OVERACTIVE BLADDER SYNDROME (OAB)

Patient Information

1. OAB is mostly a clinical diagnosis based on symptoms such as frequency of urination, urgency to pass urine and passing urine frequently at night
2. This condition is caused by inappropriate bladder contractions prior to the bladder being full
3. The cause is unknown in most cases
4. OAB is common among women, men and children
5. Caffeine, alcohol, fizzy drinks and spicy food can make OAB worse
6. All patients with OAB should have an ultra sound study to confirm proper bladder emptying
7. Further special investigations such as *Urodynamic Studies* are reserved for cases who do not respond to medical treatment or cases with certain defined abnormalities such a spinal cord injuries or certain neurological problems
8. Remember that stress urinary incontinence (leaking urine when you cough, sneeze or laugh) can cause OAB. If insufficient response to medical therapy this should be treated separately
9. Initial treatment is usually in the form of Betmiga (B3-agonist) or an anticholinergic drug such as Vesicare, Lyrinel or Detrunorm. Oxybutinin is an old medication rarely used today due to side effects and short acting effect requiring 3 doses per day.
10. You will have a trial of one of these medications for 14 days. We can also combine these drugs for better response later weaning you down to a single drug. Usually, Betmiga is combined with an anti-cholinergic drug.
11. It usually takes 3-5 days to take effect
12. If effective you will experience an improvement in bladder control, ie more time to get to the toilet, less pressure over the bladder and less leakage (if applicable)
13. If you experience a positive response the medication will be continued for 3 months and then weaned gradually
14. Please phone the rooms to confirm a positive response and get a prolonged prescription
15. If you fail to wean the medication, you might have to stay on it permanently. Your prescription must be renewed every 6 months
16. Even after successful weaning, your symptoms can recur after months or even years, if this happens, please phone the rooms to a new prescription to restart your medical again
17. If you experience only a partial response, we can usually increase the dose of the medication
18. Side-effects you can expect: dry mouth, constipation and confusions in elderly patients (anticholinergic drugs) Betmiga has minimal side effects and is usually the best drug to use long term
19. Dry mouth: taking more fluid will not improve your symptoms. Chewing gum or sucking on a sweet will help more as the medication tends to dry up your saliva
20. Constipation should be treated early, over the counter drugs are usually effective

21. If you have significant side-effects we can change the drug – one will usually have less side effects on one of the other medications in the group
22. If you have no improvement on the first medication, w can try at least one different medication at the maximum dose
23. In most cased you will be asked to complete a bladder diary to quantify your symptoms
24. If you do not improve on the second drug, we should discuss second line treatment
25. Pelvic floor physiotherapy can be of benefit in motivated individuals, we can arrange this for you if needed
26. If no improvement on either medical treatment or physiotherapy, more invasive options should be discussed at a follow-up appointment
27. This usually involves surgical procedures such a neuromodulation or injection of Botox
28. If there is any uncertainty regarding your condition or treatment options, we can discuss this at a follow-up appointment