

Therapy for OAB

A combination of **behavior modification** and **drug therapy** is often necessary to reduce OAB symptoms. Together, they're more likely to result in success than when either is used alone. Pages 30 to 37 explain therapies most commonly prescribed.

Make Lifestyle Changes

Doctors usually suggest making changes in everyday behaviors as the first line of therapy. You may need to modify what you **drink** and **eat** (suggestions on this and facing page), **lose extra weight**, or **stop smoking**. It's also helpful for **seniors to lie down** for a 1- to 2-hour period each day. (This allows fluid that pools in lower tissues to flow back into the bloodstream, so kidneys produce more urine during the day, reducing nighttime output.)

The Link with What You Drink

Many people with OAB mistakenly limit their fluid intake, hoping to alleviate their OAB symptoms. But drinking less than the recommended 6 to 8 glasses per day can actually *cause* bladder problems. If you don't drink enough fluids, urine becomes concentrated, which can **irritate** your bladder and cause urgency and frequency. (Urine that is concentrated is dark yellow and strong-smelling.) Concentrated urine also creates an environment where bacteria can colonize (or overproduce), which may lead to **urinary tract infections**. Low fluid intake can also result in **dehydration**, especially problematic for older adults whose total body water is already decreased. This puts them at risk for other problems like **constipation**, an even more serious side effect of not drinking an adequate amount. (More about constipation on the facing page.)

How and When to Drink:

- Drink 6 to 8 cups of fluids each day.
- Avoid drinking large amounts at one time, such as with meals. (This fills the bladder with more than it's used to holding in a short time period.)
- Eliminate alcohol and all foods and beverages containing caffeine from your evening meal.
- To reduce nocturia (nighttime frequency), drink the majority of your fluids over the first half of the day, and cut back as you approach evening.



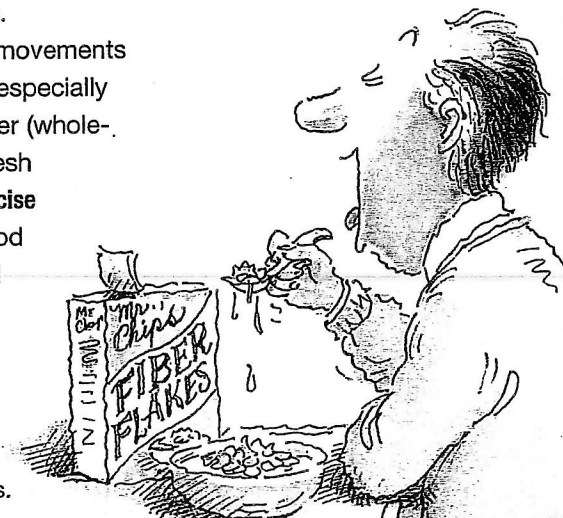
Modifying Your Diet

Avoid foods and beverages that may contain bladder irritants. The most common irritant is **caffeine**, found in coffee, tea, soft drinks, chocolate-flavored products, and more than 1,000 over-the-counter drugs. Caffeine acts as a diuretic, increasing urine production. Other possible foods that may contribute to OAB include: **carbonated drinks**, **spicy foods**, **citric acid** and **tomato-based products**, diet products that contain the artificial sweetener **aspartame**, and **alcohol** (a diuretic, but can also numb a person's awareness of the need to urinate).

Preventing Constipation

People with OAB sometimes experience constipation (infrequent and difficult-to-pass stools). Constipation can affect how your bladder stores and empties urine. Large, hard stools may put pressure on the bladder, decreasing its ability to hold urine, or push against the urinary tract and obstruct outflow. Pelvic floor muscles can also be weakened from the constant straining and passing of large stools.

Help normalize bowel movements by drinking **sufficient fluids**, especially water. Eat foods high in fiber (whole-grain bread and cereals, fresh fruits and vegetables). **Exercise** daily, which helps move food through your intestine. And **never ignore an urge** to have a bowel movement. Tell your doctor about any **medication** you're taking, as constipation can be a side effect of many drugs.



Another therapy often prescribed for OAB is bladder retraining (gradually conditioning the bladder to hold urine for longer periods). These pages will also teach you some techniques to calm the strong urinary urges you get.

An Urgent Message—How to Respond

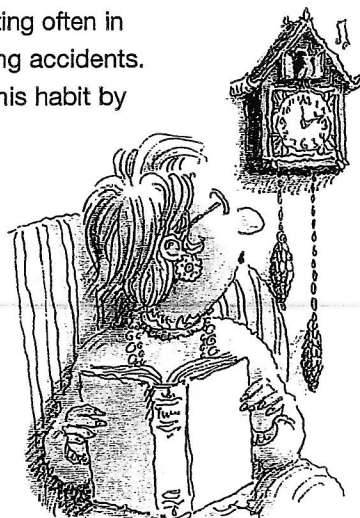
When you feel an urge to urinate, your brain has received a message from your nerves telling you that your bladder needs to empty. But remember, if you have OAB, that message may be incorrect—your bladder may *not* be full. In reality, there may only be a small volume of urine in your bladder. So try to think of your urges as early warning signals, not commands to go immediately.

It may seem like the only option you have to relieve the discomfort of an urge is to urinate. And your natural reaction may be to rush to the bathroom the moment one comes on. But that's the last thing you should do because hurried movements jostle the bladder and increase the feeling of urgency. Rushing can even cause a bladder contraction that results in leakage.

The key is to remember that normal urinary urges follow a pattern: they **grow, peak, subside**, and eventually **stop**. The intense urgency of OAB can't be controlled by will power alone, but the steps of bladder retraining will help condition you to "ride out" your urges until they subside. When you know that normal urinary urges can be inhibited, you will gain confidence that, with practice, you'll be able to suppress your urges again.

Go by the Clock

You may have gotten into a habit of urinating often in an attempt to prevent urgency and wetting accidents. A **urination schedule** can help you break this habit by retraining your bladder to wait longer and hold more. Your doctor will instruct you to urinate at set times, such as once every hour, whether or not you feel the need. As your bladder is able to tolerate holding more without contracting, the time interval between urination is gradually increased until you're able to hold urine for 3 or 4 hours, a more normal pattern. (If you feel time intervals seem to need adjustments in either direction, be sure to discuss with your doctor.)



What happens if you get an urge to go before your scheduled urination time? Sit, stand, or lie down (whichever works best for you) and use the techniques below to help you wait until the sensation passes. The techniques won't *all* work *every* time, so try them in different combinations. And practice at home before trying them elsewhere (you'll be under less pressure, so success will be more likely, and a change of clothes will be nearby if you need it).

Relaxation: Don't panic—tension increases urgency. Instead, focus on relaxing the area outside the pelvic floor, such as abdominal muscles.

Concentration: Direct your attention toward other body sensations such as breathing. Take 5 to 10 slow, deep breaths. Concentrate on your lungs filling and emptying, your chest expanding and deflating. This exercise can interfere with those false messages of urgency your brain is sending you.

Quick Contractions: Squeeze your pelvic floor muscles quickly and vigorously 5 to 10 times in a row. Quick contractions signal the bladder to relax, and the urge will often subside. (Pages 34 and 35 offer tips on locating and controlling your pelvic floor muscles.)



Distraction: Play mental games to disrupt the brain's faulty messages of urgency. Try reciting the months in alphabetical order, spelling the names of friends backwards, or adding together large numbers.

Self-Affirmations: Believe you will be successful. Reassure yourself with statements such as "I am taking control," and "My body is strong. I can wait!" As you've learned, your mind is a powerful tool at your disposal.

Pace Yourself: Once your urge has decreased, walk calmly—don't run—to the bathroom, or try holding off another 10 minutes or more before going.

Mind over Bladder

Bladder retraining can take 6 weeks or more. Success often depends on a patient's effort and determination. Setbacks may occur, especially during times of stress, so try to remain optimistic. Keep telling yourself you'll succeed—a positive attitude more likely brings a positive outcome.

These exercises, also known as “Kegels” (named after the gynecologist who developed them), strengthen the pelvic floor muscles and help you hold urine longer. Weak pelvic floor muscles may contribute to OAB. Doing several quick squeezes of these muscles can also decrease urinary urges and leakage by disrupting the brain’s messages that tell the bladder to contract.

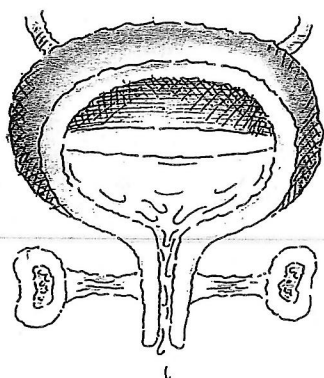
A Worthwhile Workout

Learning Kegel exercises may require more concentration than you expect at first. But the more you do them, the easier they’ll become. Most patients start noticing that their OAB symptoms begin to improve within a month, but you won’t experience the full effects of stronger pelvic floor muscles for several months.

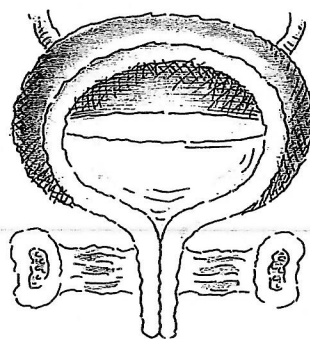
To locate your pelvic floor muscles, try stopping and starting your urine flow midstream while urinating. The muscle that controls this action—your urinary sphincter—is the one you’ll be exercising. (Don’t regularly do Kegel exercises while urinating, however, as this can lead to dysfunctional voiding.)

Squeeze this muscle for 3 seconds, then relax for 3 seconds. Repeat 10 times. Do a set of 10 squeezes in three different positions—sitting, standing, and lying down—so that you can gain control of your pelvic floor muscles in all positions. If you tire, rest briefly, then resume. Three sets of 10 squeezes will take about 3 minutes to do.

Repeat these exercises at least twice a day, every day. Kegels can be done at any time: while brushing teeth, watching TV, waiting at a red light or in a store line, reading in bed, even while going on a walk. Choose a few activities that you do every day and practice Kegels at those times. Make these exercises part of everyday life.



Thin, weak pelvic floor muscles may result in leakage.



Thicker, stronger pelvic floor muscles after 3 months of exercising. Leakage is reduced.

The most common mistake people make when learning Kegel exercises is contracting the wrong muscle. When done correctly, all other muscles should be relaxed. Here are some tips to help you exercise the right ones.

- Be sure you are not tightening your abdominal muscles at the same time. (Abdominal muscles push urine out rather than holding it in.) While squeezing your pelvic floor muscles, place your hand on your belly to feel if it tightens.
- If your upper legs are moving as you exercise, you are squeezing your thighs.
- Do these exercises while sitting down in front of a mirror. If your body rises up and down as you squeeze, you are contracting your buttocks.
- If you find yourself holding your breath while doing Kegels, you may be tightening your chest muscles.

Help with Kegels

Depending on the severity of your condition, you may need help learning or performing pelvic floor muscle exercises. The following therapies can be combined with Kegel exercises to assist you.



Biofeedback - If you are having trouble locating or controlling your pelvic floor muscles, small sensors can be placed in the vagina or rectum and on the abdomen. When you tighten the right muscles, lights or graphs on a computer screen change and/or a tone sounds, giving you feedback as to when you are doing the exercises correctly.

Electrical stimulation - If you haven’t been able to contract your pelvic floor muscles on your own, a small electrode can be placed into your vagina or rectum to exercise the muscles for you. The electrode delivers a painless, low-grade electrical pulse, which stimulates your muscles to contract. You’ll feel a mild tightening in your muscles. After receiving a few treatments of electrical stimulation, you will be more aware of how to tighten your pelvic floor muscles and may be ready to begin exercising them on your own.

Use Drug Therapy

Several medications are available to treat OAB. No one drug is right for everyone, and each has advantages and disadvantages. Work with your medical provider to determine which is best for you. Although medications generally reduce OAB symptoms, there is no actual cure. Urgency, frequency, and accidental leaks may not be entirely eliminated. However, OAB prescriptions often significantly improve a patient's quality of life.

A Prescription for Relief

The most commonly prescribed class of drugs—**anticholinergics** or **antimuscarinics**—work by relaxing the bladder. (They prevent bladder spasms by blocking signals that tell the detrusor muscle to contract involuntarily.) These medications make urges more normal and enable the bladder to hold more urine, which means trips to the bathroom aren't as frequent, and accidental leaks are usually reduced.

As with most medications, however, OAB drugs don't target a single organ—other organs become relaxed as well. This may cause some unwanted side effects, but they're generally minor and can be controlled using the tips explained below. The most common side effects are:

- **Dry mouth:** due to a decreased production in the salivary glands. Continue drinking the recommended daily amount of fluid: six to eight 8-ounce glasses. (Any more—or less—and you may aggravate your OAB. Page 30 explains the importance of adequate fluid intake.) Chewing gum or sucking on ice chips or hard candy may also help quench your thirst.
- **Constipation:** results from the bowel slowing down and getting “backed up.” See the suggestions on page 31 to help combat this side effect.
- **Dry eyes or blurred vision:** caused by tear glands that have slowed down production. Eye drops can help lubricate the eyes until you can cut back on your medication. If your vision is compromised, contact your doctor.
- **Urinary retention:** (is rare, but may occur when OAB develops along with an enlarged prostate.) Medication may relax the bladder such that it doesn't empty sufficiently (and constantly feels full). Doctors discontinue your medication and use a catheter to drain your bladder until the drug's effects wear off.



Drug DOs & DON'Ts

Here are some simple DOs and DON'Ts to keep in mind as you begin drug therapy.

DO call your physician if you are experiencing a side effect. It's often possible to reduce or eliminate a side effect by changing the dose of your medication or by treating the actual side effect. **DON'T** stop taking your prescription without first speaking with your doctor about any concerns.

DO try to be patient if you need to test more than one drug or dosage to find what works best for you. This may take some time, as the trial period for each prescription can't be rushed, and everyone's response is different. So **DO** stick with it.

DON'T expect drug therapy to have an instant effect. With some medications, you may see an improvement of your symptoms in the first week or two, but it may take several weeks or months to reach the maximum benefit. **DO** remember that your OAB didn't start overnight, and relief won't, either.

DO continue to practice your behavioral therapies while you work on drug treatment: monitor your food and fluid intake, practice bladder retraining and Kegels, and keep track of your progress by filling in the Bladder Trackers.

