

OVERACTIVE BLADDER

Patient Fact Sheet

Introduction

“Overactive bladder” (OAB) or “unstable bladder” refers to the feeling of needing to urinate much more often than is average. Since a medical name for the bladder muscle is the “detrusor,” you may also hear this condition called names like “detrusor overactivity” or “detrusor instability.”

OAB is a complex problem, but generally the bladder may squeeze hard enough to make urine leak out before you can make it to the bathroom. This type of urine loss is called “urge incontinence.”

OAB can occur at any age. Some people are born with conditions that affect nerve and muscle signals resulting in frequent urination, accidents and bed wetting in children. Other people may not develop OAB until they are older. The body and its muscles change with aging, making OAB quite common in the elderly.

In most adults, the bladder fills gradually over 3 to 5 hours and can hold up to 16 ounces (2 cups) of urine comfortably. When the bladder is full, sensory nerves send a fullness message to the brain and pelvic muscles continue to squeeze to hold the urine in until the person is seated on a convenient toilet. Then the bladder muscle contracts to empty, while the pelvic muscles relax to let urine pass through. Most people feel an urge to urinate when they hear running water or see a toilet, but can control the urge and get to the toilet without leaking.

The symptoms that you might notice include:

- A strong urge to urinate with little warning.
- More frequent (every 2 to 1 hour) urination.
- Possible dribbling or loss of a large amount of urine.
- Difficulty postponing urination, becoming a major issue for people with OAB, and can limit activities and travel.
- Usually no physical pain associated with this problem, but it can be very emotionally disturbing.

Signs that your health care provider may find on examination:

- Usually no outward physical signs of OAB.
- In older men, this type of bladder problem may be associated with prostate enlargement.
- In older women, OAB may be related to skin, blood vessel, and muscle changes after menopause, and signs of these changes may be present on a vaginal exam. It may also be associated with pelvic prolapse conditions when the bladder, rectum, or uterus may have “dropped.”

- Patients with neurological conditions, such as Multiple Sclerosis or Parkinson’s Disease, may also have a type of OAB.
- Sometimes bladder testing is done (using equipment to observe how the bladder fills and empties) to understand whether the problem has to do with muscle contractions or nerve sensations.

Treatment

- Modifying fluid intake: some drinks and foods make the urine acidic and irritate the bladder (such as caffeine and citrus juices); drinking too much or too little can also be a problem.
- Retraining the bladder: regular, timed emptying at gradually increased intervals can retrain the bladder to hold increasing amounts of urine for gradually longer time periods.
- Strengthening the pelvic muscle: pelvic muscle exercises can help to gain control over the muscles that control urine and relax the bladder. Sometimes these exercises can be aided with biofeedback or other techniques.
- Medications: several medications are available that may help with OAB, including medications that decrease bladder spasms and relax the bladder muscle. For women, estrogen products applied to the genital or vaginal skin (creams or vaginal treatments) may reverse some problems with aging that lead to OAB. For men, medications to treat prostate enlargement may help improve OAB symptoms.

Prevention

- Prevention of OAB has not been well studied, but there are some basic ideas that make good sense.
- Not smoking, keeping your weight in a healthy range, drinking regular and reasonable amounts of fluid (6-8 glasses of total fluids) spaced throughout the day, and keeping the pelvic muscles strong are good ideas for everyone.
- For older men, prostatic enlargement should be managed.
- Older women should seek treatment early if they notice increasing urgency; in the future, exercises or topical treatments like estrogen may be found to help with prevention. Prolapse should also be managed.

This fact sheet was graciously reviewed and revised by Gary Lemack, MD, Professor, Department of Urology, UT Southwestern, Dallas, Texas. 2008

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