



Urgency Incontinence: An Issue of an Overactive Bladder

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What is Overactive Bladder?

Urgency incontinence, better known as overactive bladder, is defined as involuntary loss of urine associated with an uncontrollable urge to urinate.

Overactive bladder occurs when your bladder muscle becomes overactive and no longer responds to normal reflex, and/or central (brain) commands telling the bladder to relax. In normal urination, the bladder contracts, and the urethra, or the spigot of the bladder, relaxes. In women with overactive bladder, the bladder contracts involuntarily. Sometimes this contraction is in response to a stimulus. The stimulus could be water running, thinking about urinating or putting your hands in water. When the pressure of the spasm of the bladder becomes greater than the resistance of the urethra, leakage occurs. Women sometimes have discomfort along with this urge.

What are the Signs of Overactive Bladder?

With an overactive bladder you may:

- Leak if you do not get to the bathroom immediately.
- Urinate greater than eight times in a day.
- Get up two or more times in the middle of the night to urinate (nocturia).
- Wet the bed at night during sleep.

Sometimes women with overactive bladder do not leak but have frequent urination.

Other disorders may have similar signs of overactive bladder. For instance nocturia, or urinating two or more times during the night, may actually be due to a sleep disorder rather than due to an overactive bladder. Many women suffer from insomnia or a condition where they awaken due to a sleep disorder, (i.e. sleep apnea). The sleep disorder actually causes a person to awake at night. Once awake, they feel the urge to urinate. Their primary stimulus for waking up is not the urge to urinate but rather the sleep disorder.

What Causes Overactive Bladder?

The causes of overactive bladder are not well known. We know the condition occurs more often with childbearing and advancing age. Also, many foods and drinks may cause urgency.

How is Overactive Bladder Treated?

There are many treatments for overactive bladder. The most common treatment is usually medication, but there are many options:

- Behavioral therapy including bladder training and diet modification
- Kegel exercises (pelvic floor muscle exercises)
- Medication
- Pelvic floor rehabilitation
- Estrogen

Behavioral Therapy

Bladder Training—The goal of bladder training is to “teach” your bladder to regain control of urination as you gradually prolong the time between visits to the toilet. You start by urinating only at set intervals. Bladder training is continued until you are urinating every 3 hours, depending on your level of fluid intake.

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Diet Modification—There are many foods and drinks that cause irritation of the bladder. Carbonated drinks and drinks with caffeine are some of the most important drinks you should avoid. Foods that contain acid, like fruits and citrus drinks, should be avoided along with artificial sweeteners and spicy foods. To determine if food is a factor in your problem, it's best to avoid foods such as these for at least seven days. If symptoms decrease, then you should continue to avoid these foods. In addition, smoking can also irritate the bladder, so it's important to stop smoking. Weight loss can also improve overactive bladder.

Kegel Exercises (Pelvic Floor Muscle Exercises)

Kegel exercises strengthen the pelvic floor muscles and reduce leakage. The pelvic floor muscles act as a hammock to keep the bladder and the urethra lifted. To begin a Kegel exercise, you must first identify the pelvic floor muscles by tightening your rectal sphincter. The rectal sphincter is the muscle that tightens around the anus to prevent leakage of either gas or bowel movement. The best way to locate this muscle is to try and contract the muscle you would use to prevent passing gas or stool from your rectum. Contracting this muscle will exercise and build strength. To exercise, contract the rectal sphincter 10 times in a row, holding each contraction for at least 5-10 seconds. You should do this at least 3-4 times a day. It will take some time, typically two to three months, before you begin to see changes.

Medication

The most common treatment for overactive bladder is medication. There are many different kinds of medication your doctor may prescribe. Almost all of these medications are called anticholinergics and they work by relaxing the bladder. It's important to talk with your doctor about your medication options since most of these medications do have side effects. Side effects may include dry mouth, constipation and blurred vision and some may

cause confusion in the elderly. Your doctor will help determine the best medication for you.

Pelvic Floor Rehabilitation

Physical therapy that can treat overactive bladder is called pelvic floor rehabilitation. Therapy involves a combination of behavior change (i.e. diet, bladder training), pelvic floor stimulation, pelvic floor exercise (Kegels) and sometimes medication. The primary goal of therapy is to build pelvic floor strength or the strength of the muscles around urethra and the bladder. Pelvic floor rehabilitation has been used for over ten years for the treatment of overactive bladder. Usually it is done after a failure of medication.

Estrogen

In some people, estrogen has been shown to improve overactive bladder. The estrogen is not taken orally but rather placed in the vagina. Very little of the estrogen is absorbed into the body this way and it has not been shown to increase the risk of breast cancer.

Overall, there are many options for treatment. With the help of your doctor, overactive bladder can often be cured and can always be managed.