



THE SIMON FOUNDATION
FOR CONTINENCE

fact sheet

PROMOTING CONTINENCE – CHANGING LIVES

Understanding an OVERACTIVE BLADDER

What Is Overactive Bladder?

Having an overactive bladder (OAB) means having frequent and urgent needs to get to the bathroom quickly. The sensation of urgency is usually sudden, strong, and without warning. People experiencing urinary urgency may also leak urine (sometimes a little, other times a lot). The medical term for this leakage is urgency incontinence.

While your healthcare professional will most likely refer to an overactive bladder as either urinary urgency with or without urinary incontinence, the term OAB or OAB syndrome is being used more often. The reason for the term OAB is that it was felt that using OAB would help people to understand the symptoms more easily and to know that the symptoms were not normal.

People without OAB can wait to use a bathroom every 3 to 4 hours during the day and once at night. Normally we get signals that our bladders are getting full, and are able to hold on until we find a bathroom.

A person with OAB may need to go to the bathroom every 1 or 2 hours, or more frequently. If waiting is involved, there is often leakage of urine. Another symptom reported by some is discomfort or pain with their urgency.

How Do I Know For Sure I Have OAB?

In order to know if your bladder symptoms are those of an overactive bladder, or something else, talk to your doctor and discuss all your symptoms. Because overactive bladder symptoms can have many causes, it is important to obtain a diagnosis.

OAB is not a disease: it is a set of symptoms that usually indicates that something somewhere in the body is having a problem. For instance, the sudden and somewhat painful urges to urinate frequently may indicate a urinary tract

infection (UTI). To test for a UTI, your physician will order a urine test, sometimes including a urine culture. If there is an infection, a urine culture can identify the bacteria causing it so that an appropriate antibiotic can be prescribed. The painful urgency and numerous trips to the bathroom will cease as the medication takes effect.

There are other conditions that may cause OAB symptoms, and they all need to be ruled out by a physician. Among them are:

- Bladder outlet dysfunction
- Bladder stones
- Bladder tumor
- Constipation
- Enlarged prostate leading to bladder outlet obstruction
- Inflammation of the bladder
- Bladder pain syndrome or interstitial cystitis (BPS/IC)
- Multiple sclerosis
- Parkinson's disease
- Normal pressure hydrocephalus
- Spina bifida
- Stroke
- Trauma that has damaged the bladder
- Behavioral/psychiatric disorders (especially in children)

If no problems stemming from outside the bladder are evident, the OAB symptoms are most likely caused by involuntary bladder contractions. These contractions usually occur with a corresponding feeling of urgency while the bladder is filling.

How Is OAB Diagnosed?

To diagnose what is causing OAB symptoms, your physician may need:

- Urine testing: Urinalysis +/- urine culture
- Medical history, including a review of all current medications and

dietary supplements

- Physical exam, including relevant neurological exam
- Test of bladder emptying: Post-void residual assessment (Bladder scan)
- A completed bladder diary and/or symptom questionnaires

A physician may also need the following tests to reach a diagnosis:

- Cystometry (measures filling pressure of the bladder and when urgency is felt or urine leakage happens)
- Uroflowmetry (measures speed and volume of urine flow)
- Urodynamic study (views filling and emptying of the bladder)
- Cystoscopy (views the inside of the bladder and urethra)
- Electromyography (EMG) (studies the nerve impulses of the bladder muscles and urinary sphincter)
- Renal and bladder ultrasound (images are taken of the entire urinary system)

Why Is This Happening To Me?

OAB symptoms are more common as we age. This is due to changes in our bodies as we get older, changing lifestyles factors (we move around less, eat differently, etc.), and comorbidities (the simultaneous presence of two chronic diseases or conditions), which are more likely to occur as we age (eg., diabetes, arthritis, heart disease, etc.). There is also some evidence that a genetic factor may be at play, as there is a 2.8 times increased risk of OAB in individuals who have a mother with OAB.

Millions of people around the world are affected by OAB. The prevalence of OAB ranges from 1.5% to 36.4% in the general population. It creates psychological, physical and economic burdens, disrupts sleep, and causes anxiety and depression. Many patients feel embarrassed,

OVERACTIVE BLADDER

even stigmatized, when others become aware of their bladder challenges. Sometimes we just do not know why OAB symptoms start to occur. One of the areas of research that may reveal important information is the urinary microbiota and microbiome. The term microbiota refers to the full array of microorganisms that live on and in humans; the microbiome refers to the genes of these microbes. Until recently, scientists thought that urine was sterile, but we now know that urine can have a healthy bacterial community. New scientific research has found that people with OAB symptoms have different kinds and amounts of different bacteria than people without OAB. What this all may mean is a greater understanding of OAB in the future and then – eventually – new treatments.

Treatment and Management Options

When the symptoms of OAB are bothersome and interfere with person's quality of life, there are many treatments that can be tried in order to find the one that works the best for an individual. The treatment and/or management techniques to try first will be based largely upon the findings from the tests listed above.

Current guidelines by several medical organizations recommend behavioral therapies as a first line of treatment. Behavioral therapies may include:

- Fluid management timing
- Pelvic floor muscle training (with or without biofeedback)
- Optimal weight (maintenance of a healthy weight for the person's age, sex, etc.)
- Bladder training and control strategies (may include delayed voiding, double voiding, scheduled voiding or exercises targeted at relaxing the bladder muscles)
- Dietary changes (avoiding foods and beverages that irritate the bladder)
- Changes in prescription drugs or timing of when drugs are taken
- Smoking cessation

Medications that may reduce symptoms can be added to treatments listed above:

- Antimuscarinics (oxybutynin, trospium, solifenacin, tolterodine, festoterodine, darifenacin)
- B3-adrenoceptor agonist (mirabegron)
- Tricyclic antidepressants

Medications can cause adverse effects. Any side effects should be immediately discussed with the prescribing healthcare professional. Changing to a different medication may be helpful, dosages may need to be changed, or a combination drug therapy may be needed.

Other therapies for OAB may include:

- Sacral neuromodulation (SNM)
- Botulinum toxin (Botox) injections
- Percutaneous tibial nerve stimulation (PTNS)
- Urinary diversion (last resort for severe cases)

Many new therapies are being studied and researched. New medications, nerve stimulation devices, radio frequency ablation, laser therapy, intravesical therapy, and a bladder instillation solution are all being studied and evaluated. It is important to keep in touch with your physician about new solutions for symptom treatment.

Talking to Your Doctor

While it may be difficult to start the conversation, speaking to your doctor or healthcare provider is very important. It is critically important to understand the cause of your OAB symptoms. If you find that your doctor or provider is not listening carefully to you about this issue, please ask to be referred to someone who specializes in this area.

You may also have the option to contact a local medical center, where many are opening up departments for Pelvic Floor Therapy and Rehabilitation and Continence Care Clinics. You may wish to call your nearest medical center, or hospital, to see if it has this service available, as this can also be a good place to start your discussion about bladder issues. Once you know the cause(s), you want to be in the care of someone who will patiently

work with you until the right solution is found for your particular situation. In order to have plenty of time at your appointment:

- Make an appointment to only discuss your urinary symptoms. This will allow for plenty of time to discuss your concerns, your symptoms, the possible tests you might need, and next steps. (Trying to include this with a regular 10-20 minute annual physical may not leave enough time to discuss this important topic.)
- Keep track of your bladder for 48 hours prior to your appointment, and bring that information with you. Try to record the amount of fluid you drink, when you drink it, and what type of beverage it is. Then also record every time you go to the bathroom (whether you urinate a lot or a little) and any other things that you notice – discomfort, burning, pain, leakage (how much), urgency, etc.
- Bring a list of all your medications and supplements that you regularly take. Be sure to list the dosage for each, as well.
- Bring a list of any surgeries you have had with their dates, along with any major illnesses or accidents you may have had.
- Bring a list of your questions and concerns.

This should ensure you have a good appointment, and you are now on the way to finding out a lot more about your OAB symptoms, and ways to manage them.

Note: If you have a fever, blood in your urine, cloudy urine, foul-smelling urine, back pain, and/or pain when urinating, notify a doctor right away. Infections need to be treated immediately.

Additional Resources on OAB

Urology Care Foundation
[urologyhealth.org/urologic-conditions/overactive-bladder-\(oab\)](http://urologyhealth.org/urologic-conditions/overactive-bladder-(oab))

Mayo Clinic
mayoclinic.org/diseases-conditions/overactive-bladder/symptoms-causes/syc-20355715

The Simon Foundation for Continence is a not-for-profit educational organization dedicated to helping people with incontinence. Write to us with questions at info@simonfoundation.org or Post Office Box 815, Wilmette, Illinois 60091
Phone 800.237.4666 ■ Fax 847.864.9758 ■ www.simonfoundation.org

This Fact Sheet has been made possible by support from

Astellas
www.Astellas.US