

*Definition and  
Symptoms*

*How urination  
Works*

*Causes of  
OAB*

*The impact of  
OAB*

*Prevention*

*Medication*

*Disclaimer*



*Overactive  
Bladder  
Overview*

## Definition and Symptoms

## How urination Works

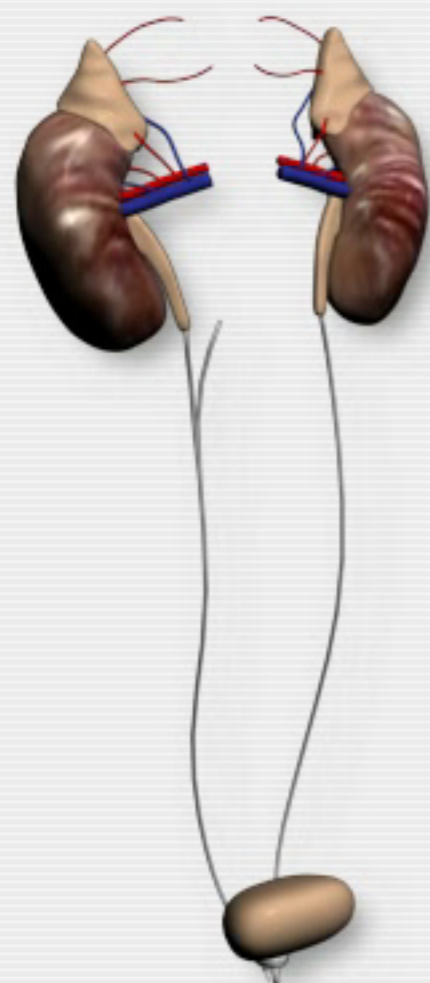
## Causes of OAB

## The impact of OAB

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## Disclaimer



Overactive bladder (OAB) is defined as a condition in which a patient has at least 2 of the following symptoms:

- Urinary urgency: needing to urinate suddenly.
- Urinary frequency: urinating 8 times a day or more.
- Incontinence episodes, or wetting accidents: urgency followed by sudden loss of bladder control prior to reaching the toilet, resulting in leakage of urine. Incontinence episodes may be classified into two general types based on the underlying cause: urge and stress.
  - Urge incontinence: leakage of urine occurs because bladder muscles contract uncontrollably and without warning.
  - Stress incontinence: leakage of urine occurs when the abdomen is stressed or strained—from coughing, laughing, sneezing, or lifting something heavy. Stress incontinence is caused by a weakening of the muscles around the urethra, which normally prevent urine leakage.

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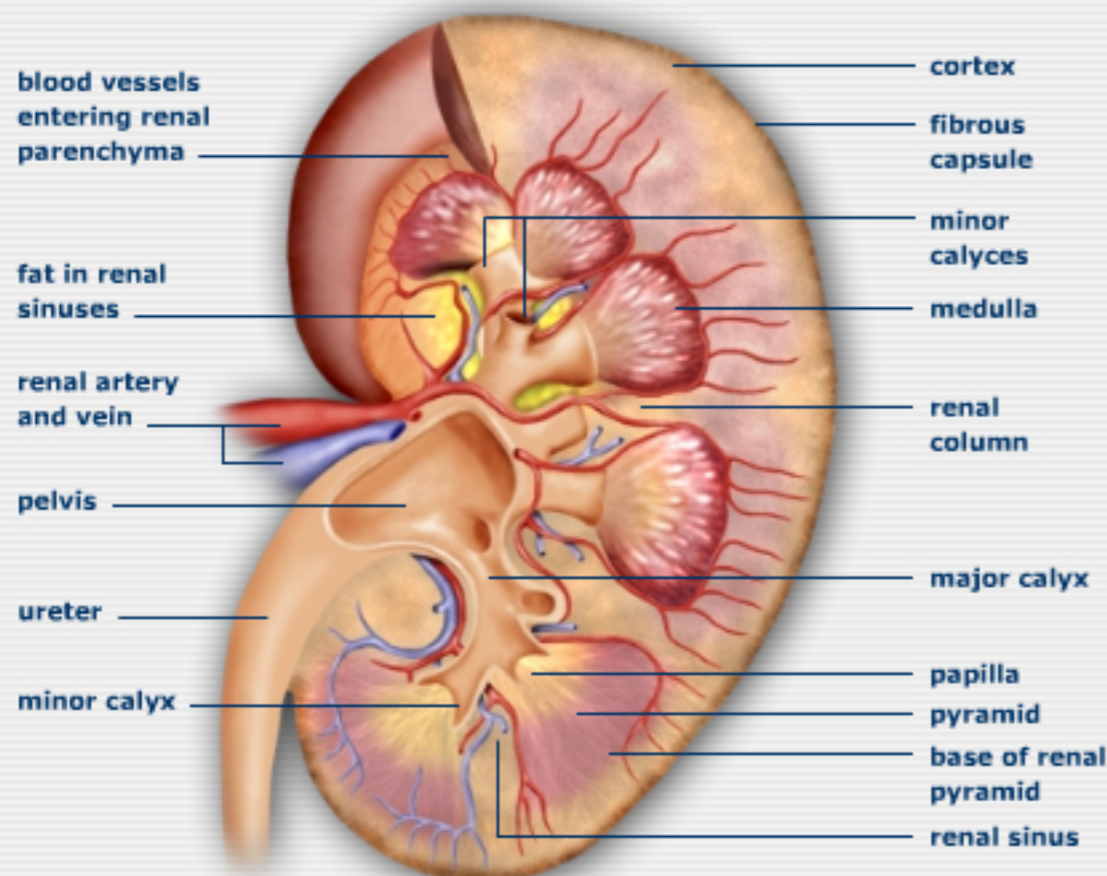
How urination

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## Kidney Anatomy

(click on image to switch views)



Urination, or voiding, is a complex activity involving the coordination and correct function of nerves, muscles, the spinal cord and the brain. The kidneys filter out waste products from the blood and produce urine, which flows downward through a pair of tubes called ureters to the bladder.

### Kidney Anatomy Animation

The bladder, a balloonlike muscle that lies in the lowest part of the abdomen, stores urine and then releases it through the urethra, the canal that carries urine to the outside of the body.

### Bladder Contraction and Micturition Animation

The normal desire to urinate occurs when the bladder is about 75% full. When it happens, nerves in the bladder signal the brain, which supplies the urge to void. Under socially acceptable conditions for voiding, the brain sends a message to the detrusor to contract, squeezing urine out of the bladder. At the same time, the brain signals the sphincter and pelvic floor muscles to relax, allowing urine to pass through. At the end of urination, the sphincters again contract and the bladder muscle relaxes.

### Micturition: Neurological Pathways Animation

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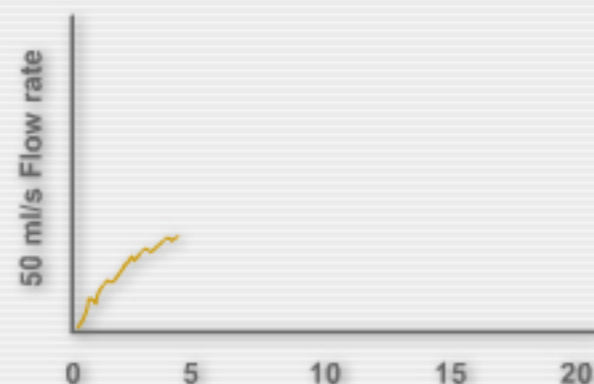
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## OAB Dysfunction: Flow Curve Shapes

Click buttons to play bladder voiding and graph curve animations

**Bell-shaped  
(normal voiding)**

In normal voiding the urine flow curve is smooth, continuous and bell-shaped



**Tower-shaped  
(overactive bladder)**



The symptoms of OAB sometimes occur without an identifiable cause. However, researchers have uncovered several possible reasons why symptoms begin. Disorders with the bladder or bladder sphincter or difficulty with the nerve endings, which connect to the bladder, are among the reasons OAB occurs.

Bladder changes resulting from age do not directly cause incontinence, but they do increase the likelihood that a wetting accident will occur. Bladder size, and therefore capacity, decreases with age—resulting in urinary frequency, or a more frequent need for bladder emptying. Urgency results from early detrusor contractions, occurring at low bladder volumes.

Moreover, chronic detrusor overactivity may be caused by a combination of factors, including an enlarged prostate, Parkinson's disease, multiple sclerosis, stroke, diabetic neuropathy, chronic bladder outlet obstruction, or idiopathic instability.

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*Over 17 million Americans suffer from OAB, yet a significant portion of the population remains untreated. In Europe, it is estimated that 3% of men and 9% of women between 40-44 years of age to have symptoms of overactive bladder.*

*The adverse effects of OAB on quality of life are significant. OAB is associated with high costs-economically, socially, and even emotionally. It is a significant burden in people's lives, severely limiting activities. Sufferers are often embarrassed, or mistakenly believe that OAB is a normal part of aging, so they do not seek medical help.*

*People who have OAB experience embarrassment, frustration, depression, and anxiety as a result. Sufferers often change their behaviors to develop coping strategies. Such strategies focus on avoiding social contact and typically include:*

- Ceasing to participate in many social and physical activities they enjoy*
- Taking routes only to places where restroom locations are known*
- Wearing dark clothing to conceal wet spots or loose clothing to conceal sanitary pads*
- Avoiding sexual intimacy*
- Avoiding routine daily tasks such as shopping and going to work*

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Apples



Tea



Mayonaisse



Cantaloupe



Vinegar



Nuts



Carbonated beverages



Bananas



Onions



Citrus Fruits



Rye Bread



Coffee



OAB is treatable. In addition to taking medication, you can help manage your condition by practicing behavioral management. Behavioral therapy is simple, effective, inexpensive, and safe. Your healthcare professional can help you learn some behavioral management techniques, but remember: your active participation is key to the success of behavioral therapy.

- **Bladder retraining:** you may learn to urinate on a strict schedule by training yourself to resist the urge to urinate at other times. Increasing the time between trips to the toilet will reduce the number of times you urinate—this helps to strengthen your bladder and increase its capacity.
- **Voiding diary:** documenting your voiding patterns will help you to develop goals for improvement and track your success.
- **Kegel exercises:** these exercises strengthen and tone the muscles that support your bladder to help maintain control and prevent leakage. Your healthcare professional can give you more information on how to perform these exercises properly.
- **Dietary management:** in general, if you have OAB, you should maintain a sensible fluid intake as directed by your physician. It is important to avoid drinking alcoholic and caffeinated beverages because they increase urine output. The following is a list of foods and drinks that should be limited because they may irritate the bladder, thus contributing to OAB:

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*Behavioral techniques alone might not be enough. You might be doing some of these things already, and yet you still worry about leaking. That's why your doctor may suggest prescription medicine. In fact, studies have shown that when these behavioral techniques are used along with prescription medicine, treatment success is higher.*

*Medications that work by helping to block wrong signals to the bladder are among the most popular treatments for OAB. This treatment helps you to reduce frequent bladder urges and may even help relieve embarrassing leakage.*