

## Overactive Bladder Syndrome

Overactive bladder syndrome is common. Symptoms include an urgent need to go to the toilet (urgency), going to the toilet frequently (frequency), getting up at night to go to the toilet (nocturia) and sometimes leaking urine before you can get to the toilet (urge incontinence).

An overactive bladder is when the bladder contracts suddenly without you having control, and when the bladder is not full. Overactive bladder syndrome is sometimes called an 'irritable' bladder or 'detrusor instability' (detrusor is the medical name for the bladder muscle).

On average 1 in 6 adults report some symptoms of an overactive bladder. About 1 in 3 people with an overactive bladder have episodes of urge incontinence.

### What causes overactive bladder syndrome?

Normally, the bladder muscle (detrusor) is relaxed as the bladder gradually fills up. As the bladder is gradually stretched, we get a feeling of wanting to pass urine when the bladder is about half full. 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 overactive bladder, the bladder muscle seems to give wrong messages to the brain. The bladder may feel fuller than it actually is and contracts too early when it is not very full. This can make you suddenly need the toilet. In effect, you have much less control over when your bladder contracts to pass urine. In most cases, the reason why an overactive bladder develops is not known.

You can have similar symptoms if you have a urinary tract infection, so it is important to have this checked by your GP.

### What are the treatments for overactive bladder syndrome?

- Some general lifestyle measures may help.
- Bladder training is a main treatment. This can work well in up to half of cases.
- Medication may be advised instead of, or in addition to bladder training.
- Pelvic floor exercises may also be advised in some cases.
- Acupuncture.
- Botox injections into the bladder wall.

### Some general lifestyle measures which may help

- **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 1.5 – 2 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 more urine form ). 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. Decaffeinated tea and coffee is not caffeine free, so try to make sure that it only makes up about a half of all your fluid intake.
- **Alcohol.** In some people, alcohol may make symptoms worse. The same advice applies as with caffeine drinks.
- **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 “just in case” so as "not to be caught short". 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.
- **Weight loss.** It has been shown that excess weight can make the symptoms of an overactive bladder worse.

### **Bladder retraining (sometimes called 'bladder drill')**

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.

Using the three-day bladder diary that you will have completed you will have a baseline idea of how often you go to the toilet and how much urine you normally pass each time. If you have an overactive bladder you may be going to the toilet frequently and passing small amounts of urine each time. The aim is then to 'hold on' for as long as possible before you go to the toilet. This will seem difficult at first. For example, if you normally go to the toilet every hour, it may seem quite a struggle to last one hour and five minutes between toilet trips. When trying to hold on, try distracting yourself.

For example:

- Sitting straight on a hard seat or the corner of the desk may help.
- Distracting yourself, try counting backwards from 100, planning the shopping list etc.
- Try doing some pelvic floor exercises.

With time, it should become easier as the bladder becomes used to holding larger amounts of urine. The idea is to gradually extend the time between toilet trips and to train your bladder to stretch more easily. It may take several weeks, but the aim is to pass urine only 5-7 times in 24 hours (about every 3-4 hours). Whilst doing bladder retraining, fill in the diary, for a 24 hour period, every week or so. This will record your progress over the months of the training period.

Bladder training can be difficult, but becomes easier with time and perseverance. It works best if combined with advice and support. Make sure you drink a normal amount of fluids when you do bladder training.

## Medication

If there is not enough improvement with bladder retraining alone, medicines called antimuscarinics (also called anticholinergics) may also help. They work by blocking certain nerve impulses to the bladder which 'relaxes' the bladder muscle and so increase the bladder capacity.

Medication improves symptoms in some cases, but not all. The amount of improvement can vary from person to person. You may have fewer toilet trips, fewer urine leaks, and less urgency. It is normal 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 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 retraining, 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 retraining.

Side-effects are not uncommon with these medicines, but are not serious. 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, indigestion 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.

Sometimes a vaginal hormone replacement cream or pessary is used to treat vaginal dryness, which can also help to reduce the symptoms of an overactive bladder.

## Pelvic floor exercises

These are usually used for the treatment of stress incontinence. However they do also have a role to play in the control of an overactive bladder. If the pelvic floor is contracted, it can help to inhibit the contraction of the bladder muscle, thereby reducing the sensation of needing to go to the toilet. It can be very useful to help with bladder retraining.

## Acupuncture

This treatment has been seen to be effective in some patients and is offered by our specialist physiotherapists.

## Botox injections

This is a new treatment for overactive bladder syndrome that has not responded to any other therapies. The Botox is injected into the bladder muscle using a cystoscope (camera into the bladder), and the Botox is injected into several specific sites in the bladder. There is a risk that you experience difficulty emptying your bladder completely, possibly requiring intermittent self-insertion of a catheter (tube inserted into the urethra to drain the urine from the bladder).

### Your questions and comments

If you have a problem when in hospital that the nurses or doctors are unable to resolve, you can contact the Patient Advice and Liaison Service (PALS) who will be happy to help you. PALS offer assistance, advice and support for patients and their families. The service can help if you have worries or concerns about treatment or care. PALS may also be able to provide further information about tests and procedures. They also have a library of voluntary and support agencies.

### Useful Information

<http://bladderhealthuk.org/>

Bladder Health UK gives support to people with all forms of cystitis and overactive bladder, together with their families and friends.

The goals of the foundation are:

- The relief of sickness of persons suffering from all forms of Cystitis and Overactive Bladder.
- To provide patients, their families and friends with contact with other sufferers in their area.
- The advancement of education amongst the general public and the medical profession into causes and treatments of all forms of Cystitis and Overactive Bladder.
- To support research and ultimately find an effective treatment and cure for all forms of Cystitis and Overactive Bladder.

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