

# Overactive Bladder Syndrome (OAB)



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## What is Overactive Bladder Syndrome?

An overactive bladder is where a person regularly experiences a sudden and compelling urge or desire to pass urine. It is not uncommon and can affect people of all ages, including children, adults and the elderly. This sensation is often quite difficult to ignore. It can happen at any time during the day or night, often without any warning.

OAB syndrome (OAB) is sometimes called detrusor instability or overactivity. Detrusor is the medical name for the bladder muscle. It can also be known as an irritable bladder. The cause of OAB syndrome is not fully understood. The bladder muscle (detrusor) seems to become overactive and squeeze (contract) when you don't want it to.

It is characterised by several symptoms, including:

- Urgency: having to rush to the toilet to pass urine.
- Frequency: need to pass urine frequently by day.
- Nocturia: waking up to pass urine.
- Urge incontinence: leakage of urine because of not making it to the toilet on time

This condition can cause considerable distress for people and significantly affect quality of life. People with OAB might be anxious about needing to go to the toilet quickly and worry about toilet access. They might limit activities, possibly leading to withdrawal and isolation. Waking up several times at night to pass urine can lead to disturbed sleep not only for the individual but may also impact also on others in the house.

It is important to know that there are a number of things can often be done to improve OAB in someone experiencing the symptoms.

## How do I know if I have got an overactive bladder?

The number of times people usually have to pass urine each day is very varied, but people with an overactive bladder tend to pass urine more often than they would expect during the daytime and several times in the night.

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If your bladder squeezes without any warning, it can give you an urgent need to pass urine. This means that 'when you have to go, you simply have to go' – there's no hanging about or delay. Often people with OAB have little or no time to reach the toilet and this is referred to as urinary urgency.

If the need to pass urine is so strong that you are unable to hold it, it can lead to involuntary leakage of urine.

If you have urinary urgency, this means that you might need to pass urine more often and more frequently than usual and in smaller volumes.

Your need to pass urine may be triggered by a sudden change of position, or even by the sound of running water. You may also pass urine during sex, particularly when you reach orgasm.

## What causes OAB?

In OAB, the need to urinate is triggered by sensitivity from even from small amounts of urine in the bladder. This may be, but is not always, accompanied with unwanted bladder contractions.

Going to the toilet 'just in case' and frequent passing of urine for fear of leakage can lead to overactive bladder as this increases bladder sensitivity to small amounts of urine.

Excessive fluid intake, especially of caffeinated drinks, like coffee and tea, and fizzy drinks can irritate the bladder enough to cause or worsen the condition. Alcohol, a diuretic which increases the need to urinate, and smoking can also aggravate the bladder.

OAB may co-exist with stress urinary incontinence (leakage of small drops of urine on coughing and sneezing), which is known as mixed incontinence.

Overactive bladder can sometimes be a manifestation of other diseases or conditions, such as:

- Diabetes mellitus.
- Urinary tract infection.
- Pressure on the bladder from an enlarged uterus or ovarian cyst.
- Local disease in the bladder, such as ulcer or mass.
- Neurological disease. Conditions such as Parkinson's Disease, Multiple Sclerosis or those who have suffered a stroke may also develop overactive bladder.

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Some medications may be associated with overactive bladder.

For this reason, it is important to seek medical help if you are experiencing symptoms of OAB syndrome.

## How do I seek help?

We would encourage you to speak to your doctor or health care professional, who will ask some questions about your bladder symptoms and general health. They may also perform a physical examination. A urine test to check for infection will usually be done, and you may be asked to attend an ultrasound bladder scan to check whether your bladder is emptying properly.

You might be asked to complete a diary for three or four days, logging how much you drink and how much, and how often, you need to urinate. Bladder & Bowel UK has one of these diaries in this section that you can download and use.

If your condition does not improve after initial treatment, you might be invited to further tests to investigate.

## How can I help improve OAB syndrome myself?

### Diet and fluids

Being thirsty is often a guide that your body needs water. Drinking less does result in a reduction the amount of urine produced, but the urine can then become highly concentrated which can further aggravate symptoms, needing more frequent visits to the toilet. Not drinking enough water can also cause constipation. Remember that food also contains water, particularly fruits and vegetables. It is also worth bearing in mind that some foods may further irritate symptoms, including highly spiced foods, citrus fruits and artificial sweeteners.

Aim to drink about 1.5 litres of fluid a day, adjusting the amount you drink according to your need, and spreading drinks throughout the day. There are a number of drinks that can irritate the bladder, such as caffeinated drinks, carbonated drinks, drinks containing aspartame (an artificial sweetener found in diet drinks), hot chocolate, green tea, alcohol, blackcurrant juice and citrus fruit juice.

Drinks which are believed not to irritate the bladder include water, non-caffeinated herbal and fruit teas, milk and diluted fruit juice.

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Avoid caffeine and alcohol before going to bed. If you feel thirsty or need to take medications before bed, then try having small sips of water. If you suffer from constipation, this can increase pressure on the bladder and be an irritant. Increased dietary fibre can help with constipation.

Eating healthily can help with maintaining a healthy weight, which helps reduce symptoms of OAB and incontinence. It has been demonstrated that a 5-10% weight loss can help.

## Toilet access

If you have mobility problems and an overactive bladder, consider special adaptations, like a handrail or a raised seat in your toilet. Sometimes a commode in the bedroom makes life much easier.

Bladder & Bowel UK also have a Just Can't Wait card, which helps give access to toilets not normally accessible by the public.

## Bladder training and diary keeping

A technique known as bladder training might help you regain control of your overactive bladder. This is done by gradually increasing the amount of time between toilet visits, so that your bladder will slowly stretch and suppress its contractions over time. Suggestions of how to train your bladder include:

- Instead of rushing to the toilet as soon as you get the urge to pass urine, try to hold on. You may find this difficult initially but try to distract yourself. The aim here is to gradually increase both the capacity of your bladder, and the time between toilet visits to pass urine. Try to suppress the urgency feeling, for example when getting up from a sitting position, when hearing running water or putting the key in the door. Your health professional will be able to further guide on an individual bladder training plan.
- Keep a diary, making a note of the number of times you pass urine, and the amount (volume) that you pass each time. Also record any times that you have a leak. Have a jug handy to measure the volume passed each time you go to pass urine.
- Complete your diary for the first couple of days as you would normally go to the toilet, to give a baseline. Record each visit in the diary, including when and how much you urinate.



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The aim is then to increase the time between toilet visits, holding on for as long as you can when you get the initial urge feeling. This will probably seem difficult at first. Don't worry and try to keep calm and relaxed. If you usually go to the toilet every hour, try to hold on a few minutes longer. It can help to try distracting yourself by counting backwards from 100 or doing a crossword puzzle. Practicing this may take several weeks or longer but stick with it. For most people it will become easier over time.

Eventually, the aim would be to pass urine only 5-6 times in 24 hours (about every 3-4 hours). After several months you may find that you just get the normal feelings of needing the toilet, which you can easily put off for a reasonable time until it is convenient to go. Your health care professional will be able to further guide and individually instruct a treatment plan.

## Pelvic floor exercises

Doing exercises to strengthen your pelvic floor, also known as Kegel exercises, might help you with bladder training and reducing the time between visits to the toilet. See our section on pelvic floor exercises for more information.

## Medication

In some cases, medicines are appropriate for people experiencing symptoms of OAB. These medicines are often referred to as antimuscarinics or anticholinergics. They work by blocking certain nerve impulses to the bladder, which stops it contracting when it should not contract.

Medication can improve symptoms in some cases, but not in all, and the amount of improvement varies from person to person. Side-effects are not uncommon and can include a dry mouth and constipation. Some carry a higher risk of confusion or drowsiness than others. Your doctor or healthcare professional will guide you. If your healthcare professional feels medicine is appropriate for you, after taking them you should notice less trips to the toilet, fewer bladder leakage episodes and less urgency or dashing to the toilet. However, it is uncommon for symptoms to go completely with medication alone, and your doctor or nurse may recommend more than one approaches so that symptoms do not return.

If these approaches do not help with your symptoms of OAB, it may be that further specialist tests are required, and other measures might be recommended.

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More advanced treatments can include botulinum toxin (botox) injection; percutaneous tibial nerve stimulation (where a fine needle is inserted into a nerve in the ankle, and a mild electric current is passed through the needle and carried to the nerves that control bladder); sacral neuromodulation (a procedure which targets the sacral nerve to restore normal communication between the brain and bladder/bowels), and surgery. Your healthcare professional will guide you on which further treatments are right for you.

## Further information

Find more information about adult bladder and bowel health in our information library at [www.bbuk.org.uk](http://www.bbuk.org.uk). You can also contact the [Bladder & Bowel UK confidential helpline](tel:01612144591) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.