Patient information

Overactive Bladder Syndrome

Urology Department – Royal Liverpool Hospital

Overactive bladder syndrome is common. Symptoms include an urgent feeling to go to the toilet, going to the toilet frequently, and sometimes leaking urine before you can get to the toilet ('urge incontinence'). Treatment with bladder training often cures the problem. Medication may also be advised to 'relax' the bladder.

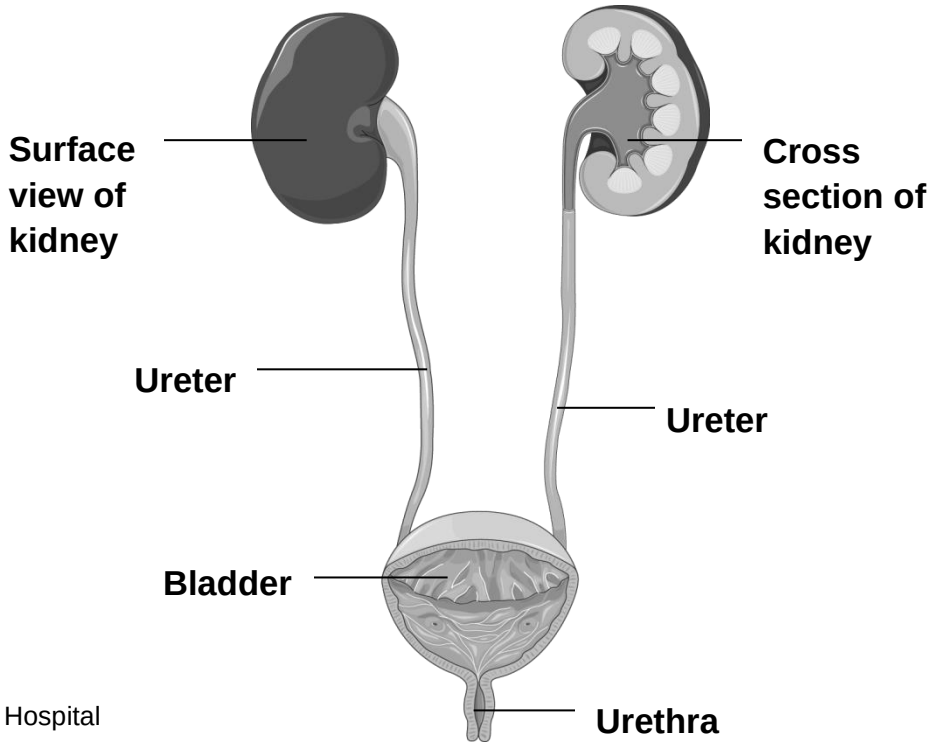
Understanding urine and the bladder

The kidneys make urine all the time. A trickle of urine is constantly passing to the bladder down the ureters (the tubes from the kidneys to the bladder). You make different amounts of urine depending on how much you drink, eat and sweat.

The bladder is made of muscle and stores the urine. It expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles). When a certain amount of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle contracts (squeezes), and the urethra and pelvic floor muscles relax.

Complex nerve messages are sent between the brain, the bladder, and the pelvic floor muscles. These tell you how full your bladder is, and tell the right muscles to contract or relax at the right time.

The urinary tract



What is overactive bladder syndrome?

An overactive bladder is when the bladder contracts suddenly without you having control, and when the bladder is not full. Overactive bladder syndrome is a common condition where no cause can be found for the repeated and uncontrolled bladder contractions (i.e., it is not due to a urine infection or an enlarged prostate gland.) Overactive bladder syndrome is sometimes called an 'irritable' bladder or 'detrusor instability' (detrusor is the medical name for the bladder muscle).

Symptoms include:

- **Urgency.** This means that you get a sudden urgent desire to pass urine. You are not able to put off going to the toilet.
- **Frequency.** This means going to the toilet often - more than seven times a day. In many cases it is a lot more than seven times a day.
- **Nocturia.** This means waking to go to the toilet more than once at night.
- **Urge incontinence** occurs in some cases. This is a leaking of urine before you can get to the toilet when you have a feeling of urgency.

How common is overactive bladder syndrome?

In two large studies it was found that about one in six adults reported some symptoms of an overactive bladder. Symptoms vary in their severity. About one in three people with an overactive bladder have episodes of urge incontinence.

What causes overactive bladder syndrome?

The cause is not fully understood. The bladder muscle seems to become overactive and contract (squeeze) when you don't want it to.

Normally, the bladder muscle (detrusor) is relaxed as the bladder gradually fills up and 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 first feeling until a convenient time to go to the toilet.

However, in people with overactive bladder, the bladder muscle seems to give the wrong messages to the brain and the bladder may feel fuller than it actually is. The bladder can also contract without the brain consciously telling it to which makes you suddenly need the toilet. If you delay this urge to go to the toilet you may leak. 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. This is called 'overactive bladder syndrome'. Symptoms may get worse at times of stress. Symptoms may also be made worse by caffeine in tea, coffee, cola, etc, and by alcohol (see below).

In some cases, symptoms of an overactive bladder develop as a complication of a nerve-related disease such as following a stroke, or with Parkinson's disease. Also, similar symptoms may occur if you have a urine infection or an enlarged prostate. These conditions are not classed as overactive bladder syndrome as they have a known cause. In general though, the same methods can be used to treat symptoms of an overactive bladder whatever the cause.

What are the treatments for overactive bladder syndrome?

Bladder training is usually the main treatment. This can work well in up to half of cases.

- Pelvic floor exercises help improve the success rate of bladder training alone.
- Medication may be advised or in addition to, bladder training and pelvic floor exercises.

Some general lifestyle measures which may help

- **Getting to the toilet**. Make this as easy as possible. If you have difficulty getting about, consider special adaptations like a handrail or a raised seat in your toilet. Sometimes a commode in the bedroom makes life much easier. Having easy access means you have to worry less about getting there in time when you decide to go.

- **Caffeine.** This is in tea, coffee, cola, and many other carbonated drinks and is part of some painkiller tablets. Caffeine has a diuretic effect (will make urine form more often). Caffeine also directly stimulates the bladder making urgency symptoms worse. It may be worth trying without caffeine for a week or so to see if symptoms improve. If symptoms do improve, you do not need to give up caffeine. However, you may wish to limit the times that you have a caffeine-containing drink. Also, you will know to be near to a toilet whenever you have caffeine. Normally if you have a lot of caffeine then cut it out gradually or you will get symptoms of caffeine withdrawal (headache, irritability etc).

- **Alcohol.** In some people, alcohol may make symptoms worse. The same advice applies as with caffeine drinks.

- **Drink normal quantities of fluids.** It may seem sensible to cut back on the amount that you drink so as 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 two litres of fluid per day - about six to eight cups of fluid, and more in hot climates and hot weather.

- **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 so as "not to be caught short". This again may sound sensible as some people think that symptoms of urgency and urge incontinence will not develop if the bladder does not fill very much and is emptied regularly. However, again, 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. Holding on to your urine will not damage your bladder or kidneys.

- **Have a healthy diet.** Being constipated and overweight can make the condition worse. Weight loss and a healthy high fibre diet can help to improve symptoms.

Bladder training (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 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. Leaks of urine are then less likely. A doctor, nurse, or continence advisor will explain how to do bladder training.

The advice may be something like the following:

You will need to keep a diary. On the diary make a note of the times you pass urine, and the amount (volume) that you pass each time. Also make a note of the times you leak urine (are incontinent). Your doctor or nurse may have some pre-printed diary-charts for this purpose to give you.

Keep an old measuring jug by the toilet so that you can measure the amount of urine you pass each time you go to the toilet.

When you first start the diary, go to the toilet as usual for two to three days at first. This is to get 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 every hour or so and only passing less than 100-200 ml each time. This will be recorded on the diary.

After the two to three days of finding your 'baseline', the aim is to gradually increase the length of time between each visit to the toilet. This will seem difficult at first. For example, if you normally go to the toilet every hour, try to last one hour and ten minutes between toilet trips.

When trying to hold-on, try distracting yourself.

For example:

- Sitting straight on a hard seat may help.
- Try counting backwards from 100.
- Try doing some pelvic floor exercises (see below).

It may take you several weeks to be able to pass urine every hour and 10 minutes. Once you can do this comfortably extend to an hour and 20 minutes. Do not increase the time difference until you are comfortable at that level. With time it should become easier as the bladder becomes used to holding larger amounts of urine.

It may take many months, but the aim is to pass urine only five to six times in 24 hours (about every three to four hours). Also, each time you pass urine you should pass much more than your baseline diary readings. (On average, people without an overactive bladder normally pass 250-350 ml each time they go to the toilet).

Eventually you may find that you just get the normal feelings of needing the toilet, which you can easily put off for a reasonable time until it is convenient to go.

While doing bladder training, it is useful to 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 from a continence advisor, nurse, or doctor. Make sure you drink a normal amount of fluids when you do bladder training (see above).

Medication

Medicines in the class of drugs called antimuscarinics (also called anticholinergics) can help. They include: oxybutynin, tolterodine, and solifenacin. These also come in different brand names. They work by blocking certain nerve impulses to the bladder which 'relaxes' the bladder muscle and so increases the bladder capacity.

In 2013 a new type of drug was released onto the market which works in a different way blocking Beta 3 receptors in the bladder this is called mirabegron. Some patients who have failed to have benefit from anti muscarinics may respond to this medication.

Medication improves symptoms in some cases, but not all. The amount of improvement varies from person to person. You may have fewer toilet trips, fewer urine leaks, and less urgency.
Your doctor may try you on medication in order to help you with bladder training or if you are finding bladder training difficult. If this is effective then you will probably be advised to continue for up to six months then stop the medication to see how symptoms are without the medication.

Symptoms may return after you finish a course of medication in which case it can be restarted. However, if you combine a course of medication with bladder training, the long-term outlook may be better and symptoms may be less likely to return when you stop the medication.

Side effects are quite common with these medicines but are often minor and tolerable. Read the information sheet, which comes with your medicine for a full list of possible side effects. The most common is a dry mouth, and simply having frequent sips of water may counteract this. Other common side effects include dry eyes, constipation 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.

Pelvic floor exercises

Many people have a mixture of urge incontinence and stress incontinence. Pelvic floor exercises are the main treatment for stress incontinence.

Briefly, this treatment involves exercises to strengthen the muscles that wrap underneath the bladder, uterus (womb) and rectum. For details, see separate leaflets called 'Stress Incontinence' and 'Pelvic Floor Exercises'.

It is not clear if pelvic floor exercises help if you just have urge incontinence without stress incontinence. However, pelvic floor exercises may help if you are doing bladder training (see above).

Continence adviser

Your family doctor (GP) may refer you to the local continence adviser. Continence advisors can give advice on treatments, especially about bladder training and pelvic floor exercises.

If incontinence remains a problem, they can also give lots of advice on how to manage. For example, they may be able to supply various appliances and aids to help such as incontinence pads, etc.

Botox Injections

Some patients who fail to respond to medication may be offered Botox injections into the bladder wall. This procedure involves passing a small telescope into the bladder and injecting Botox into multiple area within the bladder wall. It may be done awake or under general anaesthetic (asleep). Botox paralyses the bladder wall and is helpful in controlling symptoms in some patients. The procedure often needs to be repeated several times.

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Further Information

For queries about your appointment, contact the hospital you have been referred to

Royal Liverpool Hospital
Urology Department
Tel: 0151 282 6877/6788
Text phone number: 18001 0151 282 6877/6788

Aintree Hospital
Patient Appointment Centre
Tel: 0151 529 4550
Text phone number: 18001 529 4550

For clinical questions specific to your case, telephone the secretary of your urology consultant.

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