



My Drift

Title: Overactive Bladder

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Key Statistics

About 33 million Americans have overactive bladder (OAB). At least 30% of men and 40% of women in the United States live with OAB symptoms. But the real number of people with OAB is most likely much larger. That's because many people living with OAB don't ask for help. Some are embarrassed. They don't know how to talk to their health care provider about their symptoms. Other people don't ask for help because they think there aren't any treatments for OAB.

Did you know that? Well, it gets worse with age. More than 50 percent of older Americans (men and women over 65) struggle with overactive bladder issues. Most of my readers are a little long in the tooth so you may want to pay attention to this article. You either have OAB now or you stand a very good chance of getting it as you get older.

30%
MEN **40%**
WOMEN
Live with OAB



What are the Symptoms of OAB?

Urgency: The major symptom of OAB is a sudden, strong urge to urinate that you can't ignore. This "gotta go" feeling makes you afraid you will leak urine if you don't get to a bathroom right away. You may or may not leak urine after feeling this urge to go.

Leak urine (incontinence): Some-times people with OAB also have "urgency incontinence." This means that urine leaks after you feel the sudden urge to go. Some people may leak just a few drops of urine. Other people experience a sudden gushing of a large amount of urine.

Urinate frequently: You may also need to go to the bathroom many times during the day. The number of times someone urinates differs from person to person. But many experts agree that going to the bathroom more than 8 times in 24 hours is "frequent urination."

Wake up at night to urinate: Having to wake from sleep to go to the bathroom two or more times a night may be another symptom of OAB.

Although you may be able to get to the toilet in time when you sense an urge to urinate, unexpected frequent urination and nighttime urination can disrupt your life.

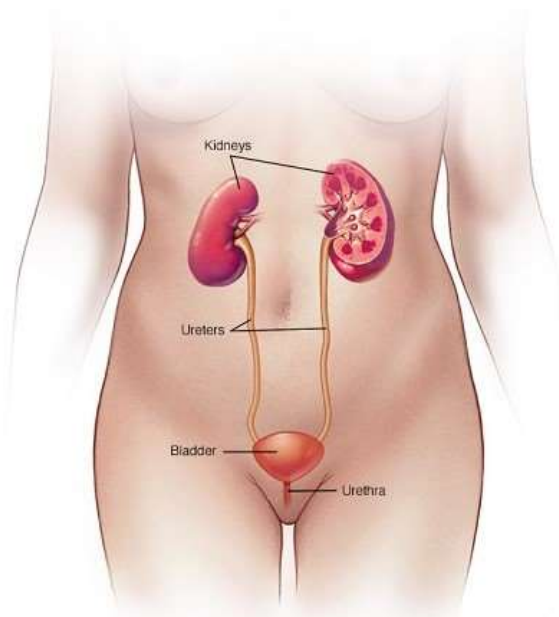
Normal bladder function

The kidneys produce urine, which drains into your bladder. When you urinate, urine passes from your bladder through an opening at the bottom and flows out a tube called the urethra (u-REE-thruh).

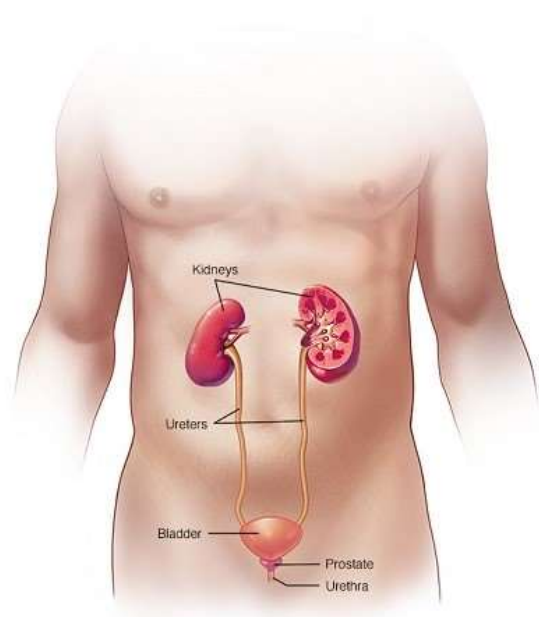
In women, the urethral opening is located just above the vagina. In men, the urethral opening is at the tip of the penis.

As your bladder fills, nerve signals sent to your brain eventually trigger the need to urinate. When you urinate, nerve signals coordinate the relaxation of the pelvic floor muscles and the muscles of the urethra (urinary sphincter muscles). The muscles of the bladder tighten (contract), pushing the urine out.





Female urinary system

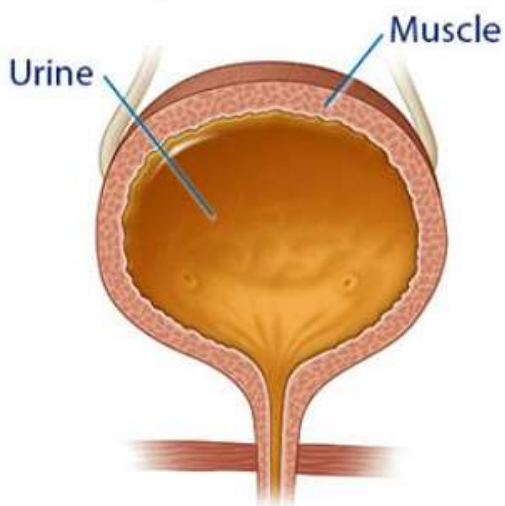


Male urinary system

Your urinary system — which includes your kidneys, ureters, bladder, and urethra — removes waste from your body through urine. Your kidneys, located in the rear portion of your upper abdomen, produce urine by filtering waste and fluid from your blood.

Involuntary bladder contractions

Overactive bladder occurs because the muscles of the bladder start to contract involuntarily even when the volume of urine in your bladder is low. This involuntary contraction creates the urgent need to urinate.



Normal bladder (full)



Overactive bladder

OAB Causes

Several conditions may contribute to signs and symptoms of overactive bladder, including:

- **Neurological disorders, such as stroke and multiple sclerosis**
- **Diabetes**
- **Medications that cause a rapid increase in urine production**
- **Acute urinary tract infections**
- **Abnormalities in the bladder, such as tumors or bladder stones**
- **Factors that obstruct bladder outflow — enlarged prostate or constipation**
- **Excess consumption of caffeine or alcohol**
- **Declining cognitive function due to aging that may make it more difficult for your bladder to understand the signals it receives from your brain**
- **Difficulty walking, which can lead to bladder urgency if you're unable to get to the bathroom quickly**
- **Incomplete bladder emptying, which may lead to symptoms of overactive bladder, as you have little urine storage space left**

In most cases, the specific cause of an overactive bladder will remain unknown.

Risk factors

As you age, you're at increased risk of developing overactive bladder. You're also at higher risk of diseases and disorders, such as enlarged prostate and diabetes, which can contribute to other problems with bladder function. Here are few risk factors:

Risk factors for OAB

- Bladder inflammation.
- Chronic bladder outlet obstruction
- Central nervous system disorders
- Pregnancy
- Vaginal delivery
- Postmenopausal status
- Older age (risk increase with age)
- Although the most common cause is idiopathic.

Many people with cognitive decline — for instance, after a stroke or with Alzheimer's disease — develop an overactive bladder. Incontinence that results from situations

like this can be managed with fluid schedules, timed, and prompted voiding, absorbent garments, and bowel programs.

Okay, don't lie. How many of you looked up the word "idiopathic" like I did?

Complications

Any type of incontinence can affect your overall quality of life. If your overactive bladder symptoms cause a major disruption to your life, you might also have:

- Stress and Anxiety
- Emotional distress or depression
- Sleep disturbances and interrupted sleep cycles
- Issues with sexuality



Your doctor might recommend treatment of associated conditions, to see if effective treatment of an associated condition will help with your urinary symptoms.

Mixed Incontinence

Some women also may have a disorder called mixed incontinence, when both urge and stress incontinence occur. Stress incontinence is the loss of urine when you exert physical stress or pressure on your bladder, such as during activities that include running or jumping. Treatment of the stress incontinence is not likely to help the overactive bladder symptoms.



Older people may have a common combination of bladder storage problems and bladder-emptying issues. The bladder may cause a lot of urgency and even incontinence, but it doesn't empty well. A specialist may be able to help you with this combination of bladder problems.

Prevention

These healthy lifestyle choices may reduce your risk of overactive bladder:

- **Maintain a healthy weight**
- **Get regular, daily physical activity and exercise**



Go for a Walk every day – Take the Dog along



- **Limit consumption of caffeine and alcohol**
- **Quit smoking**
- **Manage chronic conditions, such as diabetes, that might contribute to overactive bladder symptoms**
- **Try to limit stressful and anxiety situations in your life**
- **Learn where your pelvic floor muscles are and then strengthen them by doing Kegel exercises — tighten (contract) muscles, hold the contraction for two seconds and relax muscles for three seconds. Work up to holding the contraction for five seconds and then 10 seconds at a time. Do three sets of 10 repetitions each day.**

OAB Diagnosis

To get a diagnosis of overactive bladder, your doctor starts with a complete health history to learn about other urinary conditions you've had in the past, and when the problem started. Your doctor will examine you, ask questions, and perform tests.



Questions your doctor may ask about your OAB include:

- How often do you urinate?
- How often do you leak urine, and how severely?
- Do you feel any pain or discomfort while urinating?
- For how long has the urge or urinary incontinence been occurring?
- Do you use incontinence pads, and if so, how many per day?
- What medications are you taking?
- Have you had any recent surgery or illnesses?

Keeping an OAB diary at home can help you answer these questions and help with an overactive bladder diagnosis. Each day, write down how much you drink, when you urinate, how much you urinate each time, and whether you ever feel an urgent need to go.

Your doctor will then examine your abdomen, pelvis, genitals, and rectum. You might also have a neurological exam to look for problems in your nervous system that could affect your ability to urinate. Constipation can also lead to urinary incontinence and urinary retention.

Tests for Overactive Bladder

There are a number of tests for overactive bladder, depending on your health history and symptoms. For these tests, you'll likely see a urologist (a doctor who is trained to treat urinary disorders). If you're a woman, you can also visit a urogynecologist. Tests for overactive bladder include:

Urinalysis. Taking a urine sample allows your doctor to check for conditions that can cause overactive bladder. A urinalysis looks for the presence of these substances in the urine:

- Bacteria or white blood cells, which could indicate a urinary tract infection or inflammation
- Blood or protein, which could be a sign of a kidney problem
- Glucose, which could signal diabetes

Postvoid residual volume. This test checks to see whether the bladder empties fully by passing a flexible tube called a catheter through your urethra and into your bladder after you've urinated. The catheter drains the urine that remains in your bladder and measures it. Another way to test postvoid residual urine is with a bladder scanner that uses ultrasound, a test that uses sound waves to look at how much urine is left in your bladder after you go. The bladder scanner is a painless procedure. Ultrasound gel is placed on your lower abdomen and the machine calculates the volume of urine left in your bladder.

Bladder stress test. To see whether you're leaking urine, your doctor might do a bladder stress test, which consists of filling your bladder with fluid and then asking you to cough.

Ultrasound. This test uses sound waves to visualize the bladder and other parts of the urinary tract.

Cystoscopy. This test uses a thin, lighted instrument called a cystoscope to visualize the inside of the urethra and bladder.

Urodynamic testing. This series of OAB tests measures how well your bladder holds and empties urine. Because these tests can be both invasive and expensive, urodynamic testing is usually reserved for people who have unusual symptoms or who haven't responded to treatment.

Voiding cystourethrogram. This overactive bladder test looks for structural problems in the bladder and urethra. A liquid contrast dye is injected into your bladder with a catheter and then X-rays are taken while you urinate.

Conclusion

It's not unusual for people to be reluctant to speak with their doctor about bladder-related symptoms. But all of these OAB questions and tests can help diagnose whether your condition has something to do with an infection or other illness, a blockage, or poorly functioning bladder muscles. Knowing the cause of your overactive bladder can help your doctor find the right treatment for you.

Treatment

A combination of treatment strategies may be the best approach to relieve overactive bladder symptoms.

Facts about treatment
The good news is that treatment can relieve your symptoms and let you get on with your life

Behavior modification – another way of saying “lifestyle changes” 	Medication – to help stop bladder muscles squeezing when they shouldn't 	Referral for specialized treatments – depending on your condition, you may be sent to a specialist 
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Behavioral interventions

Behavioral interventions are the first choice in helping manage an overactive bladder. They're often effective, and they carry no side effects. Behavioral interventions may include:

- **Pelvic floor muscle exercises.** Kegel exercises strengthen your pelvic floor muscles and urinary sphincter. These strengthened muscles can help you stop the bladder's involuntary contractions.

4 Must-Know Facts about Kegel Exercises



- 1** Commonly prescribed to improve many conditions.
- 2** How to: Lift pelvic floor and contract muscles.
- 3** They can be done at any location: at home, office, or in the car.
- 4** They have been proven effective in reducing urinary incontinence.

- **Your doctor or a physical therapist can help you learn how to do Kegel exercises correctly.** It may take as long as six to eight weeks before you notice a difference in your symptoms.

- **Healthy weight.** If you're overweight, losing weight may ease symptoms. Weight loss may help if you also have stress urinary incontinence.
- **Scheduled toilet trips.** Setting a schedule for toileting — for example, every two to four hours — gets you on track to urinate at the same times every day rather than waiting until you feel the urge to urinate.

Intermittent catheterization. Using a catheter periodically to empty your bladder completely helps your bladder do what it can't do by itself. Ask your doctor if this approach is right for you.

Absorbent pads. Wearing absorbent pads or undergarments can protect your clothing and help you avoid embarrassing incidents, which means that you won't have to limit your activities. Absorbent garments come in a variety of sizes and absorbency levels.

Bladder training. Bladder training involves training yourself to delay voiding when you feel an urge to urinate. You begin with small delays, such as 30 minutes, and gradually work your way up to urinating every three to four hours. Bladder training is possible only if you're able to tighten (contract) your pelvic floor muscles successfully.

Acupuncture. Researchers have concluded that acupuncture is an effective treatment for patients with overactive bladder syndrome (OAB) and is well tolerated with no side effects or complications.

Medications

Medications that relax the bladder can be helpful for relieving symptoms of overactive bladder and reducing episodes of urge incontinence. These drugs include:

- oxybutynin (Ditropan XL, Oxytrol)
- tolterodine (Detrol, Detrol LA)
- trospium (Sanctura)
- darifenacin (Enablex)
- solifenacin (Vesicare)
- fesoterodine (Toviaz)

Common side effects of most of these drugs include dry eyes and dry mouth. However, drinking water to quench thirst can aggravate symptoms of overactive bladder. Constipation — another potential side effect — can aggravate your bladder symptoms. Extended-release forms of these medications, including the skin patch or gel, may cause fewer side effects.

Bladder injections

Botox is a protein from the bacteria that cause botulism illness. Used in small doses directly injected into bladder tissues, this protein partially paralyzes muscles. Clinical research shows that it may be useful for severe urge incontinence. The temporary effects generally last five months or more, but repeat injections are necessary.

About half of people had side effects from these injections, including 9 percent who had urinary retention. So, if you're considering Botox treatments, you should be willing and able to catheterize yourself if urinary retention occurs.

Nerve stimulation

Regulating the nerve impulses to your bladder can improve overactive bladder symptoms. One procedure uses a thin wire placed close to the sacral nerves — which carry signals to your bladder — where they pass near your tailbone.

This surgical procedure is often done with a trial of a temporary wire or as an advanced procedure in which the permanent electrode is implanted and a longer trial is performed prior to a surgical placement of the battery-powered pulse generator. Your doctor then uses a device connected to the wire to deliver electrical impulses to your bladder, similar to what a pacemaker does for the heart.

If this successfully reduces your symptoms, the wire is eventually connected to a small battery device that's placed under your skin.

Surgery

Surgery to treat overactive bladder is reserved for people with severe symptoms who don't respond to other treatments. The goal is to improve the bladder's ability to store urine and reduce pressure in the bladder. However, these procedures won't help relieve bladder pain. Surgeries include:

Surgery to increase bladder capacity. This procedure uses pieces of your bowel to replace a portion of your bladder. This surgery is used only in cases of severe urge incontinence that doesn't respond to any other, more-conservative treatment measures.

Bladder removal. This procedure is used as a last resort and involves removing the bladder and surgically constructing a replacement bladder (neobladder) or an opening in the body (stoma) to attach a bag on the skin to collect urine.

References



Just in case you want additional information about Overactive Bladder, here are the three references I used for most of the above material:

The Mayo Clinic - <https://www.mayoclinic.org/diseases-conditions/overactive-bladder/symptoms-causes/syc-20355715>

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

WebMD - <https://www.webmd.com/urinary-incontinence-oab/causes-overactive-bladder#1>

There is a lot of information about OAB that I didn't include in this article. For most people, especially younger people, I recommend talking to your doctor about OAB and following his or her advice. However, if you are an old fart like me (I'm 77 years young), you may want to take a different approach with overactive bladder issues.

My comments

Let's make one thing clear upfront - Overactive bladder (OAB) isn't a disease. It's the name of a group of urinary symptoms. The most common symptom of OAB is a sudden urge to urinate that you can't control. Some people will leak urine when they feel the urge.

The reason I did the research and wrote this article is I believe I might be developing an overactive bladder. Here are my symptoms:

- I have always been able to drink a lot of beer and only go to the bathroom once or twice during a 5-hour outing such as going to a University of Hawaii football game. Well, now I have to go after every three beers!
- Up to a few months ago, I never had to get up in the night to use the bathroom. Well, now I get up every night twice!
- I never used to worry about going somewhere with no bathrooms for several hours. Well, now if I'm taking my wife to a doctor in Honolulu, I make sure I go to the bathroom before leaving home and again at the medical facility before driving home to Mililani. It can sometimes take a long time in Oahu traffic.



The author at a UH football game

- **I have been under a lot of stress lately dealing with my wife's health issues. She has to go to dialysis 3 times a week in Kailua and me and the puppy need to take her, return home to Mililani, and then go back and pick her up. We have no problems except when there are complications like when she has to stay at the dialysis center for an extra hour or two. Well, when you got to go, you got to go! Are there any laws against you and your puppy peeing in a public parking lot?**



Apache waiting patiently at the Dialysis Center

I don't have any problems when I'm out and about by myself. I have a time-tested plan where I never have bathroom issues. Let's say I have a dentist appointment in Honolulu (my dentist is in the Pam Am Building by Ala Moana Shopping Center). When I finish getting my teeth cleaned or fixed, I need to pee, so I head directly to Hooters in the Aloha Tower Marketplace near downtown Honolulu. I have a beer or two while enjoying the scenery. Next, I head for Pearl Ridge Shopping Center in Aiea where I stop at the Monterey Bay Cannery. They have a nice bar where I can get something to eat and a cold beer while chatting with my favorite bartender Karen. After hitting the head, I drive to the Outback Restaurant in Waipio. I like to sit at the bar and watch sports for a while and have a beer or two. Last stop is The Shack in Mililani where I sit at the bar with the regulars who are a bunch of old timers who are there every day. Hey, look at the time! After a quick stop in the bathroom, it is time to go home. There were no OAB issues on this trip home!

It is a different story now with the wife and puppy as passengers. I need a new plan!

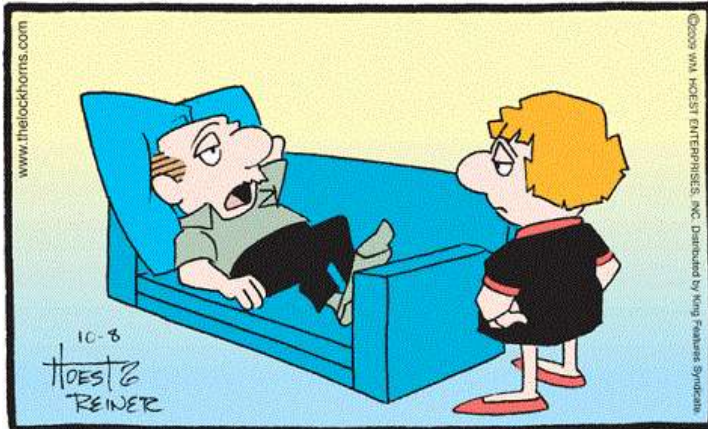
So, do you think I should mention my possible little overactive bladder problem to my doctor? Do you think I will? The answer to this question is a resounding "NO". I now know for a fact that the cause of OAB is usually never found. If I tell my doctor that I might have an OAB issue, he will ask me a bunch of personal questions, conduct a complete physical examination, and run every medical test under the sun in an attempt to find out what is causing the problem. After my doctor fails to find anything wrong, he will send me to several specialists who will do the same stuff. Eventually, one of these doctors will find something wrong with me which in most cases has nothing to do with the original OAB issue. I rest my case.

I will deal with this overactive bladder issue by myself. I don't like doctor's offices and hospitals – I don't know if you have noticed this or not but there are a lot of sick people in these places. You never know what dreadful disease you might catch!

Let's end this article with some overactive bladder humor. However, if you have OAB, don't laugh too hard!



Snapshots



"I DO EXERCISE, LORETTA ... I WALK TO THE BATHROOM AND BACK FIVE TIMES A NIGHT."



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