

The Female Patient®

What You Need to Know About Overactive Bladder Syndrome

Overactive bladder (OAB) syndrome is a condition that includes:

- Urinating frequently, 8 or more times a day
- Feeling a strong need to urinate right away
- Leaking urine before being able to reach a bathroom
- Awaking frequently at night to urinate.

Millions of women have this condition. OAB can cause depression, stress, and anxiety, because women are prevented from enjoying daily activities.

OAB is usually caused by an inability to relax the bladder and hold more urine. Women experience OAB twice as often as men do because of several natural factors. OAB can be caused by pregnancy, childbirth, menopause, and the structure of the female urinary tract.

The condition develops in older women more often than younger women. Some factors that can contribute to OAB include diabetes and certain medications, but the cause is generally unknown.

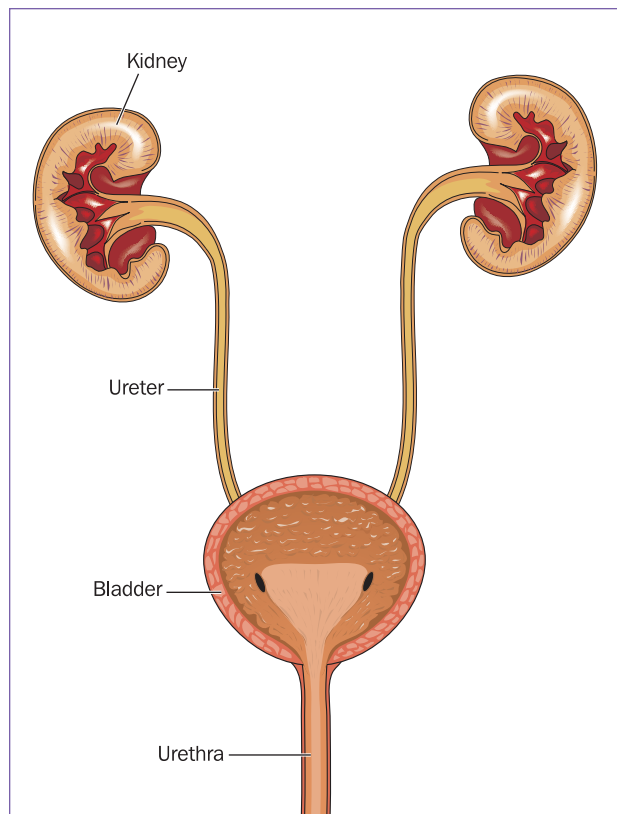
How is OAB diagnosed?

Your health care professional will complete a thorough history and perform an examination. In addition, a specialized test may be ordered to determine the cause of your symptoms.

What are the treatments for OAB?

The possibilities for treatment of OAB include bladder training, Kegel exercises, electrical stimulation, drug therapy, and surgery.

- Behavioral therapy. This nondrug strategy helps you avoid accidents by “training” your bladder. You keep a “bladder diary” to track your fluid intake, number of trips to the bathroom, and times of urine leakage. A pattern may emerge that enables you to plan to use the bathroom on a regular schedule at certain times. You can then try to extend the intervals.
- Kegel exercises. These exercises train your pelvic muscles. They help reduce involuntary loss of urine. You must use proper technique and exercise regularly for Kegel exercises to work. Biofeedback and electrical stimulation can help make sure you are doing the exercises correctly.
- Drug therapy. There are several medications available to treat OAB. Each drug affects the urinary tract in different ways.



Drugs that relax bladder muscles and prevent spasms are oxybutynin and tolterodine. Both of these drugs have been approved by the FDA in oral immediate-release and extended-release. Extended release means the drug lasts longer in the body by delivering a continuous low level of the drug. An advantage of this form is that it can be taken once a day. Side effects of both forms may include dry mouth, fast heartbeat, and flushing.

Oxybutynin is also available in transdermal formulations as a patch and a gel. The transdermal formulations may cause fewer side effects than the oral pills.

Other drugs approved for OAB include trospium chloride, darifenacin, and solifenacin succinate. Additional drugs are being evaluated for the treatment of OAB and may soon receive FDA approval.

- Surgery. When OAB is severe and other treatments have failed, surgery to insert a “pacemaker” for the bladder can be performed.