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Overactive Bladder Syndrome

What is the overactive bladder syndrome?

Overactive bladder (OAB) is a bladder disorder characterised by a sudden, compelling desire to urinate which is hard to control (called "urgency"). Often, women with this condition also have to get up during the night to urinate (nocturia) and may visit the toilet many times during the day (frequency). For most women with OAB, the urgency is so strong that it may cause them to leak urine before they can reach the toilet (urge incontinence).

OAB syndrome is extremely common, affecting approximately 25% of adult women worldwide – you should not be embarrassed to seek help for your bladder symptoms or incontinence.

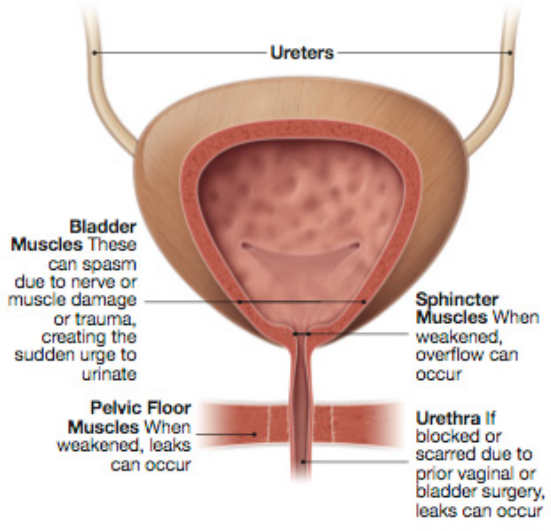
What causes overactive bladder syndrome?

For most women, the actual cause is not known [1]. However, some conditions are known to increase the risk of OAB. These include women who get **recurrent urinary tract infections**, women who have undergone **previous continence surgery**, women with **neurological disease** (such as multiple sclerosis) and women with a history of either bed-wetting in childhood or previous **pelvic radiation therapy** for cancer. Irrespective of the cause, the symptoms are due to unwanted bladder "spasms" which can occur randomly throughout the day and night. These bladder cramps or spasms produce the tell-tale symptom of urgency. Some women can identify triggers for their bladder symptoms, such as standing up or when they return home and put the key in the door. Other women may have bladder spasm and leakage during intercourse which can be very upsetting. However, for many women, there is no obvious trigger and they may leak suddenly while simply sitting on the couch watching television. It is the unpredictable nature of the bladder symptoms and incontinence which makes OAB such a distressing condition.

How is overactive bladder diagnosed?

OAB is diagnosed by an experienced gynaecological specialist when a woman describes the classic OAB symptoms and once other causes (such as infection) have been excluded [2]. No special testing is required to make the diagnosis.

Occasionally, for women with complicated symptoms or who have previously had bladder surgery, a special test called "urodynamic studies" is helpful to examine the pressure within the bladder and rule out other bladder disorders.



I cannot go on tolerating these bladder symptoms – what treatment can you suggest?

Dr Colin Walsh has huge experience in caring for women affected by overactive bladder. He has cared for hundreds of women with OAB, has published extensively on the condition and has a PhD in the treatment of the overactive bladder syndrome [1-3].

Unfortunately, for most women with OAB, no "cure" exists and treatment aims to reduce symptoms and improve the woman's quality of life. Simple **lifestyle measures**, such as eliminating tea/coffee intake and modest weight loss, can be very helpful for OAB symptoms. Post-menopausal women may benefit from regular **vaginal oestrogen cream**. The mainstay of treatment for OAB syndrome is a combination of **bladder retraining** and **medication** designed to reduce the bladder symptoms. There are lots of different medication options, both tablets and patches, with different side-effects – Dr. Walsh can discuss this with you in more detail.

I have tried several tablets without success – is there anything else you can offer me?

A proportion of women with severe OAB may not find medication helpful, or may find it helpful initially but then notice symptoms returning. In recent years, 2 surgical treatments have emerged for these severe cases:

1. The first involves injection of **BOTOX®** directly into the bladder wall under anaesthetic. This is the same chemical used by women to treat facial wrinkles. It works in a similar fashion in the bladder, eliminating spasms. Although many women find it very effective, the benefit usually last only 9-12 months and the treatment may need to be repeated.

2. The second option, which is a far bigger operation, involves inserting a device similar to a heart pacemaker (called a **sacral nerve stimulator**) into the woman's spine, which then modulates the nerve supply to the bladder to reduce urgency symptoms. It is major surgery which should only be considered in the worst, most debilitating cases of OAB syndrome.

References

1. **Walsh CA** et al. Decreased intravesical adenosine triphosphate in patients with refractory detrusor overactivity and bacteriuria. J Urol. 2013; 189: 1383-7.

2. **Walsh CA** et al. Overactive bladder in women: does low-count bacteriuria matter? A review. Neurourol Urodyn. 2011; 30: 32-7.

3. **Walsh CA** et al. Botulinum toxin in "refractory" detrusor overactivity. Neurourol Urodyn. 2012; 31: 708.