

# OVERACTIVE BLADDER:

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## **Breaking Down Barriers**

An estimated 25 million Americans are significantly affected by chronic urinary incontinence, including frequent urination or urgency to urinate due to an overactive bladder. Complicating the problem is that most are embarrassed to talk about their symptoms, either because of social stigma or a belief that it's a normal part of aging.

As a result, many with overactive bladder (OAB) symptoms don't report them to families or healthcare providers. This is especially devastating for residents — because without proper treatment, their independence, mobility, and emotional and physical well-being can be severely impacted. That's why it's time to clear up misconceptions and work toward improving resident care.

## **The Truth of the Matter**

Overactive bladder is the most common cause of urinary incontinence in the elderly. According to the *National Association for Continence*, one in every five adults over age 40 is affected by overactive bladder. Symptoms include bladder spasms, urinary frequency, and urgency. Some residents with OAB will suffer urinary incontinence, while others will make frequent, hurried trips to the washroom. Many feel the need to urinate, but lack the ability to wait, resulting in a large amount of leakage.

## **Real Reasons for Overactive Bladder**

In people with OAB, the smooth muscle surrounding the bladder contracts spastically, sometimes without a known cause, resulting in persistent bladder pressure and the urgent need to urinate. Neurological conditions such as Alzheimer disease, Parkinson disease, multiple sclerosis, spinal cord lesions, and stroke can contribute to a spastic bladder. Bladder muscle irritation from tumors, stones, or infection can also cause bladder hyperactivity and urinary incontinence. And in some cases, nerve damage caused by abdominal trauma, pelvic trauma, surgery, or drug side effects contributes to the problem.



# BETTER TREATMENT, BETTER CARE



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## **A Call for Improved Care**

Because those with OAB often lose bladder control before reaching a toilet, you can see why it leads to embarrassment, diminished self-esteem, interference with daily routines, and poor quality of life.

But it also leads to clinical complications, including urinary tract infections, skin infections, depression, and increased risk of falling. And because clinicians can fail to identify the underlying cause of incontinence, absorbent products are usually chosen as the main, and often incorrect, method of treatment. It's clear that better care is needed for residents with OAB, and the good news is that an effective treatment plan can help manage the problem.

## **Treatment — A Comprehensive Approach**

Successfully addressing OAB means taking the time to assess the needs of each resident, and then making sure they get the treatment protocol that's right for them.

## **Proper Evaluation**

This begins with awareness about how to effectively communicate with residents and make them feel comfortable discussing their symptoms.

It's crucial to rule out transient causes of OAB symptoms that aren't related to bladder dysfunction (like functional incontinence, cognitive impairment, and side effects from medication), so once a dialogue has been established, the next step is to conduct a comprehensive resident evaluation that includes:

- *A complete medical history*
- *A voiding diary*
- *Physical examination*
- *Urinalysis*
- *Postvoid residual volume*
- *Urodynamic testing*
- *Imaging tests*

## The Right Treatment

Once a cause is determined, there are several treatment options available to choose from for OAB management, including bladder training, pelvic muscle rehabilitation, biofeedback, sacral nerve stimulation, and surgery.

Medication is also an option. Anticholinergic drugs are the most commonly used for treatment of overactive bladder. These drugs — such as Detrol LA, Detrusitol, and Ditropan XL — help relax the detrusor muscle and reduce contractions that cause sudden urination urges. The key is making sure the right treatment option is chosen for the resident.

**Careful questioning provides clues about incontinence — the key is to make the resident feel comfortable and relaxed, not embarrassed. Here are some questions to ask:**

*Do you sometimes have to rush suddenly to the toilet?*

*Do you sometimes not make it to the toilet in time?*

*Do you urinate more than seven times during the day?*

*Do you get up to urinate two or more times per night?*

**These may indicate urge incontinence.**

*Do you have a weak stream of urine?*

*Do you have frequent dribbling of urine?*

**These may indicate overflow incontinence.**

*Do you leak when you cough, sneeze, laugh, or exercise?*

**This may indicate stress incontinence.**

In addition, there are other ways to help those with OAB:

- *Ensure that the bathroom is accessible and provide proper lighting*
- *Avoid giving fluids and foods with caffeine, including coffee, cola and chocolate*
- *Promote scheduled toilet use before resident activities*
- *Provide a bedside commode or urinal*
- *Remind resident of bathroom location*
- *Select appropriate size and type of absorbent products to provide protection in case of leakage*
- *Regulate fluid intake when anticipating a resident outing*

## A Look at the Bright Side

While there is no cure for OAB, the good news is that symptoms can be successfully treated. But only if you stay aware of treatment options and recognize the myths about incontinence. Only then will you be able to talk openly with residents, helping to remove any stigma associated OAB and allowing them to feel comfortable enough to be honest. Just imagine how much happier and healthier residents could be if they were getting the treatment they needed, so they felt better about themselves.

## References

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*Amin Setoodeh speaks to nurses nationwide on the topics of incontinence management, team building, and compliance issues.*