above treatments are not successful, surgery is sometimes suggested to treat OAB. These will be discussed with you by your consultant. They are usually done after you have a test called urodynamics to prove detrusor (bladder) overactivity. Procedures that may be used include:

- Sacral nerve stimulation. An overactive bladder can be treated by sacral nerve stimulation. A small device is implanted under the skin of the buttock to send a burst of electrical signals to the nerves that control the bladder. It works like a pacemaker to the bladder (see separate leaflet NBT002656). This treatment is not routinely funded by the National Health Service (NHS) and needs exceptional funding from your primary care trust (PCT).
- Botulinum toxin A. The treatment involves injecting botulinum toxin A (Botox) into the inside of your bladder via a small telescope. 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 may need to insert a catheter (a small tube) into your bladder in order to empty it, in about 10-20% of cases. Botox has been licensed (approved) for the treatment of overactive bladder syndrome/detrusor overactivity in the UK in neurological cases. However, it is not yet licensed for non-neurological (idiopathic) cases. 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. This treatment is not routinely funded by the NHS and needs an exceptional funding by the PCT.
- Augmentation cystoplasty. In this operation, a small piece of bowel from the small or large 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. The aim is to increase the capacity of the bladder.

- Urinary diversion. In this operation, the ureters (the tubes from the kidneys to the bladder) are routed directly to a pouch made from a piece of a small intestine that opens to the outside of your body. The urine is collected into a bag. This procedure is only done if all other options have failed to treat your overactive bladder syndrome.

The following websites are useful patient's resources for additional information, help and advice

- Bladder and Bowel Foundation
<http://www.bladderandbowelfoundation.org/>
- Bristol Urological Institute
<http://www.bui.ac.uk>
- Continence Foundation
<http://www.continence-foundation.org.uk/>

NHS Constitution. Information on your rights and responsibilities.
Available at www.nhs.uk/aboutnhs/constitution



www.nbt.nhs.uk/urology

If you or the individual you are caring for need support reading
this leaflet please ask a member of staff for advice.