

Overactive Bladder

An overactive bladder is a common problem that often causes distressing and embarrassing symptoms such as:

- Suddenly having a desperate need to pass urine
- Leaking urine if you don't get to the toilet on time
- Having to pass urine many times a day, even when you haven't drunk much
- Needing to get up more than twice at night for the toilet
- Wetting the bed.

A normal bladder is like a balloon – it stretches as it fills up. The urine is kept inside the bladder by a valve that stays shut until you want to “go”. The pelvic floor muscles below the bladder help to stop any leaks by tensing up when you cough or sneeze. Normally you get some warning that your bladder is filling up and you can “hold on”. When you decide to “go” your brain tells the muscle that lines the bladder – the detrusor muscle - to contract and this squeezes the urine out. At the same time the valve and pelvic floor muscles relax allowing the urine out of the bladder.

On average people tend to go to the toilet every 3 – 4 hr in the day and 1 – 2 times at night. As people get older, this frequency can increase.

An overactive bladder is caused by an overactive detrusor muscle. It tenses up without warning, even when you don't want it to and when your bladder isn't full. Thus you can experience a sudden desperate urge to “go” and sometimes can't get to the toilet quickly enough.

It can occur at any age and is more common in women especially those who have had operations on the pelvic organs (bladder, uterus and bowel). Bladder infections and bladder stones can cause it. Sometimes it is a consequence of a stroke or the disease multiple sclerosis but in most cases it is not possible to find a reason why the bladder becomes overactive.

There are some **things to help that you can do yourself**. You may be doing some of them already. They include:

- Limiting the amount of fluid you drink. This may help reduce how often you have to rush to the toilet but it isn't always sensible to cut back too much because drinking too little can cause other problems. Plan ahead and drink less before bed or a long journey.
- Cutting down on coffee, strong tea, certain fizzy drinks and alcohol. Caffeine can make the symptoms worse.
- Making sure you can get to a toilet easily. If you have problems getting out of a chair or bed your local social services might be able to make adjustments to your home to help (such as putting up handrails).
- Using protective pads (which may be available on the NHS through your GP) and suitable clothing can help to make your symptoms less embarrassing and easier to cope with. Your nurse or pharmacist can help you choose what is best for you.

There's a range of treatments that can help you further which include:

- Bladder retraining. This trains your bladder to hold more urine and gives you more control over when you "go". Specialist nurses and physiotherapists are the best professionals to help. This is all that is needed in 40% of people with an overactive bladder.
- Pelvic floor exercises can strengthen the pelvic floor muscles to help prevent urine from leaking out. When these exercises are done in a special way with bladder retraining they can further help women (and men) with an overactive bladder. To make sure the exercises work you need to be taught how to do them properly, again this is best done by a specialist physiotherapist.
- The specialist physiotherapists have other treatments available if the simple measures outlined above are unsuccessful.
- Medicines and drug treatments can help by making the detrusor muscle less likely to tense up when you don't want it to. One of the following might be prescribed:
- Oxybutynin – reduces symptoms in at least 6 out of 10 people. This drug is newly available as a skin patch, changed twice weekly, with fewer side effects than the tablets.
- Tolterodine – reduces symptoms in at least 6 out of 10 people, in other words it is as effective as oxybutynin tablets and causes less side effects.
- Propiverine – is probably as effective as Tolterodine.
- Trospium chloride – may cause even fewer side effects and may be better for elderly patients, but it is a newer drug and there is less information on how well it works.
- Solifenacin – is probably as effective as Tolterodine and is reported to have fewer side effects.
- Darifenacin – is the newest drug available and is probably as effective as Tolterodine and again may be better for elderly patients.
- Fesoterodine (Tovias)

With these medicines side effects are quite common although they are not usually serious. The most common effect is a dry mouth. Most of the medicines can also cause dry eyes, blurry vision and constipation. These problems can be kept to a minimum if you are prescribed the lowest dose that controls your symptoms. Patients with certain types of glaucoma may not be suitable for treatment with some of these drugs.

If you suffer from myasthenia gravis, certain types of glaucoma, significant voiding difficulties (a very weak stream or incomplete bladder emptying), severe ulcerative colitis or obstruction in your digestive system these drugs should not be used.

If you're worried about side effects or anything else about these medicines speak to your doctor, nurse or pharmacist.

