



your
bladder
and you

Understanding Overactive Bladder

A guide for people with overactive bladder

Provided as a service to medicine by Astellas Pharma Ltd.

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On A4 paper. One page to be printed per piece of A4 paper. In full colour. Single/double sided.**

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Introduction

Overactive bladder (OAB) symptoms can affect every aspect of your working, social and sex life, and can stop you getting a good night's sleep. Unsurprisingly, they can also cause depression and low self-esteem.

You don't need to suffer in silence – OAB is not a normal part of ageing. Although it's a long-term condition, there are different ways to try to manage your symptoms and if one way doesn't work, there are other options.

OAB is more common than you might think – around 20% of men and women aged ≥40 suffer with OAB symptoms, so there's nothing to be embarrassed about.

This booklet is designed to help you manage your OAB symptoms so your life can be as near to normal as possible. It covers many aspects of the condition, because once you have a good understanding of your OAB, you can start to manage it.

Everyone is different, and not all of this advice will be relevant to you. To find specific information, use the interactive links in the index to go straight to the section you're looking for.

You should discuss any concerns or questions you may have about your OAB symptoms with a healthcare professional, such as your doctor, nurse or pharmacist.

Index

| | |
|--|----|
| What is overactive bladder (OAB)? | 2 |
| What causes OAB symptoms? | 4 |
| What can irritate the bladder? | 6 |
| Managing symptoms - lifestyle changes | 8 |
| Bladder diary | 10 |
| Bladder training | 12 |
| Pelvic floor exercises | 13 |
| Managing symptoms - medication | 16 |
| Ways to stay motivated | 18 |
| Self-management plan | 20 |
| (to be completed – you can type your notes directly into this pdf; alternatively, print out the guide and write them down) | |



What is overactive bladder (OAB)?

OAB has three main symptoms:

Frequency – needing to urinate frequently during the day (7–8 times a day is normal)

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URGENCY

Urgency – the need is sudden and urgent and you might not always make it to the toilet in time

Nocturia – getting up to go to the toilet during the night (once is normal)

NOCTURIA

Urgency is the key symptom for diagnosing OAB. If you think you might have OAB but you haven't been diagnosed, think about these questions:

When you need to pass urine, does it come on suddenly?

Can you hold it, or do you need to go straight away?

Have you ever not made it to the toilet in time?

What OAB is not

OAB is different to stress* incontinence – it's not related to sneezing or coughing and it's not a result of giving birth.



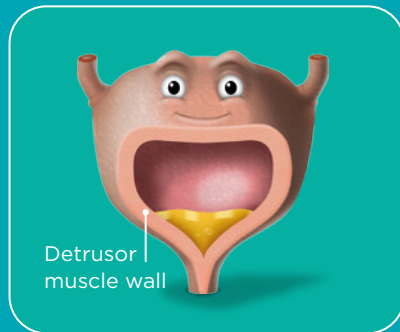
**Here, stress means putting pressure on the bladder, not feeling stressed or anxious.*

Important symptoms that need immediate medical attention include:

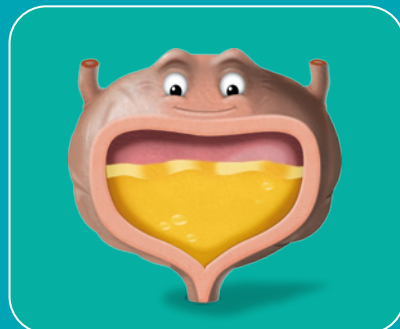
- Blood in the urine
- If you are ever unable to pass urine

What causes OAB symptoms?

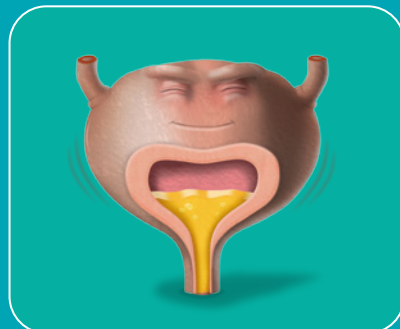
Happy, relaxed bladder muscle



This is your bladder muscle – also known as your detrusor. It's the muscle that helps your bladder work.



As your bladder fills up, the relaxed muscle expands. Until you're ready to urinate.



Then the muscle sends a signal to your brain saying it's ready to contract and squeeze out the urine. A happy, relaxed bladder won't bother you until your bladder is full and you're properly ready to go.

Upset bladder muscle



An upset/overactive bladder muscle is a constant bother and means your bladder isn't as relaxed as it should be. It keeps signalling the brain saying it's ready to contract.



Even a small amount of urine in the bladder can seem like too much. And you find yourself urgently in need of the toilet at any time of day or night.



Different things can upset your bladder muscle. For some people it's caffeine or alcohol. Often it's stress.

If your overactive bladder symptoms cause you bother, don't hesitate to make an appointment with your healthcare professional to find out how they can help.

What can irritate the bladder?

Types of fluids

- Caffeinated drinks – tea, coffee, cola, energy drinks
- Alcoholic drinks
- Sugary drinks – look at the labels to see how much sugar is in the drinks you buy

Amount of fluids

- Not having enough fluids in a day can also make your symptoms worse

What do you drink in a typical day?

How many cups/glasses/pints?

Constipation

- Your bladder is next to your bowels, and constipation can put pressure on a bladder that's already squeezing too much

Weight

- If you have a body mass index (BMI) of 30 or more, losing weight is recommended – as being overweight can put pressure on your bladder

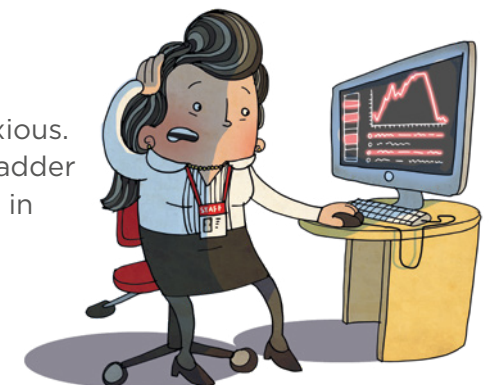


Smoking

- It's thought that nicotine can irritate the bladder

Stress

- Feeling stressed or anxious. Not pressure on the bladder which is what happens in stress incontinence (see page 3)

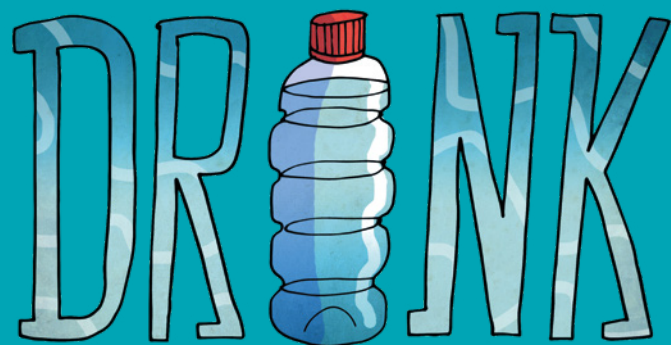


Managing symptoms – lifestyle changes

The first step in the management of OAB is to make lifestyle changes.

Drink the right types of fluids:

- Water
- Milk
- Diluted fruit juice
- Fruit teas



Drink the right amount of fluids:

- 6-8 glasses per day is recommended (and can help with constipation if that's an issue)
- Drinking too little can irritate the bladder
- If waking during the night is a problem, limit how much you drink after 6pm



Eat a healthy diet:

Eating a balanced diet with plenty of fibre can:

- Help treat or prevent constipation, which puts pressure on the bladder (as does straining)
- Help you to lose weight if your BMI is over 30, to also ease the pressure on the bladder

Exercise:

- Exercise can also help with both of these too – talk to your doctor or nurse about what kind of exercise would work best for you

**Do you suffer from constipation?
Do you have trouble going to the toilet?**

Making substitutions such as eating brown bread rather than white can add fibre to your diet and help with constipation.



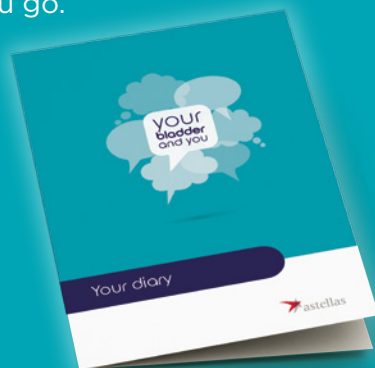
To get help, or to find your local stop smoking services, go to the Smokefree NHS website (www.nhs.uk/smokefree) or talk to your doctor or nurse.

Keeping a bladder diary

What is a bladder diary?

A bladder diary is a way of recording your daily habits so your doctor can get a picture of how much you've been drinking, how often you go to the toilet and how urgent it is when you go.

In it you note down what you drink and when you drink it. You also record when you pass urine and your level of urgency, to see if there is any link between the two.



Why is a bladder diary useful?

As well as showing your doctor or nurse how much your symptoms are affecting your daily life, it can show you where it's possible to make changes to help manage your condition. For example, if on days you drink more coffee you also go to the toilet more, it shows that cutting back would be a good idea. Also, by showing how your symptoms improve with treatment it can help keep you motivated.

If you're not sure how to talk about your symptoms, taking your bladder diary to appointments can help you communicate what's happening and how you feel. If your doctor or nurse doesn't know how severe your symptoms are, they can't help you manage them appropriately.

How to fill in a bladder diary

Fluid intake

For every drink you have, write down the type of drink (tea, water, fruit juice etc.) and how much of it you drink (1 cup, 1 pint etc.).

Bladder symptoms

Tick every time you pass urine and if you felt a sudden strong urge beforehand. Write an 'N' if you didn't make it to the toilet in time.

How you feel

How much your symptoms bothered you during the day and night – are they causing anxiety or low self-esteem?

| Week 1 | | | | | |
|---|--|--|---|---|--|
| What did you drink today? in a cup or glass in a glass or bottle in a glass or jug | Each time you urinate tick the box. Tick the number of times you urinate at the bottom of the chart. | Did you feel a strong sudden urge? Tick the box if you did. Tick the box if you did not. | Did you have to get up in the night to urinate? Tick the box if you did. Tick the box if you did not. | Did you get to the toilet in time? Write 'N' if you did not. Tick the box if you did. | How did you feel today? Write down any thoughts or feelings you have had about your bladder problem. |
| Day 1 | | | | | |
| Day 2 | | | | | |
| Day 3 | | | | | |
| Total | | | | | |

Information is recorded for 3 days in a row, either to help diagnose your condition, to give a baseline level before starting treatment, and/or a few months after starting a new treatment, to see if it's working.

Managing symptoms – bladder training

The aim of bladder training is to gradually increase the time between you feeling the need to go to the toilet and actually passing urine.

If your symptoms are severe, you might need help from a healthcare professional, such as a continence nurse or physiotherapist. Talk to your doctor or nurse if you have any concerns or questions.

How to start:

- In week 1, when you get the urge to go, wait 10 minutes before you actually go to the toilet
- In week 2, extend the time by another 10 minutes
- Distraction can help (e.g. crossword, reading, counting) – plan in advance and find what works for you
- The aim of treatment should be individualised and discussed with your doctor



Advice on starting:

If 10 minutes feels like too much, start with a shorter length of time – the important thing is the increase.

You might feel more comfortable starting the training at home, so you know the toilet is free and accessible, and if you're worried about accidents.

Managing symptoms – pelvic floor exercises

Many people with bladder problems can benefit from pelvic floor exercises. Your healthcare professional can advise you on whether they are right for you.

If your symptoms are severe, you might need help from a healthcare professional, such as a continence nurse or physiotherapist. Talk to your doctor or nurse if you have any concerns or questions.

About pelvic floor muscles:

- Both men and women have pelvic floor muscles. They support the organs in your abdomen and pelvis and have some control over passing wind and urine
- Weakness in these muscles can be caused by straining (if constipated), the menopause or, like any muscle in the body, lack of exercise. It isn't just something that happens to women who've given birth

About pelvic floor exercises:

There are different instructions for men and women, but both involve squeezing the muscles around your anus that keep wind in, and others that keep urine in.

- Don't try stopping flow of urine when doing these exercises, as it can worsen your symptoms

Exercises need to be done multiple times a day, even if your symptoms improve, to stop them coming back. It can take a few weeks before you see the benefits of doing the exercises, but if you're not sure you're doing it right, or if there's no improvement, talk to your doctor or nurse.

Pelvic floor exercises for women

Sit with knees slightly apart.

Step 1

Imagine you're trying to stop yourself passing wind by squeezing and lifting the muscle around the anus – you should be able to feel the muscle move and the sensation of lifting, without your buttocks moving.

Step 2

Imagine you're trying to stop yourself passing urine – this should use the same group of muscles but feel more difficult.

Step 3

Try to tighten the muscles around your anus and vagina at the same time. Avoid tensing other muscles e.g. buttocks or abdomen.

Practice 10 slow (hold for 10 seconds, relax for 4) then 10 fast contractions 6 times a day.



Pelvic floor exercises for men



Identifying the muscles:

Sit or lie down with thighs, buttocks and abdomen relaxed.

1. Tighten the ring of muscle around your anus as if you're trying to stop yourself passing wind, without squeezing your buttocks or abdomen
2. Imagine you're passing urine, and you're trying to stop the flow mid-stream – you should feel the base of your penis move upwards slightly

Exercises:

Tighten the muscles around the anus and urethra at the same time and hold for 5 seconds. Release the muscles slowly and rest for a few seconds.

Repeat this for 8-10 strong, slow and controlled squeezes, without tensing the abdomen or buttocks, then for 10 rapid contractions, immediately let go.

Practice these exercises 5 times a day, gradually increasing the duration of slow contractions once 5 seconds becomes easy, to a maximum of 10 seconds.

Managing symptoms – medication

You still need to carry on with any lifestyle measures and/or pelvic floor exercises you've been advised to do, even if you've been prescribed medication – the combination will be more effective than either one on its own.

There are two main types of medication for OAB:

- **Antimuscarinics (also called anticholinergics)**
Prevent the bladder from contracting as frequently

- **Beta-3 agonist**
Relaxes the bladder so it can hold more urine before sending a signal to the brain saying it's ready to contract

If you have any concerns about taking medication, talk to your doctor or nurse.

Important things to know about OAB medication:

1. Medicines need to be taken regularly, as your doctor or nurse has prescribed, to get the full benefit
2. Medicines need to be taken at roughly the same time(s) every day
3. It can take around 4 weeks or longer for the medicines to start working
4. OAB is a long-term condition, so if your medicine works, you may need to stay on it long term for your symptoms to stay under control

Advice on remembering to take your medication:

As they need to be taken every day, at the same time of day, would setting an alarm or reminder on your smartphone help?

Could you take them at the same time as something else you do every day e.g. brushing your teeth?

If your symptoms don't improve, or if they improve but are still bothering you, talk to your doctor or nurse – there may be something else you can try.

Side effects

All medicines have side effects. It's important to read the leaflet that comes with your medication to know what to expect. If you're not sure if something is a side effect talk to your doctor, pharmacist or nurse.



Ways to stay motivated

Create personalised treatment goals

It can be hard to keep going with lifestyle changes and to take medication every day, so it might help to write down treatment goals. They can give you something to work towards and keep you motivated.

Guidance for goals:

- Make them personal to you – something you'd like to do e.g. watch a film, travel or visit friends
- Think about the effect of the symptoms rather than the symptoms themselves – e.g. "I'd like to sleep for 6 hours straight" rather than "I'd like to reduce the number of times I wake up to go to the toilet"
- Choose something that's realistic within a few months, then write a new one to keep the sense of achievement going



How to choose a goal:

What symptom bothers you the most?

Is there something you've missed out on because of your OAB – e.g. going to the cinema?

That could be your next treatment goal.

Write a self-management plan

A self-management plan is a written record of every aspect of your treatment. Writing a plan is collaborative – it's filled out together with your doctor or nurse, and will help you manage the many aspects of your condition.

Your plan is a record of:

1. The advice you've been given, e.g. drinks to avoid
2. What medication you're on and your dosage
3. When to order a repeat prescription
4. When your next appointment is scheduled
5. Your personal goals of treatment

Writing down the names and dosages of medicines can help you remember to take them. You can also write down a time of day – medicines need to be taken at roughly the same time(s) every day.



Take it to appointments so any medication changes can be written in your plan. Make notes in it if you have any questions or are worried about something you want to talk about at your next appointment.

If the medicine you're taking isn't working for you, it's important to go back to your doctor, as other treatments are available.

Self-management plan

This page is interactive – you can type your notes directly into the pdf before or after a consultation with your doctor or nurse. Alternatively, you can print out this pdf and write down your notes.

Lifestyle changes:

Medication/s – name, dose, when to take:

When to order a repeat prescription:

Next appointment:

Personal goal/s of treatment:

Notes:

Visit www.bladderproblem.co.uk for further support and information