



## Treatment of Overactive Bladder

### ***What is overactive bladder?***

Overactive bladder (OAB) is a chronic condition that causes symptoms of frequency (voiding often), urgency (sudden desire to pass urine) and nocturia (getting up often overnight to pass urine). Women can experience leakage of urine ('urge incontinence') associated with these symptoms. Unfortunately, there is no magic cure for OAB. Management often involves a combination of the options discussed here.

*For more information on the symptoms, investigations and diagnosis of OAB, please see the UGSA Patient Information Sheet "Overactive Bladder".*

### ***What can I do to improve my bladder control?***

Bladder infections should be treated, as these may mimic the symptoms of OAB. Similarly, constipation can worsen the symptoms of OAB and should therefore be addressed with diet, fibre supplements and additional medications. Caffeine, alcohol and carbonated (fizzy) drinks can irritate the bladder and are best avoided. If you smoke, try to give up smoking and if you are overweight, weight loss may also improve your symptoms.

Some medications such as diuretics (water tablets) increase urine production with a subsequent increase in frequency or nocturia. Your gynaecologist may discuss taking your tablets at a different time of day, depending on when your symptoms are most bothersome.

Another important aspect of symptom control is retraining your bladder to follow instructions from your brain. Bladder retraining employs different techniques to take your mind off the feeling of urgency. For more detailed information, you can read the UGSA Patient Information Sheet 'Bladder Retraining'. Pelvic floor muscle exercises (Kegels) aid successful bladder retraining as they help you to 'hold on' when you experience the feeling of urgency. The UGSA Patient Information Sheet 'Pelvic Floor Muscle Training' has more information.

Applying a mild oestrogen cream to, or pessary (tablet) in, the vagina may ease the bladder spasms associated with OAB. Oestrogen moisturises the vagina to counteract the dryness that occurs after menopause. Only a very small amount of this hormone is absorbed into the blood stream. If you have concerns about using this medication, please discuss them with your gynaecologist.

### ***Which medications can improve my bladder control?***

The following two groups of medications may improve the symptoms of OAB.

- ***Anticholinergics:*** Reduce the spasms in the bladder muscle, thereby allowing your bladder to hold onto a larger volume of urine. Examples are oxybutynin (Ditropan or Oxytrol), solifenacin (Vesicare) and darifenacin (Enablex). In Australia, oxybutynin tablets and patches are funded on the PBS. solifenacin and darifenacin are available at an out-of-pocket cost. In New Zealand, oxybutynin is funded and solifenacin is available on a special authority prescription. It takes 4 weeks to notice an improvement and sometimes up to 12 weeks for the medication to reach its full strength. The most common side effects are a dry mouth and constipation. Women who suffer from acute (narrow) angle glaucoma cannot take this medication. There is some evidence to suggest that anticholinergics can influence memory function in at-risk women. Discuss with your gynaecologist whether this medication may be suitable for you.



- **B3 Agonists:** Mirabegron is currently the only medication available in this group. It is not funded on the PBS in Australia, but is available at an out-of-pocket cost. Mirabegron is an option if you cannot tolerate the side effects of the anticholinergic medications, or cannot take them because of medical reasons. Women with uncontrolled high blood pressure should not take this medication. Check your blood pressure with your GP every 3 months. Ask your gynaecologist if Mirabegron is an option for you.



All rights reserved by UGSA

### **What other treatments are available if the medications do not work?**

1. **Tofranil:** Tofranil is an antidepressant used in children who suffer from bedwetting. It may improve OAB symptoms if you have not responded to other medications. It can cause drowsiness, dry mouth, constipation, blurred vision and dizziness. You should not take this medication if you have recently had a heart attack or if you are taking a different antidepressant. Your gynaecologist will be able to discuss this in more detail.
2. **Botox injections in the bladder:** An option for women who have failed all other medications. Onabotulinum toxin A (Botox) is injected into the bladder muscle. See the UGSA Patient Information Sheet "Botox Injections for OAB" for further information.
3. **Sacral Nerve Stimulation (SNS):** SNS is a third- or fourth-line treatment option for OAB. A thin electric wire lead is placed through a small opening (foramen) in the sacrum (tailbone) where the wire stimulates the S3 (3<sup>rd</sup> sacral) nerve. The wire is attached to an external battery pack. Stimulating the S3 nerve reduces the spasms in the bladder muscle. The UGSA Patient Information Sheet "Sacral Neuromodulation" has more information.
4. **Surgery:** Very rarely, bladder surgery may be indicated. Your gynaecologist will refer you to a urologist to discuss this further – but this is an absolute last resort.

### **Where can I get more information?**

[www.ugsa.org.au](http://www.ugsa.org.au): Patient Information Sheets on overactive bladder (information on funding for continence products), Botox injections for overactive bladder, sacral neuromodulation and pelvic floor muscle exercises.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

**Disclaimer:** This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.