

Introduction

“Overactive bladder” (OAB) or “unstable bladder” refers to the feeling of needing to urinate much more often than is average. Since a medical name for the bladder muscle is the “detrusor,” you may also hear this condition called names like “detrusor overactivity” or “detrusor instability.”

OAB is a complex problem, but generally, the bladder may contract/squeeze prematurely and hard enough to make urine leak out before you can make it to the bathroom. This type of urine loss is called “urge incontinence.”

OAB can occur at any age. Some people are born with conditions that affect nerve and muscle signals, resulting in frequent urination, accidents, and bed wetting in children. Other people may not develop OAB until they are older. The body and its muscles change with aging, making OAB quite common in older adults. Additionally, certain disease processes or treatments may change the bladder to be more sensitive, leading to OAB symptoms. However, in most instances, the reasons for OAB may not be easily determined.

Depending on the amount and type of fluid you are drinking, the bladder fills gradually over 2 to 6 hours and usually holds up to 16 oz of urine comfortably. When the bladder is full, sensory nerves send a fullness message to the brain, and pelvic muscles continue to squeeze to hold the urine in until the person is seated on a convenient toilet. Then the bladder muscle contracts to empty, while the pelvic muscles relax to let urine pass through. It is common to feel an urge to urinate when hearing running water or seeing a toilet, but most people can control the urge and get to the toilet without leaking. In some cases of OAB and urge incontinence, the person is unable to hold their urine until they can get to a restroom.

Symptoms You Might Notice

- A strong urge to urinate with little warning.
- More frequent urination.
- Possible dribbling or loss of a large amount of urine.
- Difficulty postponing urination. This becomes a major issue for people with OAB, and can limit activities and travel.
- Usually, no physical pain is associated with this problem, but it can be very emotionally and socially disturbing.
- Need to get up more than once at night to urinate.
- Some people may experience an uncomfortable sensation of urgency.

Possible Causes Your Health Care Provider May Look For

- Usually no outward physical signs of OAB.
- In older men, this type of bladder problem may be associated with prostate enlargement.
- In older women, OAB may be related to skin, blood vessel, and muscle changes after menopause, and signs of these changes may be present on a vaginal exam. It may also be associated with pelvic prolapse conditions when the bladder, rectum, or uterus may have “dropped.”
- Patients with neurological conditions, such as history of stroke, multiple sclerosis or Parkinson’s disease, may also have a type of OAB.
- Sometimes bladder testing is done (using equipment to observe how the bladder fills and empties) to understand whether the problem has to do with muscle contractions or nerve sensations.
- Additionally, further testing may be required/recommended, such as a pelvic examination and/or cystoscopy, to evaluate the integrity of the bladder and surrounding structures, as well as rule out other causes of overactivity symptoms.

Treatment

- **Fluid and dietary modifications.** Some fluids and foods irritate the bladder, such as caffeine and citrus juices. Drinking too little or too much can also impact urgency and the ability to hold urine.
- **Retraining the bladder.** Regular, timed emptying at gradually increased intervals can retrain the bladder to hold increasing amounts of urine for gradually longer time periods. Normal voiding expectation would be 2 to 3 hours. Additionally, if the bladder does not empty to completion, some patients may be asked to double void to help facilitate bladder evacuation.
- **Strengthening the pelvic muscles.** Pelvic muscle exercises can help to gain control over the muscles that control urine and relax the bladder. You may be referred to a specialist nurse to help train these muscles or referred to a physical therapy pelvic floor specialist. Sometimes these pelvic floor exercises can be aided with biofeedback or other techniques.
- **Medications.** Several medications are available that may help with OAB, including medications that decrease bladder spasms and relax the bladder muscle. For women, estrogen products applied to the genital or vaginal skin (creams or vaginal treatments) may reverse some problems with aging that lead to OAB. For men, medications to treat prostate enlargement may help improve OAB symptoms.
- **Bowel regularity.** Constipation may be a major contributor to OAB complaints. A full distended colon can irritate the bladder. Healthy bowel habits may be recommended to help avoid constipation.
- **Smoking cessation.** Smoking is a major risk factor for the development of bladder cancer, and it is also an extreme bladder irritant.

Advanced options for refractory OAB.

Percutaneous tibial nerve stimulation (PTNS) or implantable programmable generator (IPG) sacral stimulation stimulate nerves to the bladder to “calm” or “reset” the bladder and in turn ease OAB complaints. Botox injections into the bladder can also be administered to relax the bladder and help alleviate OAB symptoms.

Prevention

- Prevention of OAB has not been well studied, but there are some basic practices that may help.
 - Not smoking, keeping your weight in a healthy range, drinking regular and reasonable amounts of fluid (6 to 8 glasses of total fluids) spaced throughout the day, and keeping the pelvic muscles strong are good ideas for everyone.
 - For older men, prostatic enlargement should be managed.
 - For women, pelvic organ prolapse should be managed.

References

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