What You Should Know About Overactive Bladder in Midlife Women

Overactive bladder is a common and embarrassing problem that affects many women before, during, and beyond menopause. The most common symptoms are frequent, sudden urges to urinate, with occasional leakage. Several treatments are available.

What is overactive bladder?
Overactive bladder (OAB) is a condition in which nerves send signals to the bladder at the wrong time, causing the muscles in the bladder wall to squeeze without warning. The most common symptoms are frequent, sudden urges to urinate. Occasionally, women experience urine leakage. Having to go to the bathroom up to seven times a day is normal for many women, but women with OAB may find that they need to urinate even more frequently. OAB is a common and potentially embarrassing problem that affects many women before, during, and beyond menopause.

OAB affects 16.6% of the general female population in the United States. It becomes more common as women age. The involuntary loss of urine can be unpleasant, distressing, and may significantly affect a woman’s quality of life. Women with OAB often attempt to cope with symptoms on their own instead of seeking help because they don’t have good access to health care, feel embarrassed, or are unaware that treatment is available for this condition. Don’t be embarrassed! There are many treatment options, and your doctor can help you.

How will I know if I have OAB?
Symptoms of OAB include:
- **Urinary frequency** is the bothersome need to urinate eight or more times a day, or two or more times at night.
- **Urinary urgency** is the sudden, strong need to urinate immediately.
- **Urge incontinence** is defined as the leaking or gushing of urine that follows a sudden, strong urge.
- **Nocturia** is when a woman wakes up at night to urinate.

Are there nondrug and nonsurgical strategies for managing OAB?
Yes, your doctor may recommend some of the following lifestyle options:

- **Restrict fluids.** Women who normally drink large amounts of liquids should limit their intake to about 64 ounces per day. It is possible, however, that too little fluid can cause very concentrated urine that can irritate your bladder. So be sure not to over restrict fluids.
- **Avoid bladder irritants.** Certain foods and beverages that are high in caffeine or acid (such as coffee, cola soft drinks, grapefruit juice, and tomatoes) can contribute to OAB by irritating the lining of the bladder.
- **Develop pelvic floor strength.** Muscle training, such as doing Kegel exercises to strengthen your pelvic muscles, involves learning how to isolate and contract the levator ani muscle, a broad, thin muscle on the side of your pelvis. Massage and stretching may also improve OAB symptoms.
- **Retrain your bladder.** Once a woman has learned how to isolate and contract her pelvic floor muscles, she can contract these muscles at the first sensation of the urge to urinate. This technique can suppress the feeling of having to go to the bathroom. Women who do not have OAB but feel they need to urinate frequently can also use this process to suppress the urge and thus extend the intervals between trips to the toilet.
- **Acupuncture.** At least one study suggests that acupuncture may improve OAB symptoms.

If these lifestyle options aren’t effective, what other treatments can I try?
- Your doctor may prescribe a medicine to block the nerve signals that cause frequent urination and urgency. Anticholinergic medications can help relax bladder muscles and prevent bladder spasms.
- Some of the medicines you may already be taking might be affecting the nerves and muscles of the urinary tract and contribute to bladder control problems. Ask your doctor if an alternative medicine is available and see if it solves your urinary problem.
- There are also several surgical techniques available to treat OAB, including detrusor injection of Clostridium botulinum toxin type A (better known as Botox), nerve stimulation, and other methods. When other therapies fail, one of these may be an option.

Where can I learn more?