Information for Patients







Table of contents

About nocturia	3
What is nocturia?	3
Treatments	4
What treatments are available for nocturia?	4
Self-management of symptoms	4
Watchful waiting	6
Medicines	6
Nerve stimulation	8
Surgery	8
Living with nocturia	8
What is it like living with nocturia?	8
Recurrence	8
What happens if nocturia comes back?	8
My notes and questions	9

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This chapter contains general information about nocturia. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider. No website or leaflet can replace a personal conversation with your doctor.

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Nocturia

About nocturia

What is nocturia?

If you find yourself waking up to use the bathroom more than once during the night (or during your main sleep period if that isn't at night), this is called nocturia.

Nocturia is not considered a condition as such, but rather a symptom of an underlying issue. For some people, nocturia is a symptom of how their kidneys produce urine, or how their bladder stores it. For some people, their nocturia symptoms could be caused by heart problems or sleep disorders, in which case they would need to see a different doctor to treat the cause of their symptoms.

Nocturia is very common and affects both men and women of all ages, even though it is sometimes thought of as a problem that only older people experience. But not every instance of nocturia is a problem that needs to be treated.

Nocturia can negatively affect your life in more ways than just being woken in the night. Not getting enough sleep, or having your sleep disrupted can lead to a decrease in physical and mental health, comfort, productivity, and quality of life. For all these reasons you should not be reluctant to discuss your symptoms with your doctor.

If you occasionally wake up in the night because you need to urinate or first thing in the morning with that urgent need to pee, this isn't nocturia, but just the normal healthy functioning of your body. But if you are concerned for any reason, your doctor is just a phone call away.

What causes nocturia?

Nocturia can be caused by a variety of factors including excessive fluid intake, medical conditions, medications, ageing, sleep disorders, neurological conditions, or hormone imbalances. So, it's important to talk to your healthcare provider if you are experiencing nocturia.

Certain medical conditions, such as urinary tract infections, bladder infections, prostate problems, diabetes, and heart failure, can increase urine production or interfere with the body's ability to hold urine. While some medications, such as diuretics (water pills), can increase urine production and lead to nocturia.

How is nocturia diagnosed?

Your doctor will ask you questions about your health and any medical issues you have had in the past, as well as giving you a check-up.

You will be asked to fill out a bladder diary each day, which involves completing a simple chart that records how much fluid you drink and how much urine you pass during the day and night. This will be used at your next appointment to help your doctor to make a diagnosis. For example, some causes of nocturia can cause people to pass a smaller amount of urine at night, even though they have been woken up by the need to go to the toilet.





You may also be asked to complete a questionnaire about your nocturia symptoms and if/how they affect your quality of life. This can help your doctor get more information about your symptoms and how they are impacting your life, so as to make the right diagnosis.

After the initial assessment, you may need to have medical tests to investigate other possible causes of your nocturia. If it turns out that your nocturia is caused by something other than your urinary system, then you may need to be referred to another type of doctor.

Treatments

What treatments are available for nocturia?

Nocturia can make you feel exhausted during the day if you've woken up several times during the night to go to the toilet. This can make it difficult to stay focused at work, do everyday tasks, or take part in activities that you usually like to do, such as going out with friends or doing hobbies.

Not getting enough sleep, or sufficient good quality sleep, can also make it harder for your body to fight off illnesses like colds and viruses.

Some people may find that their nocturia symptoms are mild and that they need minimal, if any, treatment for their condition. Others may find that their sleep is more significantly disturbed by their condition. The more times your sleep is disturbed, the more likely it is to have a negative impact on your daily life and overall well-being.

There are a variety of treatments available for nocturia. The treatment you receive will depend on the type and severity of your symptoms, whether they are caused by another medical condition that needs to be investigated and treated, and the impact your symptoms have on your life. Your past medical illnesses and procedures can influence which treatments you can access, as well as the country you live in, as not all treatments are available everywhere.

This webpage provides information about nocturia treatments for adults.

Self-management of symptoms

Bladder diary

Keeping a bladder diary can help you and your urologist understand your symptoms and find suitable treatments.

A bladder diary is used to track:

- How much liquid you drink
- How often you urinate in the day
- If/when you experience any accidental leakage
- How often you need to urinate at night.
- How much urine you pass through the night

The amount of urine you pass can be measured using a jug, such as those found in most supermarkets.





Lifestyle changes

You can try to lessen the symptoms of nocturia by making a few changes in your lifestyle. Here are some helpful tips.

- Try to drink most of your liquids during the earlier part of the day, so that by the late afternoon and evening, you are not drinking much, as this will help reduce the need to get up to go to the bathroom during the night.
- Try to limit the amount of caffeinated drinks (such as tea and coffee), fizzy drinks and alcohol you consume, as these types of liquids can irritate your bladder and make you need to urinate more frequently. Remember that even decaffeinated drinks contain some caffeine.
- Try lying down and raising your legs above the level of your heart for a short time in the afternoon or early evening as this can help any fluid that has built up in your lower body during the day to move back to your kidneys and be urinated out before bedtime.
- Wearing compression stockings during the day can help reduce the amount of fluid that builds up in the legs over the course of the day and would otherwise need to be urinated out at night.
- Seek physiotherapy support to learn exercises that will strengthen your pelvic floor muscles.
- If you have difficulty walking or staying balanced, it may be helpful to keep a toilet chair (commode) near your bed.

Remember, it's still important to drink at least 1 to 1.5 litres of water a day.

Bladder training techniques

The aim of bladder training is to teach you how to control your bladder, instead of your bladder controlling you. If your nocturia is caused by an overactive bladder, your doctor may suggest you try bladder training techniques. You can find out more about overactive bladder syndrome <u>here</u>.

Bladder training involves resisting the urge to urinate for a short period of time to train your body to hold larger amounts of liquids for longer. Your doctor will discuss the best method of bladder training for you, but a common method is to distract yourself for 5 to 15 minutes each time you get the first urge to urinate (using whatever method works best for you). The following week, you do the same thing but try to delay passing urine for an additional 5 to 15 minutes.

This technique of 'holding' your bladder could help you reduce the need to go to the toilet during the night.

Sleep training techniques

Training your body to sleep well through the night can make it less likely that you will wake up to go to the toilet.

Here's some of our top tips for sleep training:

- Keep up a consistent sleep schedule by going to bed and waking up at the same time each day to help your body get used to sleeping through the night.
- Do some physical activity during the day to help keep your sleep routine healthy and improve the quality of your sleep.
- Make sure you're getting an adequate amount of sleep. If you don't get enough sleep, or too much sleep, it can affect the quality of your sleep at night.
- Try sleeping in a comfortable space, that is dark, quiet and of a pleasant temperature to help you sleep better.
- If you smoke, be aware that nicotine is a stimulant, so it is likely to have a negative effect on your sleep quality.





Watchful waiting

If your symptoms are not too severe or bothersome or if medications may not be the best option for you, you may want to wait and see how things go before starting any treatments.

A watchful waiting programme involves:

- An assessment of your symptoms during a consultation with a urologist
- Education and advice about your condition
- Keeping a bladder diary to see how your symptoms evolve
- Ongoing support to manage your nocturia

You will be offered annual check-ups to make sure your condition is not getting worse or causing more problems for you. If your condition does worsen before your next appointment, you can see your doctor sooner to talk about treatment options that might help improve your symptoms.

Medicines

The type of medicine you may be offered will depend on your diagnosis and the underlying cause of your nocturia. For instance, people diagnosed with overactive bladder may be offered a different type of medication to people who have nocturia. Many medicines can cause mild to moderate side-effects, and your doctor will talk to you about them before you decide on any treatments.

We don't recommend taking over-the-counter supplements or herbal remedies for nocturia. These could be ineffective and if your condition is causing you enough trouble that you need treatment, it's best to talk to your doctor rather than buying something without getting professional medical advice.

Make sure to tell your doctor if you are taking any herbal supplements. This is important because certain herbal supplements may decrease the effectiveness of certain prescribed medicines.

Anticholinergics

Anticholinergic medication is often shortened to anticholinergics or called 'muscarinic blockers.' They are a type of medication that reduce how often you feel the need to urinate.

Common side effects include dry eyes, dry mouth, acid reflux or indigestion and constipation. These drugs are not recommended for long-term use in elderly people as they can increase the chances of mental impairment.

Bladder relaxing medicines (receptor beta-3 agonists)

Receptor beta-3 agonists stimulate a specific type of receptor in the body. They work by relaxing the bladder muscle so that it can comfortably hold more urine, which reduces how often you need to urinate.

Common side-effects of receptor beta-3 agonists include headaches, symptoms like the common cold, high blood pressure, and urinary tract infections.

Urine reduction medicines (antidiuretics)

Sometimes nocturia is caused by the kidneys making too much urine at night. If this is the case, your doctor may recommend a type of medicine called an antidiuretic hormone (ADH) analogue. ADH is a hormone that helps keep the right amount of water in the body by making the kidneys take in more water. These medicines act like the natural ADH hormone in our bodies and can be used to reduce the amount of urine you make at night.





Common side effects include headache, nausea, abdominal pain and hot flushes /flashes. Other known side effects include water retention, which can lead to swelling in the hands, feet, or ankles, and hyponatremia (low levels of sodium in the blood).

It's important to note that some of these side effects, such as hyponatremia, can be serious and require medical attention.

Daytime urine production medicines (diuretics)

In some circumstances, doctors may recommend medications that increase urine production during the day so that your body produces less urine at night. These are sometimes called 'water tablets' or diuretics and should be taken 6 hours before bedtime. Producing less urine at night means that you are less likely to be woken up during your sleep. Common side effects of diuretics include dehydration, gout, low salt or potassium levels in your blood, dizziness, and low blood pressure.

Prostate medicines (alpha blockers)

For some men experiencing nocturia, their doctor may prescribe medicines called alpha blockers. Alpha blockers relax the muscle in the prostate gland or reduce the size of the prostate. This is because the prostate is close to the bladder and these medicines can aid the process of fully emptying the bladder. Alpha blockers are not specifically designed to treat nocturia. While taking these medicines may improve bladder emptying during the day, there is limited evidence

to suggest that they can reduce the need to urinate at night. Your doctor can provide more information on whether these medicines are right for you.

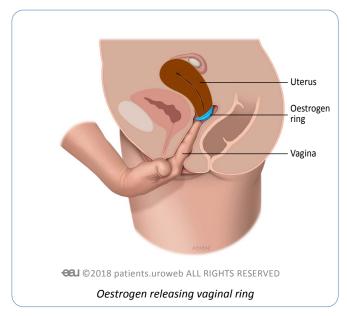
Side effects of alpha blockers are mild, and most men do not experience any. In those who do, loss of strength, dizziness, and slightly reduced blood pressure, are possible but temporary. It is possible that these medicines can affect sexual function (sex drive and ejaculation).

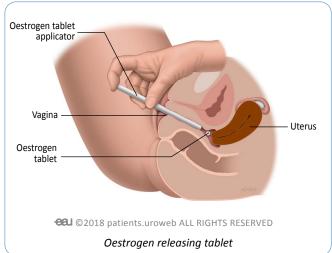
Topical/vaginal oestrogen

Some women may be recommended to take oestrogen to help with their nocturia. Oestrogen can be in the form of a cream that is applied to the skin, as a tablet that is inserted into the vagina, or as a ring that slowly releases oestrogen and is placed inside the vagina.

Common side effects include vaginal discharge or bleeding, breast tenderness or enlargement, headache, nausea, abdominal pain, skin rash or irritation. Other known side effects include an increased risk of blood clots, and increased risk of endometrial cancer (when used alone without a progestin).

It's important to note that some of these side effects, such as an increased risk of blood clots and endometrial cancer, are rare but can be serious. Women who have a history of blood clots, certain cancers, or other medical conditions may not be offered topical or vaginal oestrogen treatment.









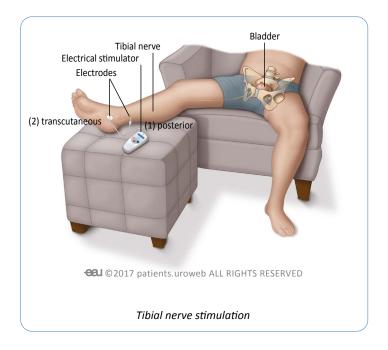
Nerve stimulation

Tibial nerve stimulation is a low-risk treatment that doesn't require surgery. An electrical stimulator is used to deliver mild electrical pulses to the nerves that control your bladder and pelvic floor muscles.

Tibial nerve stimulation involves having either (1) a tiny needle electrode inserted into the skin around the ankle, called posterior tibial nerve stimulation (PTNS) or (2) an electrode pad placed on the skin near the ankle, called transcutaneous tibial nerve stimulation (TTNS).

Surgery

If your doctor finds any urinary tract abnormality contributing to nocturia, they may discuss the possibility of corrective surgery with you.



Living with nocturia

What is it like living with nocturia?

Experiencing the need to urinate during the night can have a big impact on your life, including your self-confidence and your relationships, as well as your sex life. It can be hard to feel confident when you don't feel like you have control over your body, and if you're not getting enough sleep.

If your nocturia is affecting the quality of your life, it is important to talk to a doctor about it. You should not feel embarrassed about your symptoms as doctors help many people with nocturia. Seeing your doctor is the first step in regaining control over your nocturia. Your doctor will review your symptoms and give advice on the lifestyle changes you can make and things you can do to help ease the symptoms. They will also be able to suggest treatments that may help.

Nocturia symptoms can be managed, so, you don't have to let it impact your life. Talk to your doctor today.

Recurrence

What happens if nocturia comes back?

As nocturia can be caused by a variety of underlying conditions, it's possible the symptoms may come back. In this instance, your doctor will discuss your options with you.

Your doctor will help you to make informed decisions about how you decide to treat and manage your nocturia and will advise you of any new treatments available so that your symptoms are managed and to minimise their impact on your quality of life.





My notes and questions



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