

## The Overactive Bladder

Normally the bladder expands gently as it fills, sending the brain a message in good time to look for an appropriate time and place for the process of emptying. Then the brain sends two signals: one to the muscles in the bladder wall (the "detrusor muscles") to contract and the other to the outlet valve ("sphincter") to open, and the bladder squeezes the urine out. The bladder relaxes again for the process of refilling.

Some people find that their bladders do not work like this. Instead, the muscles may contract uncontrollably at the wrong time. This is called having an "overactive bladder". If you have one, you may feel very little warning of the need to pass urine (this is called urgency) and you may need to urinate very frequently - in exceptional cases as often as every half hour (this is called frequency).

Some people have difficulty in making it to the toilet on time because their bladder gives them so little warning, which may result in urine leaking (urge incontinence).

You may also find that you wake during the night to pass urine (this is called nocturia).

It is normal to pass water up to eight times a day and once or twice a night: if you are consistently emptying your bladder more frequently than this or being woken more than twice at night you may want to seek information and advice. Of course, if you are drinking abnormally large amounts - whether it is ten pints of lager or 20 cups of tea - you will naturally need to empty your bladder more frequently!

An overactive bladder (sometimes referred to as an unstable bladder or as detrusor instability) can occur at any age and is the second most common type of bladder problem - and the commonest in men and in older people.

Most often it has no known cause, although it can occur following a in the presence of neurological disorders e.g. after a stroke or as a result of Multiple Sclerosis.

### TREATMENTS

An overactive bladder can usually be cured and at worst can be managed so that it does not to interfere with your ordinary life.

#### Conservative or Lifestyle Measures

1. Avoid drinks which contain caffeine or fizzy drinks (such as coffee, strong tea and cola drinks) as these may irritate your bladder.
2. Never cut down on your fluids to avoid the symptoms of any bladder problem. This will only increase the risk of developing an infection or, by making your urine more concentrated, risk irritating your bladder into greater overactivity. You should aim to drink about 3-4 pints of fluid a day (about 2 litres).

3. People who maintain a healthy, balanced diet are less likely to suffer from this type of bladder condition.

### **Drug Treatments**

There are several drugs available that are prescribed in the treatment of the overactive bladder, including oxybutinin, propiverine, tolterodine, trospium chloride and solifenacin. All of these tablets may give you a dry mouth, heartburn, headaches or constipation but these effects may be mild or lessen over time and trials of the newer drugs suggest less severe side effects. If the drug you are prescribed does not agree with you, ask your doctor if it would be sensible to try an alternative.

It is important once you start taking drugs for your bladder that you take them for several weeks, as it can take this long before you really notice a difference in your bladder symptoms.

### **Nerve Stimulation**

Electical stimulation of a nerve close to the ankle using an acupuncture needle may be effective in some sufferers. More complex technology, involving more invasive electrical stimulation of nerves closer to the bladder (sacral nerves) is an evolving technique used only in very specialist centres.

### **Surgery**

In the past, surgical intervention was limited to major procedures aimed at interrupting the overactive bladder muscle by introducing an opened section of bowel into the bladder wall, a clam cystoplasty. Although reasonably successful, these procedures have been superceded by the promising results seen in the injection of BOTOX into the bladder wall. This can be performed under either local or general anaesthesia. It is important, however, for patients to understand that there may be a chance that they will need to learn to pass a tube or catheter into the bladder if following these treatments the bladder fails to empty sufficiently when voiding.