

Keywords: treatments for overactive bladder

Problem: Overactive bladder causes excessive trips to the restroom and uncomfortable urinary urges. Six advanced treatment options help reduce the embarrassment and discomfort of overactive bladder.

Solution: This article provides an overview of treatment options for overactive bladder.

Overactive Bladder: Six Treatments to Reduce Urinary Urges

"I've gotta go!" Patients with an overactive bladder (OAB) say this phrase on repeat. OAB provokes unstable bladder contractions, causing urgency, frequency and nocturia. OAB impacts approximately 30% of American males and 40% of females.

This urinary condition disrupts work, social and sex life. It binds people to the bathroom. People struggling with significant OAB can experience daily frustrations, inadequate sleep and depression. Six innovative treatments for overactive bladder help reduce the embarrassment and discomfort of overactive bladder.

Key Takeaways

- OAB impacts more than a third of Americans. The most common symptoms are urgency, frequency, nocturia and incontinence.
- Many assume OAB is part of life. This misconception prevents people from getting the help they need.
- Behavioral therapies are underappreciated interventions producing phenomenal results with no side effects.
- Antimuscarinics and beta-3 agonists relax bladder muscles, increasing the bladder's volume capacity.
- Providers use nerve stimulation or surgery when more conservative methods prove ineffective. These interventions can cause complications and should be used cautiously.

The truth about overactive bladder

OAB is not a disease but rather a group of urinary symptoms. These symptoms **result from inappropriate nerve signaling between the brain and bladder**. The most obnoxious, disruptive symptoms are the following:

- Urgency

- Frequency
- Incontinence
- Nocturia

People experiencing these symptoms often feel embarrassed. Consequently, they hesitate to ask for help. Many assume pharmaceuticals or surgery are the only treatments for an overactive bladder. Common misconceptions regarding OAB are prevalent. The truth about an overactive bladder is that:

- It is not an inevitable part of aging
- It is not just part of being female
- It is not necessarily a prostate problem
- Pharmaceuticals and surgery are not the only treatment options

OAB symptoms are bothersome. However, effective treatment options are available for patients experiencing minor or major symptoms.

Behavioral therapies

Behavioral therapies are the first line of treatment for overactive bladder. These interventions are highly effective with no side effects.

- **Bladder training:** Patients train their bladders to hold more urine by scheduling bathroom breaks at increasingly longer intervals.
- **Weight reduction:** Patients can ease pressure on the bladder by reducing body fat.
- **Pelvic floor exercises:** Kegel exercises strengthen the urinary sphincter and pelvic floor muscle. These exercises reduce incontinence.
- **Biofeedback:** Patients can visualize bladder contractions using an electrical patch on the skin. Utilizing the mind-muscle connection, individuals learn which muscles to contract, when to use them, and how to tighten the muscles to prevent incontinence. Biofeedback used in conjunction with pelvic floor exercises improves results.

Behavioral therapies are an underappreciated intervention. Providers should encourage patients to embrace these effective interventions before recommending other treatments. By utilizing behavioral therapies, patients can experience relief without side effects.

Pharmaceutical treatments for overactive bladder

When behavioral therapies prove ineffective, doctors can turn to pharmaceuticals.

Antimuscarinics and beta-3 agonists **relax the bladder muscles, increasing the bladder's urine capacity**. Common side effects of these medications are the following:

- Dry mouth
- Dry eyes

- Blurred vision
- Constipation

These medications come in extended release, which often lessen side effects. Doctors can prescribe vaginal estrogen for women experiencing OAB after menopause. This medicine strengthens the muscles and tissue in the urethra and vagina. Providers frequently use combination therapy when a single drug does not work.

Bladder injections

Bladder injections, or Botox injections, work similarly to antimuscarinics and beta-3 agonists. These treatments relax muscles, reduce contractions, and allow more urine to accumulate in the bladder. The effects typically last six months. Urinary retention is a possible complication with bladder injections. So, patients need to **prepare to perform self-catheterization**.

Nerve stimulation

Nerve stimulation, or neuromodulation therapy, helps the brain and bladder communicate appropriately. In OAB, neurological communications between the brain and bladder are inadequate. Electrical pulses utilize nerve pathways to tell the bladder when to contract.

Percutaneous tibial nerve stimulation (PTNS)

PTNS is an **in-office, non-surgical nerve stimulation procedure**. A thin needle and small electrode inserted near the ankle stimulates the tibial nerve. The electrical pulses block overactive nerve signaling and decrease urgency and frequency. Patients receive weekly therapies for 12 weeks. Each session lasts approximately 30 minutes. Typically, patients need treatment monthly to maintain proper urinary function.

Sacral neuromodulation (SNM)

Sacral neuromodulation functions like a pacemaker for the bladder. Utilizing minimally invasive tools and techniques, a surgeon implants a device that manages sacral nerve signaling. The sacral nerve communicates between the spinal cord and the bladder, telling the bladder when to hold and release urine. When sacral nerve signaling malfunctions, patients experience bothersome OAB symptoms. Providers perform SNM using a two-step surgical procedure:

1. Implant trial electrical wire to determine if SNM will work
2. If the trial improves symptoms, implant a permanent bladder pacemaker

Providers may consider SNM when other conservative interventions fail to relieve OAB symptoms.

Surgery

Doctors consider surgical interventions as a last resort. Surgery is an option when severe symptoms are unresponsive to conservative therapies. Two surgical procedures for OAB are:

- **Augmentation cystoplasty:** enlarges the bladder
- **Urinary diversion:** re-routes urine flow

These interventions can cause complications and increase risk factors. Physicians should recommend these treatments cautiously.

Reducing urges with treatments for overactive bladder

An overactive bladder causes daily disruptions, and people often feel chained to the bathroom. Many assume these symptoms are their lot in life. However, non-surgical interventions are safe and effective. Addressing OAB symptoms can significantly improve people's quality of life.

Everyone wants to live without the nagging of "I've gotta go!" **Our urology staff prioritizes conservative methods for safe and effective results.** We would be honored to be your partner in care. Click the "Refer" button to get started.

Resources

"Overactive bladder syndrome: Management and treatment options." NIH: National Library of Medicine, 2020, Overactive bladder syndrome: Management and treatment options - PubMed.

"What is Overactive Bladder (OAB)?" American Urological Association: Urology Care Foundation, Overactive Bladder (OAB): Symptoms, Diagnosis & Treatment - Urology Care Foundation.

"Overactive Bladder." Mayo Clinic, 2024, Overactive Bladder - Diagnosis and treatment - Mayo Clinic.