



Overactive bladder syndrome (OAB)

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This information was produced by the European Association of Urology (EAU)

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This leaflet contains general information about overactive bladder syndrome. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider.

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The content is in line with the EAU Guidelines on Overactive Bladder 2017.

You can find more detailed information about the treatment of OAB at our website:
<http://patients.uroweb.org>

Overactive bladder syndrome (OAB)

What is the bladder?

The bladder is the organ which stores urine produced by the kidneys. It is a muscle in the shape of a bag which can hold around 400 millilitres of urine (**Fig. 1a and b**).

Most people become aware their bladder is filling when it is half full. In order to empty the bladder, you have to be able to relax. This usually means being in a socially convenient environment, such as a toilet or a private space. The brain will then send a signal to the bladder to start squeezing out the urine.

How often you urinate depends on many factors, but one in particular is how much you drink. Most people urinate less than 8 times during the day, and either not at all or once during the night.

What are overactive bladder symptoms?

Overactive bladder symptoms (OAB) are common and can affect both men and women. Between 10 and 20% of people suffer from it at some stage in their lives.

OAB symptoms are a set of urinary storage symptoms.

Storage symptoms include:

- The sudden need to urinate and having trouble postponing it
- Any involuntary loss of urine
- The need to urinate more often than usual
- The need to wake up at night to urinate.

What causes overactive bladder symptoms?

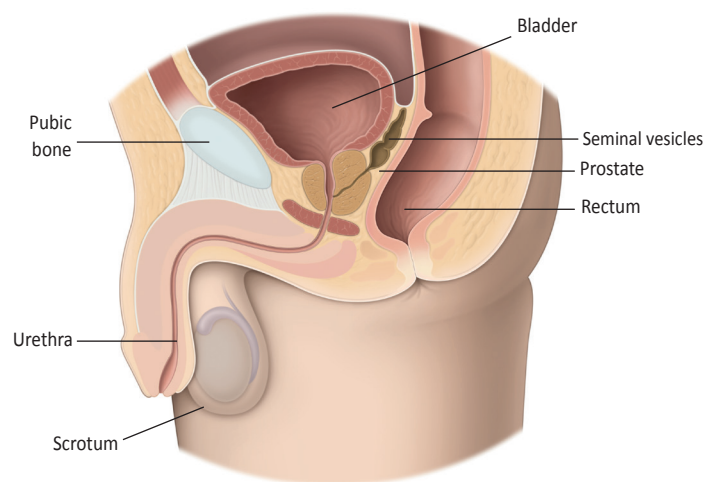
Overactive bladder (OAB) symptoms can have various causes:

- Some people experience sudden and spontaneous contractions of the bladder muscle
- Some people are more sensitive to the feeling of their bladder filling
- In some cases, the kidneys produce too much urine at night, which causes nocturia. This may be related to older age or certain medical conditions
- Some people have a smaller bladder which is filled to capacity more quickly, but this is not very common

Diagnosis of OAB

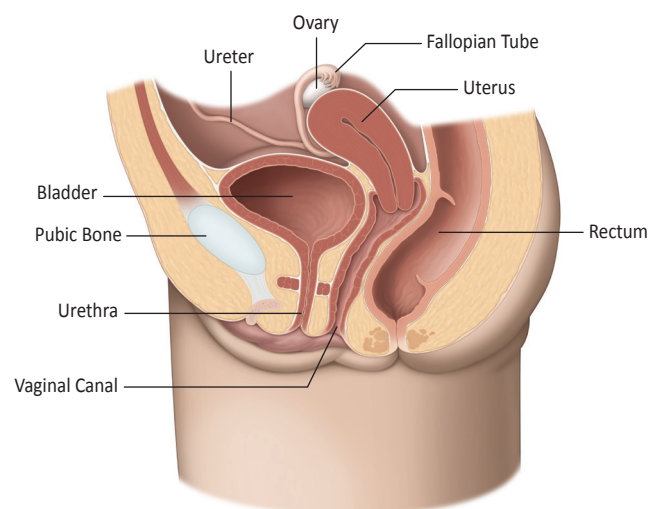
The doctor does a series of tests to understand what causes your symptoms. This is called a diagnosis.

Overactive bladder symptoms (OAB) can point to other conditions. Part of the diagnosis is ruling out other possible explanations for the symptoms, such as urinary infection or diabetes.



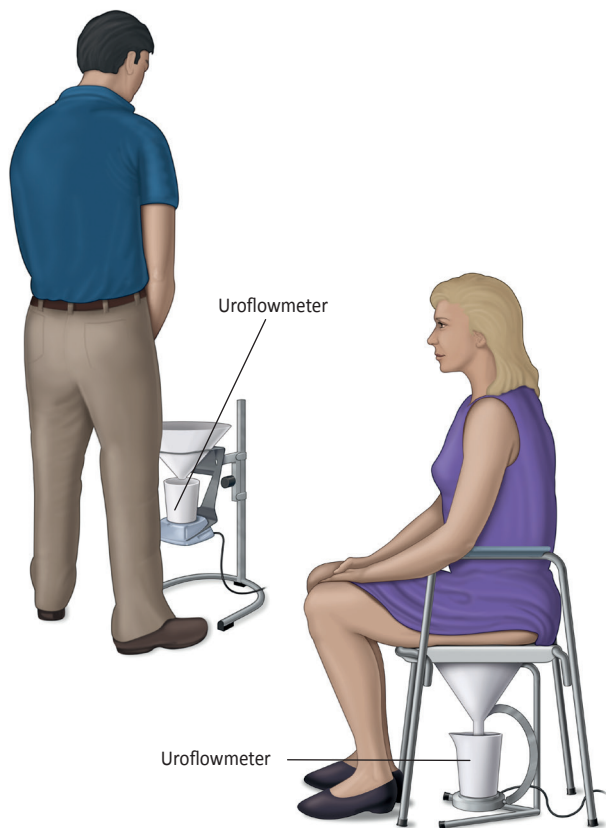
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Fig. 1b: The female lower urinary tract.



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Fig. 1b: The female lower urinary tract.



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Fig. 2: A common type of uroflowmetry container for men and women.

Urine test

You will need to give some of your urine for testing. The test will show if you have a urinary tract infection and if there are traces of blood or sugar in the urine. The underlined terms are listed in the glossary.

Bladder diary

Your doctor may ask you to keep a bladder diary. Here you can note down how much you drink, how often you urinate, and how much urine you produce. The bladder diary is important because it helps your doctor to understand your symptoms better. You can download a bladder diary from the website: <http://patients.uroweb.org>

Uroflowmetry

This is a simple test which electronically records the rate of urine flow. It is easily done in privacy at the hospital or clinic. You will urinate into a container, called a uroflowmeter (Fig. 2). This test helps your doctor to check whether there is any obstruction to the flow of urine.

Imaging of the bladder

You will get an ultrasonography (also known as ultrasound), which uses high-frequency sounds to create an image of your bladder. The doctor or nurse will scan your bladder to check how much urine is left in the bladder after urinating. This information helps to see if your symptoms are caused by urine retention in the bladder after urinating.

Bladder examination

If there is blood in the urine, you need a bladder examination. The doctor uses a type of endoscope – called a cystoscope – to look inside the bladder, usually under local anaesthesia. H3 Urodynamic evaluation

A urodynamic test is done to get more information about your urination cycle and how your bladder muscles work. During the test, your doctor inserts catheters in your urethra and rectum to measure the pressure in your bladder and abdomen.

First, the doctor or nurse will take your medical history and do a physical examination. If needed, other tests will be performed.

Medical history

The doctor will take a detailed medical history and ask questions about your symptoms. You can help your doctor by preparing for the consultation:

- Describe your current symptoms
- Note how long you have had the symptoms for
- Make a list of the medication you are taking
- Make a list of previous surgical procedures
- Mention other diseases you suffer from
- Describe your lifestyle (exercising, smoking, alcohol, and diet)

Physical examination

Your doctor or nurse will do a general physical examination focussing on:

- Your abdomen
- Your genitals
- The nerves in your back

Self-management of OAB

The symptoms of overactive bladder are often bothersome but not life-threatening. OAB symptoms can last

for a long time and there is no simple cure. There are various treatment options available. In most cases, self-management is offered as the first step of treatment. It is common to try different treatment options to figure out which one works best in your individual situation. You can discuss this with your doctor. You can actively manage your symptoms. The following self-management measures may help you:

- Together with your doctor you can discuss adapting when, what, and how much you drink
- If urine leakage is a problem, your doctor may recommend wearing an absorbent pad to prevent wetting your clothes
- If recommended by your doctor, encourage yourself to “hold it” longer when you feel the urgency to urinate. This will train your bladder and gradually increase the time between toilet visits
- Pelvic muscles can weaken with age. Different exercises can help to regain muscle strength and suppress the urgent desire to urinate. A physiotherapist can help you do these exercises the right way.

Drug Treatment for OAB

In about one third of people, self-management of overactive bladder symptoms does not work (See Self-management of OAB). If self-management measures did not improve your symptoms, your doctor may suggest drug treatment.

This section describes different groups of drugs. Together with your doctor you can decide which approach is best for you.

Factors which influence this decision include:

- Your symptoms
- Your medical history
- Any other medication you are taking
- Drugs available in your country
- Your personal preferences and values



Useful link

Read more about continence products, such as different types of pads, at the Continence Product Advisor website:
www.continenceproductadvisor.org/

Second-line Treatment for OAB

Sometimes the drugs your doctor prescribed do not improve your overactive bladder symptoms (OAB). In these cases, other treatment options are available. Together with your doctor you can decide which approach is best for you.

Common treatment options for OAB symptoms are:

- Botulinum toxin bladder injection
- Nerve stimulation, also known as neuromodulation
- Surgery to increase bladder volume

Living with OAB

Although overactive bladder symptoms (OAB) are not life-threatening, they usually have a negative impact on your quality of life. Different people cope differently with their symptoms and the possible side effects of

treatment. Your personal preferences and values and the impact of OAB symptoms on your life should not be underestimated.

Quality of life involves both physical and psychological health. It is important not only to feel healthy but also to feel free from the psychological pressure of living with OAB symptoms.

Symptoms such as urgency or the need to urinate frequently are likely to have a negative effect on your quality of life. Someone with OAB symptoms often needs to locate toilets before leaving the house and may avoid certain activities altogether. Also, losing sleep because of waking up at night to urinate may lower your energy levels, which makes it more difficult to maintain your daily activities. Episodes of urgency which result in leakage of urine are embarrassing and may lower your self-esteem.

These problems can also impact your loved ones. For example, your partner might be awoken by night time toilet visits. Because of your OAB symptoms you may avoid social activities. This can also affect your partner’s social life and lead to a feeling of isolation which prevents you and your loved ones from fully enjoying life.

There are many ways to keep the symptoms under control. They should not stop you from being happy in your relationships and participating in the social, cultural, and economic life of your community. Seek help if your symptoms bother you: consult your family doctor, general practitioner, or a urologist.

Seeking help

OAB symptoms become more common with increasing age. However, they should not be seen as a normal part of ageing or an untreatable problem. If you have bothersome symptoms it is important that you go to your doctor and are not embarrassed to discuss your situation.

For more information on Overactive Bladder Syndrome visit:
<https://patients.uroweb.org>.

Glossary of terms

Anaesthesia (general or local)

Before a procedure you will get medication to make sure that you don't feel pain. Under general anaesthesia you are unconscious and unaware of what is happening to you. Under local anaesthesia you will not feel pain in the part of your body where the procedure is done. Anaesthesia wears off gradually after the procedure.

Bladder

Organ that collects urine from the kidneys (*see also* Kidneys).

Catheter

A hollow flexible tube to insert or drain fluids from the body. In urology, catheters are generally used to drain urine from the bladder.

Cystoscope

A type of endoscope which is used in the urethra (*see also* Endoscope, Urethra).

Endoscope

A tube-like instrument to examine the inside of the body. Can be flexible or rigid.

Kidneys

Two bean-shaped organs in the back of the abdomen that filter the blood and produce urine.

Nocturia

Waking up one or more times during the night because of the need to urinate.

Urethra

The tube which carries urine from the bladder and out of the body.

Urgency

The sudden need to urinate.

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