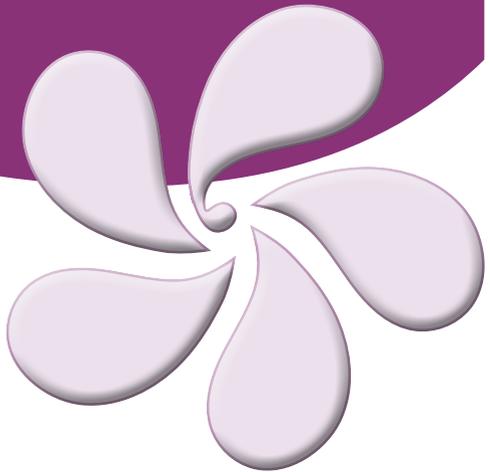


# Overactive bladder (OAB) and bladder training

Information for patients



Leeds Centre for  
Women's Health



You have been given this leaflet because you have over active bladder symptoms.

## What is 'healthy' bladder function?

Normally, the bladder muscle is relaxed as the bladder gradually fills. As the bladder is gradually stretched, we get a feeling of wanting to pass urine when the bladder is about half full. Most people can hold on quite easily for some time after this initial feeling until a convenient time to go to the toilet.

Your bladder has to store enough urine (between 250 and 500ml) to allow you to carry out daily activities and have enough sleep. At night it may be normal to pass urine once, this usually increases over the age of 60 years.

## What is an overactive bladder?

In people with an overactive bladder, the bladder muscle seems to give wrong messages to the brain. The bladder may feel fuller than it actually is, contracting too early when it is not very full, and when you do not want it to.

*If you have an overactive bladder you may experience some of these symptoms:*

- A sudden desperate desire to go to the toilet (urgency)
- Leaking before you reach the toilet or failing to get your clothes off in time (urge incontinence)
- Getting up more than once at night to pass urine (nocturia)
- Passing urine more frequently during the day (frequency)
- Leaking urine when you are asleep (nocturnal enuresis)

## What causes an overactive bladder?

The exact cause of overactive bladder in many patients is unknown.

*However, there are risk factors for having an overactive bladder including:*

- Lifestyle
- Menopause
- Age
- Anxiety
- Diabetes
- Abdominal surgery
- Neurological conditions such as a stroke, multiple sclerosis or back surgery

## What is the treatment for an overactive bladder?

*Advice on drinks:*

- Drink at least six drinks each day (1½ - 2 litres)
- Avoid drinks which can irritate the bladder such as:
  - ◆ Those containing caffeine (coffee, tea or cola/fizzy drinks, green tea) or aspartame (artificial sweetener found in diet drinks)
  - ◆ Alcohol
  - ◆ Citrus drinks
- If the urge to go wakes you more than once in the night, try having your last drink at least two hours before going to bed.

- Space your fluid intake out during the day. If you drink a lot at once, you can expect to need to go to the toilet urgently not too long afterwards
- For your kidneys to work well do not restrict your drinks. This can make the problem worse as the urine becomes concentrated which can irritate the bladder further.

## Bladder training

Instead of your bladder controlling you, you must learn how to control your bladder. Bladder training helps to reduce the number of times you have to go to the toilet and to pass larger volumes. It also helps you to stop urine leaking from your bladder when you have a sudden urge (strong desire) to go to the toilet.

Instead of rushing to the toilet as soon as you get the urge to pass urine, it is important to try to hold on. When you first feel the urge to pass urine try to hold on for 5-15 minutes before going to the toilet. If you can do this for a week, you will find that it will delay the urge to pass urine.

Over the following weeks continue trying to hold on, increasing the periods of time. You will find that your bladder will stretch and be able to comfortably hold larger amounts of urine without discomfort. As your bladder gets used to holding more urine, it will need to be emptied less often.

Aim to empty your bladder no more than about seven times during the day and once at night.

It is recommended that bladder training is undertaken for at least six weeks.

### *There are different techniques to help control the urge:*

- Gently tightening and holding your pelvic floor muscles
- Going up and down on your toes
- Crossing your legs
- Sitting on something firm - hard seat or a rolled up towel between your legs
- Distracting yourself, for example doing a crossword
- Press against the opening of your bladder
- Take slow deep breathes into your belly (diaphragmatic breathing) for 1-2 minutes to reduce anxiety and panic associated with urgency. Try not to take shallow, quick breathes or hold your breath

Avoid going to the toilet *'just in case'*. This can make the problem worse as the bladder becomes used to holding less urine. The bladder then becomes more sensitive even when there is very little urine in it.

Sit properly on the toilet; don't hover as this does not allow the bladder to empty fully.

When you first start trying to retrain your bladder you may experience more urinary 'accidents'. Bladder training takes time and needs your full commitment. At each of your appointments the nurse or physiotherapist will give you advice and support as it is not always easy.

### **Bladder diary**

At your first appointment you will be asked to complete a three day bladder diary. This will show how often you pass urine, how much urine the bladder holds and how much fluid you have drunk.

This information is valuable in the management of the problem.

You will be asked to bring your completed bladder diary with you to your next appointment.

## Things you can do to help

### Pelvic floor muscle exercises

These muscles help to support the contents of the abdomen and control the bladder and bowel. You will be taught how to exercise these muscles. See the '*Pelvic floor muscle exercises and bladder advice*' leaflet.

### Weight

Being overweight puts pressure on the bladder. If you are overweight, weight loss can help alleviate the symptoms.

### Relationships and overactive bladder

Having an overactive bladder can often affect women during sexual intimacy. Visiting the toilet before sex may help prevent leakages. If you do sometimes leak urine during intercourse, you may want to try experimenting with different positions that put less pressure on your bladder.

### Constipation

Constipation can put pressure on the bladder and have an effect on bladder function. By keeping healthy bowel habits, you may be able to avoid constipation and help to reduce bladder symptoms. In general, your diet should be balanced and contain whole grains, fruit and vegetables.

## Smoking

Your urine contains waste products and chemicals not required by your body. Some can be toxic, such as nicotine (from smoking), which may affect bladder health in the long term (e.g. increased risk of bladder cancer).

## Medicine that may help

If the first line treatment options already mentioned are not effective overactive bladder symptoms may be managed by combining them with drug therapy. These drugs help to reduce bladder spasm and increase how much the bladder holds. Most people start to see an improvement after two weeks but others may need to wait longer.

There are two types of medications one is anticholinergics and the other is beta 3 agonist. Mirabegron is the only beta 3 agonist available at the moment. It is associated with low risk of raising your blood pressure and so your blood pressure needs regular monitoring with your GP.

## What are the side effects of anticholinergic medications?

Common side effects of this medication include dry mouth, blurred vision, urinary retention, constipation and drowsiness as well as headache, nausea, indigestion, palpitations, urinary disorders and vomiting. Confusion and angioedema (swelling of skin in the face, tongue, arms or legs) are rare side effects.

## What is anticholinergic burden (ACB)?

It is the total of the harmful effects from all anticholinergic medication that you take. The long-term effect of ACB depends on the dose and the length of time that you take each medication.

An ACB score of 3 or more (from the table below) may increase the risk of developing difficulty remembering, concentrating, or understanding things, as well as difficulty doing routine things for yourself, falls and death in older adults (over 50 - 65 years of age).

Increased doses and long duration of use are associated with an increased risk of dementia. The long-term effects of anticholinergics on memory and understanding are not fully known.

*Examples of common medications with ACB scores are given below.*

| Drugs with ACB 0 | Drugs with ACB 1 | Drugs with ACB 2 | Drugs with ACB 3 |
|------------------|------------------|------------------|------------------|
| Mirabegron       | Tramadol         | Cetirizine       | Fesoterodine     |
| Domperidone      | Hydrocortisone   | Sertraline       | Tolterodine      |
|                  | Prednisolone     | Prochlorperazine | Darifenacin      |
|                  | Codeine          |                  | Trospium         |
|                  | Warfarin         |                  | Oxybutynin       |
|                  | Nifedipine       |                  | Chorpheneramine  |
|                  | Hydralazine      |                  | Promethazine     |
|                  | Ranitidine       |                  | Amitryptiline    |
|                  | Mirtazepine      |                  | Solifenacin      |

## **What can I do to prevent anticholinergic burden (ACB) adverse effects?**

Inform your doctor or nurse about any long-term health conditions including dementia and the regular medications that you are taking, at the time of starting any medications for an overactive bladder. Your doctor or nurse will consider alternate medication or treatment.

Make the best use of bladder training and pelvic floor exercises.

Consider stopping the medications as soon as possible and inform your GP of any new side effects like confusion etc.

If you are on medication to treat OAB and require any new medications for other conditions, please inform your doctor.

## **Botox**

For patients who have tried first line treatment and various medications which have not been successful or tolerated then Botox may be recommended. Botox works by temporarily blocking nerve impulses to the injected bladder muscle. This a day case procedure usually carried out under local anaesthetic. It is important to remember that Botox will wear off over time and repeated injections may required if you found it helpful. See 'Injection of Botulinum Toxin A (Botox) into the bladder' leaflet.

## **Sacral neuromodulation**

This involves permanent surgical implantation of a battery powered electrical stimulator connected to the bladder nerves in the lower part of the spinal cord. This procedure is carried out under general anaesthetic.

## **Percutaneous Tibial Nerve Stimulation (PTNS)**

For patients where medication treatment has not worked adequately and/or who do not want Botox or sacral neuromodulation.

A slim needle electrode is placed near the ankle, a device is attached to the needle and delivers mild electrical impulses which travel up the nerves in the leg to the nerves that control the bladder. This is a minimally invasive out-patient procedure of 12 sessions, which will last about three months without interruption.

## Further information and support

### Bladder & Bowel UK

[www.bbuk.org.uk](http://www.bbuk.org.uk)

### Bladder Health UK

[www.bladderhealthuk.org](http://www.bladderhealthuk.org)



## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

*Your views matter*



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