



## Successful Strategies to Support your OAB Patients

Detection • Diagnosis • Treatment • Underlying Causes • Communication • Control • Quality of Life

# Discussion of Bladder Control

## A Problem Occurring in Many Women

### Prevalence

Urinary incontinence or overactive bladder (OAB) affects 30 to 50% of women. Urinary incontinence is seen in both men and women, though it is much more common in women. Although prevalence increases with age, incontinence among young women is quite common. Many women who have urinary incontinence are reluctant to discuss it with anyone, or are embarrassed to acknowledge that they have a problem, even to themselves. Sometimes women are made to feel that these conditions are “normal,” especially as they get older. However urinary incontinence should not be considered normal at any age. Women over age 65 should be routinely questioned about bladder problems. Since urinary incontinence and OAB are rarely life-threatening, they are often not perceived as a problem by health care providers. Though not life threatening urinary incontinence has a significant impact on quality of life. The enclosed tools are provided to educate your patients about OAB and urinary incontinence, to aid in screening for these disorders and to offer primary treatment options for incontinence and OAB.

### Risk Factors

Certain events or conditions may make a woman more likely to experience incontinence. Some of these such as childbearing are very obvious; other risk factors are not as well recognized but can lead to significant bladder issues.

- Pregnancy, especially with vaginal delivery
- Pelvic radiation therapy
- Chronic constipation
- Disorders associated with chronic cough—asthma, smoking, COPD
- Neurological conditions, like multiple sclerosis or spina bifida may lead to multiple issues with voiding and incontinence.
- Certain occupations (usually those that involve heavy lifting or exertion) may also increase the risk.
- Medications taken for other conditions (such as diuretics), smoking, caffeine and other bladder irritant intake can all lead to overactive bladder symptoms.
- Obesity
- Stones or tumors in the bladder can cause local irritation and lead to symptoms of overactive bladder.
- And, in many cases, there is no obvious underlying reason for why incontinence occurs.

### Treatment Options

The good news is that 80-90 percent of women who seek help will experience significant improvement. A wide array of treatment options, ranging from behavioral and diet changes all the way through surgical options exist, and are being used every day to help women improve their quality of life.



Depending upon the extent of symptoms, and a woman's goals, there are multiple treatment options for bladder control problems.

- **Lifestyle Changes/ Behavioral Therapy:** Often basic changes can make a big difference. This includes decreasing intake of known bladder irritants, timed voiding, pelvic floor strengthening and urge suppression.
- **Medications:** The vast majority of medications used to treat incontinence are indicated for the treatment of urge incontinence/ OAB . They all are anticholinergics and have their effect on the muscarinic receptors in the bladder. Their effect is to decrease contractility of the bladder and limit urgency and frequency. There are some medicines, (tricyclic antidepressants, alpha agonists) which are sometimes used for the treatment of stress or mixed incontinence. However significant side effects limit their usefulness.
- **Pessary Use:** Traditional pessaries have been modified to treat stress incontinence. There is a knob on one side of the pessary that applies some compression to the urethra during activities that are known to cause leakage. They may be used for the treatment of stress urinary incontinence and vaginal or uterine prolapse. They are a low risk treatment option when compared to surgery for symptomatic urinary incontinence. About half of the women who are successfully fitted with a pessary will continue to use it on a long-term basis.
- **Nerve Stimulation:** Electrical stimulation of the sacral nerves has been shown to significantly improve symptoms of urgency, frequency and urge incontinence, as well as bladder emptying problems, in some people. This treatment is an alternative for patients with urge incontinence who have been refractory to other more conservative therapies.
- **Surgeries:** Surgeries are indicated for the treatment of stress urinary incontinence. There has been progressive improvement in success rates while the procedures have become less and less invasive, often performed as an outpatient. Surgeries are not intended to treat urge incontinence and may at times worsen urgency symptoms.

### Resources

Additional information and resources concerning bladder control and pelvic floor disorders can be found at [www.mypelvichealth.org](http://www.mypelvichealth.org).