

Curbing the Urge

We've all seen the commercials on TV for "adult diapers" or "pads" that keep panties dry. The fact is that the little dribble that sneaks out after a cough, a sneeze or a giggle is not uncommon for many middle aged women. Certainly this can be an embarrassing situation and can have a profound effect on quality of life. As many as 16% of adults over 40 years of age, and 30 to 40% of those over 75 years will experience some form of overactive bladder (OAB). Women are three times as likely to have bladder dysfunction.

Overactive bladder is a dysfunction of the lower urinary tract. It includes urinary urgency, (the sudden compelling desire to pass urine that is often difficult to defer); urge incontinence (involuntary leakage with urgency); stress incontinence (involuntary leakage due to a cough, sneeze or exertion), urinary frequency (voiding too often during the day) and nocturia (waking one or more times per night to void).

There is no exact known cause of overactive bladder, but many conditions may affect bladder function. These conditions may include, but are not limited to, diabetes, multiple sclerosis, stroke, decreased estrogen levels (i.e. menopause) or urinary tract infections. Conditions such as impaired or limited mobility, impaired cognition, delirium, obesity, pelvic muscle weakness, childhood bedwetting, pregnancy or vaginal delivery, hysterectomy or high impact physical activity may increase the likelihood of overactive bladder. Medications such as diuretics, antidepressants, certain blood pressure medications, narcotics as well as alcohol and caffeine can also contribute to bladder dysfunction.

The possible cause for overactive bladder should be determined by a physician before treatment is initiated. Although there is no cure for OAB, continuous long term treatment can improve both symptoms and quality of life.

Lifestyle interventions are often sufficient to manage mild symptoms. Instituting changes such as restricting fluid intake, voiding prior to going to bed, reducing caffeine and alcohol ingestion and "bladder timing" or timed voiding can be helpful in controlling symptoms. Lifestyle changes such as smoking cessation, weight reduction and participating in regular physical activity will also manage OAB. Pelvic exercises such as "Kegels", biofeedback or vaginal weights can help to strengthen muscles to decrease or delay symptoms. (Kegels are especially helpful during pregnancy!)

When lifestyle modification is not enough, there are a number of medications used to manage overactive bladder. They work by decreasing the stimulation on the muscles that "push down" on the bladder. Unfortunately, many of the medications are not specific for these receptors and will work on other areas of the body, leading to some annoying side effects, such as dry mouth, constipation, dizziness and blurred vision. Newer, longer acting versions of these medications are now available and tend to cause fewer side effects as well as being more convenient to take (i.e. only once daily instead of three or four times each day.) A number of new medications to treat OAB have recently come

onto the market that are more selective for receptors in the bladder and consequently have fewer side effects in other areas of the body.

Even with the use of lifestyle interventions and medications, some leakage may still occur. Pharmacies carry a variety of discreet pads, underwear and adult diapers to help with varying degrees of overactive bladder or urinary incontinence (more severe forms of OAB).

Overactive bladder doesn't have to be an embarrassment. A few simple lifestyle modifications can help to delay or prevent symptoms and improve quality of life. Medications are useful in more severe cases. Overactive bladder can be managed allowing women to live active, full lives.