Overactive Bladder (OAB)

Patient Information · Understanding sudden urges, frequent trips and leaks

WARWIKI

Overactive bladder, or OAB, is a common problem that can be treated. The bladder muscle squeezes when it should not. This causes a sudden, strong urge to urinate. You may go often, wake at night to go, and sometimes leak before you reach the toilet. It is not a normal part of aging, and there are many ways to make it better.

About This Condition

Normally the bladder fills calmly and tells you when it is getting full. With OAB, the bladder sends an "urgent" signal too early or too strongly. The main symptoms are:

- **Urgency:** a sudden need to urinate that is hard to hold
- **Frequency:** going more than about 8 times a day
- **Nocturia:** waking at night to urinate
- **Urge leakage:** leaking on the way to the toilet

What Causes It

Often there is no single cause. The signals between the bladder and the brain do not work as they should. Things that can trigger it or make it worse include **caffeine and alcohol**, constipation, extra body weight, some medicines, and, in women, menopause. A urine infection can cause the same symptoms, so that is checked first. Sometimes a nerve condition, such as a stroke or Parkinson disease, is involved.

In men, an enlarged prostate can cause similar symptoms, and both problems can happen together. Your team will check which one is the main cause.

Learn the Terms

Overactive bladder (OAB)
Urgency and frequent urination from the bladder squeezing too soon.

Urgency
A sudden, strong need to urinate that is hard to put off.

Frequency
Needing to urinate many times during the day.

Nocturia
Waking from sleep to urinate.

Urge incontinence
Leaking urine along with a strong urge.

Bladder diary
A simple log of drinks, trips to the toilet and leaks.

Pelvic floor
The muscles you can train to help control the bladder.

Bladder training
Slowly stretching the time between trips to calm urgency.

Will it get better? Yes, most people improve. Bladder training, medicines and procedures can help. You and your team can choose what fits you. It can take a few weeks to notice a difference.

How It's Diagnosed

- A talk about your symptoms and a **bladder diary**
- A **urine test** to look for infection or blood
- A check of how well you empty (a quick bladder scan)
- Sometimes more tests (urodynamics or a scope) if the cause is unclear or before a bigger treatment

Treatment Choices

- **Lifestyle and training:** cut back on caffeine and alcohol, manage fluids, treat constipation, lose extra weight, and do **bladder training** and **pelvic floor exercises**. Keep these up even if you add other treatments.
- **Medicines:** pills that calm the bladder muscle. There are two main types. Your team chooses based on your age, memory, blood pressure and other medicines.
- **Advanced options: Botox** into the bladder, or **nerve stimulation**. Nerve stimulation can be weekly office treatments at the ankle (PTNS), a small implant in the lower leg, or an implant near the tailbone (sacral neuromodulation). Some people choose these without trying pills first. Each has its own handout.

Living With OAB

- Keep a **bladder diary** for a few days to spot triggers.
- Sip fluids through the day. Do not cut back so much that your urine gets dark.
- Use **timed trips** and the urge-control steps your team teaches: stop, squeeze the pelvic floor, breathe, then go.

Call the office that is treating you if you have:

- **Blood in the urine**, or pain or burning when you urinate
- A temperature of **100.4 °F (38 °C)** or higher, chills, or pain in your side or back

Go to an emergency department if:

- You cannot urinate for several hours and your bladder feels full or painful
- You cannot reach the office and are worried

Three Things to Remember

1. OAB is common and treatable. It is not a normal part of aging.
2. Bladder training, medicines, Botox and nerve stimulation are options. Choose with your team.
3. A bladder diary helps find triggers. Give treatments time to work.