

Patient Information

Gynaecology/Urology/Urogynaecology

Drug treatment of an Overactive Bladder (OAB)

What is OAB?

You have been diagnosed to have the bladder condition known as an Overactive Bladder (OAB) or unstable bladder. It is not unusual and affects women and men of all ages. About 4.8 million people in the UK are affected by the symptoms of OAB.

The symptoms of feeling that you can't wait to go to the toilet (**urgency**), going more often (**frequency**), passing urine more than twice in the night (**nocturia**), or having accidents of leaking urine (**urgency incontinence**), are caused when the muscles that control your bladder become too active.

Drug treatment for OAB

You have been prescribed this medicine to treat your symptoms of OAB. The drugs do not cure the cause of this problem. The tablets help to stop your bladder muscles from contracting before you have decided to go to the toilet. This means that you can hold on for longer before going to the toilet and your bladder is able to hold a larger volume of urine.

How will your medicine help you?

Once your treatment starts to work you should notice:

- A reduced urge to rush to the toilet.
- A reduction in the number of visits you make to the toilet during the day and night.
- · Fewer 'accidents'.

What are the alternatives?

The National Institute for Health and Clinical Excellence (NICE), recommends that you should avoid an excessively high or low fluid intake and drink just enough to satisfy your thirst. An average of 1.5 to 2 litres of fluid per day is normal. You should also cut down on your intake of caffeine, and maybe switch to decaffeinated tea or coffee and avoid fizzy drinks.

Exercising your pelvic floor muscles can help you to regain control of your bladder. When you have good pelvic muscle control you can attempt to retrain your bladder by setting targets of time intervals between visits to the toilet. Start with a realistic achievable time interval and as you improve lengthen the time between visits to the toilet. Your GP or the nurse practitioner at your GP's surgery can provide further information on pelvic floor exercises.

Patients with very severe OAB symptoms which have not responded to any of the above measures or to drug treatment may be considered for alternative therapies to help them. These should be discussed with your specialist.

What are the potential risks and side effects of these drugs?

These drugs should be used with caution if you have, or are susceptible to the following conditions: angle-closure glaucoma; hyperthyroidism; raised blood pressure and cardiac disease.

www.esht.nhs.uk Page 1 of 2



Patient Information

Gynaecology/Urology/Urogynaecology

Drug treatment of an Overactive Bladder (OAB) - continued

The main side effects of this type of drugs are: dry mouth; gastrointestinal upset; skin reactions and headaches. Many of these side effects subside once you have been taking the drug for a period of time. If you feel you have developed an adverse side effect you should consult your own GP to decide if you should stop taking the drug.

About your medicine

Your GP will recommend a starting dose of the drug. You can take your medicine with a glass of water and with or without food. The effects on your symptoms will be gradual and not immediate. It may take at least two and up to eight weeks to notice any effect. If after eight weeks you feel there is no benefit from the drug you should see your GP to consider whether you should increase the dose of the drug or try an alternative. It is worth trying more than one or two kinds of this drug before you abandon this form of treatment altogether. Studies do show that these drugs work in a significant number of patients.

You should continue to take your drug for as long as you consider it is having a beneficial effect. This may mean using the drug for life in some patients. If you feel the drug is helping you but are troubled by the main side effect of a dry mouth, try the following: suck a boiled sugar free sweet, chew gum or sip water. If you become very constipated make sure you eat a healthy diet with lots of fibre such as fruit and vegetables.

Other sources of information

NICE clinical guideline 40 Published October 2006 (www.nice.org.uk). 'Urinary Incontinence'.

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Other formats

Should you need this leaflet in an alternative format such as larger print, Braille and/or require interpreting services, please notify your nurse or doctor as soon as possible. After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information: Mr Barry Auld, Mr J Zaidi.

The directorate group that have agreed this patient information leaflet: Division of Women and Child Health.

Date Agreed: February 2010 Review Date: February 2011

Responsible Clinician/Author: Mr Barry Auld, Consultant Gynaecologist

www.esht.nhs.uk Page 2 of 2