



Factsheet: The Overactive Bladder

What is an overactive bladder?

Normally the bladder expands readily as it fills until an appropriate time and place for the process of emptying. Then the sphincter that has been holding the bladder outlet closed is opened and the muscles in the bladder contract and squeeze the urine out. The bladder then relaxes again for the process of refilling. It is normal to pass water 4 - 8 times a day, including once or perhaps twice at night.

Some people find that their bladders do not work like this. Instead, the muscles are liable to contract uncontrollably at the wrong time. If you have an overactive bladder, you may feel very little warning of the need to pass urine (this is called *urgency*) and you may need to urinate very frequently - in exceptional cases as often as every half hour (this is called *frequency*).

Some people have difficulty in making it to the toilet on time because their bladder gives them so little warning, which may result in urine leaking (*urge incontinence*).

You may also find that you wake during the night to pass urine (this is called *nocturia*). (It is normal to pass water up to eight times a day and once or twice a night: if you are consistently emptying your bladder more frequently than this or being woken more than twice at night you may want to seek GP advice.)

An overactive bladder (which is sometimes called irritable, unstable or “detrusor overactivity” bladder) can occur at any age and is the second most common type of bladder problem - and the commonest in elderly people. Very often it has no known cause, although it can occur following a stroke or as a result of neurological disease.

TREATMENTS

An overactive bladder can usually be cured and at worst can be managed so that it does not to interfere with your ordinary life.

There are three main types of treatment:-

(1) Bladder retraining

The purpose of bladder retraining is to learn to suppress or ignore the desire to pass urine so that a more normal pattern of going to the toilet is achieved and the bladder tolerates being stretched as it fills. In turn this should lead to a reduction in the frequency and urgent desire to pass urine and an end to incontinent episodes.

Bladder retraining is generally done with the help of a continence advisor, usually a specialist nurse (your GP can put you in touch with your local one or you can phone B&BC on 01926 357220 for details of local advisors).

To start bladder retraining, you need to keep a record of how often you pass urine during the day. You may also measure the amount you pass, using a measuring jug, and record this on the chart. This record should be kept initially for one week. The last page of this factsheet provides a suitable chart, which allows also for you to record any episodes of incontinence.

Once the record is completed you can work out how often, on average, you pass urine and, if you have recorded it, the average amount passed. You can then set your first target. Suppose you have been passing urine about every hour: your first target might be to go to the toilet only every hour and a half. You can aim also to increase the average amount you pass each time.

You should continue to keep a record of your pattern of passing urine on a chart. This will enable you to judge how well you are doing with your bladder retraining. Once you have achieved your goal, then set a new one. You should continue like this until all your symptoms have disappeared and you are visiting the toilet every 3 - 4 hours and the amounts you are passing have increased to an average of

250 - 350 mls. You will probably find that improving your daytime problems leads to an improvement in frequency and urgency at night.

You may wonder how you are going to manage to hang on for that extra half hour. There are various techniques which may help.

- When you get the urge to pass urine:- Sit on a hard seat or across a tightly rolled towel. This puts pressure on the muscles in the bottom of your pelvis and works in the same way as crossing your legs did when you were younger.
- It may help if you count backwards from 50 or do something similar to distract you from the urge to go. Once you get to 1 you should find that the urge has gone.
- Do five quick squeezes of your pelvic floor muscles. Squeezing the muscles in the bottom of your pelvis sends a message to your bladder which can help to calm it down.

If you are unsure where your pelvic floor muscles are, then you can identify them by imagining that you are trying to stop yourself passing wind or diarrhoea. Squeeze the muscles around the back passage and then let go. You can also identify the muscles by imagining you are trying to stop or slow your stream when passing urine- It is not a good idea to do this whilst you are passing urine as it can interrupt the body's natural reflexes. However, it is safe to imagine that you are stopping and starting the flow of urine once your bladder is empty. If you would like further information on Pelvic Floor Exercises please visit our website where you can download Pelvic Floor Exercises For Men and Pelvic Floor Exercises For Women. Alternatively, please ring our office on 01536 533255 to be sent copies in the post.

Bladder retraining requires considerable willpower and determination, but giving in to your bladder will only make things worse. "Mind over matter" can really help your problem - but only you can make it work. The less often you pass urine, the less often you will need to go and eventually you will be able to forget about your bladder for hours at a time. It may take several weeks or months to get to this stage, so don't give up.

Remember, when you have regained control, do not go longer than 4 -5 hours without passing urine (except, of course, overnight).

(2) Drug treatments

Your doctor may prescribe medication which can help to reduce the overactive contractions of your bladder. There are several medications available which can help you to control your bladder and reduce wetting, these are called antimuscarinic or anticholinergic drugs and can come in tablet, liquid or in patch form. These medicines can help improve the symptoms of overactive bladder by relaxing the bladder muscles and reducing the number of contractions of the bladder wall. This should result in less trips to the toilet. Side effects of these medicines may initially give you a dry mouth, heartburn, headaches or constipation but they lessen over time. If the drug you are prescribed does not agree with you, ask your doctor if it would be sensible to try an alternative.

It is important once you start taking drugs for your bladder that you take them for several weeks, as it can take this long before you really notice a difference in your bladder symptoms.

(3) Electrical stimulation

Another treatment involves using a small battery-powered unit which produces an electric current to the muscles around the bladder. This current is usually passed via a small vaginal or anal probe. The unit produces a sensation of little more than a slight tingling - a bit like pins and needles.

People are usually advised to use the unit for between 20 minutes and an hour a day for about 20 days. Some people find this treatment very effective.

The unit is available on loan from some local continence services and from some physiotherapy services. Details of your local continence service can be obtained from the B&BC
Tel: 01926 357220. You will also find some devices listed in our [Bladder Products](#) section of the website.

Further Information

In severe cases of overactive bladder you may be referred to a specialist for investigation and possibly for surgery, although for obvious reasons surgery is treated as a last resort.

If at any time you experience a burning pain when passing water or your urine is cloudy and smells unpleasant, it is possible that you have an infection. You should see your doctor as soon as possible.

You should aim to drink about 6-8 glasses (1.5-2 litres) of fluid a day . You should avoid drinks which contain caffeine such as coffee, strong tea and fizzy drinks as these can irritate your bladder.

Never cut down on your fluids to avoid the symptoms of any bladder problem. This will only increase the risk of developing an infection or, by making your urine more concentrated, risk irritating your bladder into greater activity.

Bladder Diary Chart

To help identify your bladder habits and patterns start a bladder diary, recording the amount of times you go to the toilet, how long you can wait until you go to the toilet, what you drink and so on.

From your diary you will be able to identify how long your bladder can hold on until it needs to be emptied. From here, you can set realistic goals that can help your bladder become stronger.

When you have set your goals, try not to rush to the toilet as soon as the time is up. Try if possible to resist that further urge.

At night, empty your bladder before you go to bed and try and resist any urges to further empty your bladder before you go to sleep.

A cure does not happen overnight but it can be very successful. Alternatively you can discuss using a bladder diary with your continence nurse or health professional and between you agree a training programme suited to your needs.

Bladder training works by helping you to return to a normal pattern of passing urine. You will need to gradually increase the time between passing urine until you achieve a normal pattern

On the following page is a bladder diary for you to use each day.

Time	Record drinks taken (type and amount)	Record each time you use the toilet to pass urine	Tick when you changed a pad/pantyliner or had an accident	Each time you leak urine, circle whether you were:	Reminders 1. Don't forget to record the time you woke up in the morning and the time you went to sleep . 2. Don't forget to record what happened overnight when you get up in the morning. 3. Try and make a record of things just after they happen in case you forget them later on. 4. Record things to the nearest hour . 5. Record type and amount of drinks taken (e.g. 2 cups of tea, 1 mug of coffee, 1 can of coke, 1 glass of water/wine /juice, 2½ pints of beer) 6. Start a new sheet for each new day.
				Almost Dry Damp Wet Soaked	
6am				Almost Dry Damp Wet Soaked	
7am				Almost Dry Damp Wet Soaked	
8am				Almost Dry Damp Wet Soaked	
9am				Almost Dry Damp Wet Soaked	
10am				Almost Dry Damp Wet Soaked	
11am				Almost Dry Damp Wet Soaked	
Midday				Almost Dry Damp Wet Soaked	
1pm				Almost Dry Damp Wet Soaked	
2pm				Almost Dry Damp Wet Soaked	
3pm				Almost Dry Damp Wet Soaked	
4pm				Almost Dry Damp Wet Soaked	
5pm				Almost Dry Damp Wet Soaked	
6pm				Almost Dry Damp Wet Soaked	
7pm				Almost Dry Damp Wet Soaked	
8pm				Almost Dry Damp Wet Soaked	
9pm				Almost Dry Damp Wet Soaked	
10pm				Almost Dry Damp Wet Soaked	
11pm				Almost Dry Damp Wet Soaked	
Midnight				Almost Dry Damp Wet Soaked	
1am				Almost Dry Damp Wet Soaked	
2am				Almost Dry Damp Wet Soaked	
3am				Almost Dry Damp Wet Soaked	
4am				Almost Dry Damp Wet Soaked	
5am				Almost Dry Damp Wet Soaked	

Factsheet based on an original draft by John Unsworth, revised October 2012.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowelfoundation.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

www.bladderandbowelfoundation.org

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