

Understanding Overactive Bladder



Healthcare

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A photograph of an elderly couple walking away from the camera on a beach at sunset. The man is wearing a white shirt and light-colored trousers, and the woman is wearing a dark blue jacket and white trousers. They are holding hands and walking on the wet sand near the water's edge. The sky is a mix of blue and orange, and the ocean waves are visible in the background.

Be free from OAB

Introduction

Overactive bladder (OAB) is a medical condition that prevents you from being able to control when you urinate. It is characterised by symptoms of urgency and frequency and it is often associated with an involuntary loss of urine (please see page 4).

This can be a very distressing and embarrassing problem which can be difficult to talk about. It is not a normal part of ageing and it commonly affects millions of men and women worldwide. Within Ireland, it is estimated that at least 300,000 people suffer from this condition¹.

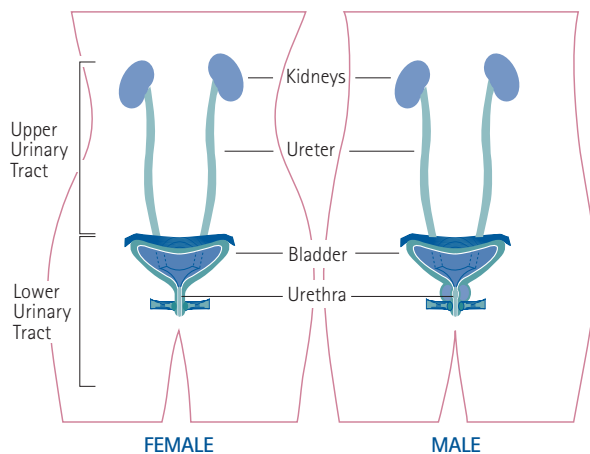
This information pack aims to reassure you that OAB is a medical condition that can be successfully treated. It also aims to reassure you that your doctor or nurse can do a lot to help you regain control of your bladder.



How Does the Normal Bladder Work?

The bladder is a balloon-like sac that is part of the urinary system. It collects and stores urine that is produced by the kidneys. The bladder expands to fill, then contracts to empty.

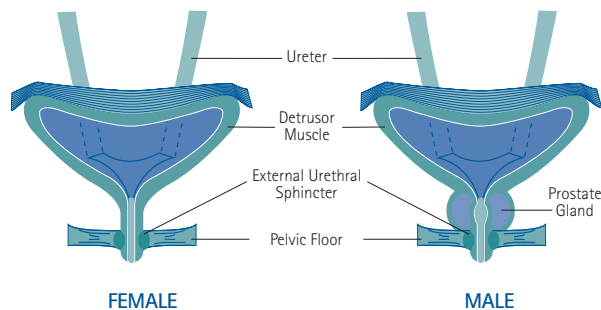
Figure 1: Anatomy of the Urinary Tract



When the bladder is full, a nerve signal is sent from the bladder to the brain. The brain then sends a message to the large bladder muscle (detrusor) to contract. It also tells the urethral sphincter muscles that surround the urethra to relax and allow the urine through. Most people empty their bladders up to 8 times over 24 hours.

Being in control of your bladder means that you are able to postpone the need to go to the toilet until it is convenient.

Figure 2: Structure of the Bladder

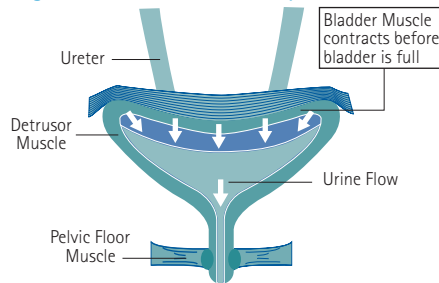


The Overactive Bladder

OAB occurs when the detrusor muscle is too active and contracts involuntarily. Instead of staying at rest as urine fills the bladder, the detrusor contracts and causes a person to feel a sudden and sometimes overwhelming urge to urinate even when the bladder is not full.

Although in many cases the reason for this involuntary contraction is unclear, for some people it may be due to problem with the nerve signals that run from the brain to the bladder.

Figure 3: Diagram of the Bladder Control System



OAB is characterised by following symptoms²:

Frequency: Having to go to the toilet more than 8 times per 24 hours.

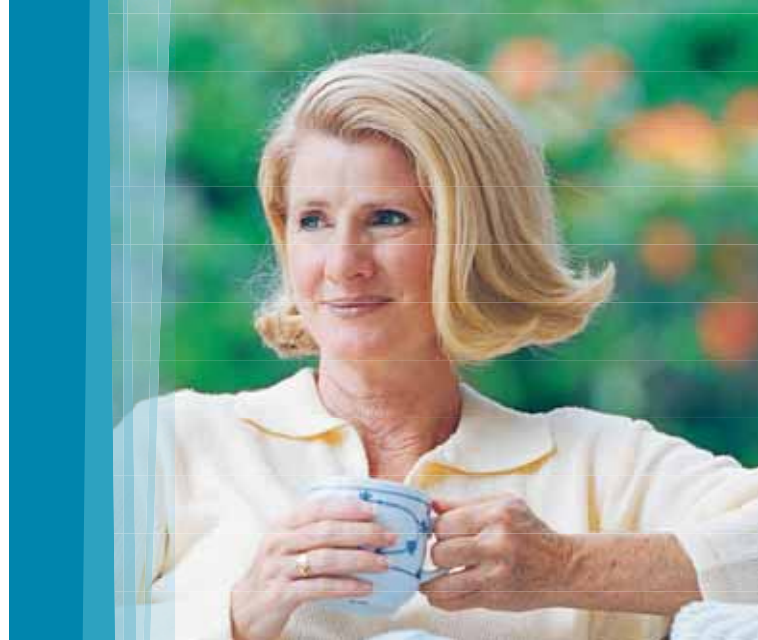
Nocturia: Waking up to go to the toilet more than once during the night.

Urgency: Strong, sudden need to urinate which often necessitates rushing to the toilet.

Urge Incontinence: An overwhelming urgency to urinate but not having enough time to make it to the toilet. Often results in a wetting accident.

In addition to OAB, there are other types of bladder control problems that have a major impact on peoples' lives. Some of these include:

Stress incontinence: Leakage from the bladder when you cough, sneeze or exercise. This is caused by weakness of the pelvic floor muscles most commonly due to pregnancy, childbirth or menopause.



Urinary Tract Infections: Bacterial or viral infections in the urinary tract that can cause problems with bladder control. However, unlike OAB, a urinary tract infection is usually associated with a burning sensation during urination. If you think that you could have one, consult your doctor as it could become serious if not treated quickly.

Prostate Enlargement: Some men who experience symptoms of urgency and frequency may have a condition known as benign prostatic hyperplasia (BPH) or an enlarged prostate. A healthcare professional can tell you whether you have OAB, an enlarged prostate or both.

What Can I Do About It?

Whatever your symptoms, it is very important that you discuss them with a healthcare professional so that a proper assessment and diagnosis of your bladder control problem can be made. Although you may feel embarrassed, healthcare professionals are accustomed to hearing stories like yours. Many people suffer in silence because they are too embarrassed to discuss their problem or they think that it is a normal part of ageing.



While there is no consensus on the cause of OAB, one thing is certain:

OAB is not normal in adults of any age and you should not have to suffer needlessly. Most cases of OAB can be successfully treated. You must be positive and know that your doctor will do all that he/she can to minimise your problem in order to give you the freedom to live life as normally as possible.

What are the Treatment Options for OAB?

Although your healthcare professional will recommend the most appropriate treatment for your OAB, some of the options include:

- **Pelvic floor exercises** – You can strengthen the muscles supporting the bladder and urethra by performing pelvic floor muscle exercises. Toning these pelvic floor muscles can help support the bladder and reduce urgency and frequency episodes.
- **Bladder retraining** – The aim of this exercise is to increase the length of time between your trips to the toilet. This involves changing your daily schedule of trips to the toilet over a period of weeks and months so that you are slowly building up the time between visits. For example, if you are going to the toilet every 2 hours, try increasing the time of your next trip by 15 minutes and so on.
- **Dietary changes** – Limit your intake of food and drink that contain caffeine, as this causes the body to lose water. It is recommended that you avoid food and drinks that contain alcohol and sugar as they can often irritate the bladder. You should also drink normal amounts of fluids (particularly water) and eat a sensible diet in order to minimise constipation, a condition which can also aggravate your OAB.
- **Medication** – Your doctor can prescribe medication to improve or reduce your symptoms of OAB

In certain cases your doctor may recommend that you also visit a specialist.

Products such as incontinence pads are often used to manage urinary leakage but they do not treat the cause of the problem. They are not a substitute for medical treatment.



Be free from OAB

Bladder Diary

To provide a full picture of your symptoms, it is a good idea to keep a bladder diary for a few days before you visit a healthcare professional. In this diary you could note:

- When you go to the toilet and how much urine you pass
- If you accidentally leak urine and the activity you were doing at the time
- When and how much you drink

You could do this by simply writing down the times you go to the toilet in a notebook or you could complete the Bladder Diary at the back of this booklet. This information will help your doctor or nurse to assess your symptoms and allow them to determine how frequently you go to the toilet, how much urine your bladder can hold and whether you are drinking too much or too little fluid.

It will also help determine the type of treatment that will suit best.

Self-Assessment Bladder Questionnaire

It is also recommended that you complete the Self-Assessment Bladder Questionnaire that is contained within the information pack before you attend your doctor or nurse.

This is a simple quiz that can give you an indication of whether you may suffer from the symptoms of OAB. Please choose the answer that best describes how bothered you may be by each of the bladder symptoms. Add the numbers together for a total score and record the score in the boxes provided at the bottom.

References: 1. Milsom et al. How Widespread are the Symptoms of OAB? BJU Intl. 2001; 87: 760-766. 2. www.befreefromoab.ie