

Overactive Bladder (OAB)



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Overactive bladder (OAB) is a common condition in women characterised by an uncomfortable and frequent feeling of needing to pass urine urgently throughout the day and night.

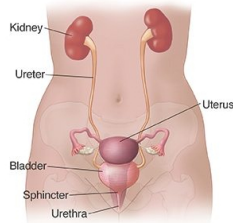
WHAT IS OVERACTIVE BLADDER?

Overactive bladder (OAB) is an uncomfortable feeling of urgently needing to pass urine. This feeling of urgency occurs frequently throughout the day and at night.

Sometimes it is difficult to hold the urine in, which causes leaking and incontinence.^{1 p59}

WHAT CAUSES OAB?

Normally, the bladder acts like a balloon, becoming larger as it fills with urine draining from the kidneys. A muscular valve at the top of the urethra, the tube that drains the bladder, normally prevents leaking of urine. During normal urination, the valve relaxes and the muscle in the bladder wall contracts helping the bladder to empty.



In OAB, the bladder contracts uncontrollably, causing a distressing urgent need to pass urine. Especially if it is not possible to get to the bathroom quickly, it may be difficult to hold the urine in, resulting in incontinence (urge incontinence). Some people may also experience incontinence when they do anything that increases the pressure on the bladder, such as coughing, sneezing, laughing or lifting something heavy (stress incontinence).^{1,2 p6a, 2 p788a}

HOW COMMON IS OAB?

OAB is extremely common. It is estimated that between 1 in 5 or 6 men and women over the age of 18 have symptoms. It becomes much more common with age, affecting 1 in 3 people aged 75 years or older. About a third of people with OAB have incontinence.^{1,2 p5b, 2 p786b}

WHAT ARE THE SYMPTOMS OF OAB?

Symptoms of OAB include

- Urgent need to pass urine
- Incontinence (urge incontinence and/or stress incontinence)
- Frequency – needing to pass urine 9 or more times a day
- Nocturia – awakening 2 or more times during the night to pass urine

Symptoms can be quite distressing and embarrassing, and are sometimes severe enough for people with OAB to avoid social activities and intimacy, and even going to work. Nocturia can significantly disrupt sleep, causing daytime sleepiness, and it is not unusual for people with OAB to feel depressed. Especially in older women, the urgent need to get to the toilet may predispose to falls, causing injury and broken bones. Incontinence may also increase the risk of urinary tract infections and skin infections.^{1,2 p6a,b, 7a,b, 2 p786d}

Because of embarrassment, not recognizing the symptoms of OAB as abnormal, or thinking that the symptoms will get better by themselves, it is estimated that more than half of people who do seek medical treatment wait more than a year before doing so!^{1 p7c}

ONCE DAILY

How do I know if I have OAB?

- Do you feel that you have to pass urine often?
 No Yes
- How many times do you need to pass urine each day?
 1-4 times 5-7 times 8-11 times More than 11 times
- Is having to pass urine frequently or leaking urine a problem for you?
 No Yes, sometimes Yes, a great deal Yes, definitely
- How often do you need to pass urine within 2 hours of the last time you passed urine?
 Never Several times a week Daily Several times a day
- How often do you feel a sudden and/or urgent need to pass urine, resulting in a rush to go to the toilet?
 Never Several times a month Several times a week Every day

It is very important to understand that it is not necessary to suffer from symptoms of Overactive Bladder. It can be treated.

HOW WILL MY DOCTOR DIAGNOSE OAB?

To determine whether you have OAB and what treatment may be most appropriate for you, your doctor will ask you questions about your health and symptoms and perform a thorough examination. A urine specimen will be collected to send to the laboratory for analysis and to confirm that symptoms are not due to another cause, such as an infection. If necessary, you may be referred to a specialist doctor, such as a urologist or gynaecologist.

Your doctor may also ask you to keep a bladder diary to help keep track of symptoms, the number of times you need to pass urine during a 24 hour period and how much urine is passed. The diary will also help you to identify anything that is associated with urge and incontinence (e.g., sneezing, lifting, running).

Other tests that may be performed by a urologist include ultrasound, to help determine bladder function, and cystoscopy to look inside the bladder.^{1,2 p11a, p14a, 2 p788a-789a}

HOW IS OAB TREATED?

Treatment for OAB depends on the results of the clinical evaluation and consideration of all the likely causes and contributing factors.^{2 p789b}

1. Lifestyle changes

Lifestyle changes may help to reduce some symptoms of OAB. They include avoidance of bladder irritants (e.g., alcohol, caffeine, tomatoes, citrus); limiting fluid intake (especially before going to bed), improving mobility (e.g., losing weight if you are overweight), managing any other coexistent health problems and improving bowel habits and regularity (e.g., increasing fiber intake).^{1 p19a}

2. Bladder retraining

Exercises to train and strengthen the muscles of the pelvic floor can help to reduce symptoms and lengthen the period in between needing to go to the toilet.^{1 p19b}

3. Medication

Various types of medication may be helpful to manage the symptoms of OAB, depending on the type of patient and the symptoms that are predominant. Examples include:

- Oestrogen therapy for suitable postmenopausal women.
- Medications that stabilise the activity of the muscle in the bladder wall. Some of these medications are available as once-a-day treatments, which are more convenient and reduce the chance of side effects.
- Medications to stabilise tightening and relaxation of the muscular urethral valve controlling urine outflow from the bladder.^{1,2 p22a, 29a, 2 p794a}

Choosing a treatment for Overactive Bladder

There should be no confusion!

