

# Over active bladder

## Advice and treatment plan

Patient Information



Women  
and Children -  
Obstetrics and  
Gynaecology

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## Introduction

It is estimated that there are 14 million people, both men and women, young and old, who suffer from some form of bladder problem. Despite this many people shy away from discussing their problems with a doctor. They find it embarrassing, an inconvenience and it can eventually interfere dramatically with their social life. People may avoid going out of the house for fear of having urinary leakage and accidents.

An overactive bladder is when people have symptoms of urinary urgency (having to rush to the toilet to pass urine), with or without frequency (going to the toilet frequently), nocturia (waking up at night to go to the toilet) and incontinence (accidentally leaking urine).

The treatment options may include diet changes, behavioural changes, pelvic floor exercises, medications and operations.

Although this booklet intends to look at these treatments, focusing on dietary changes, other things can help overactive bladder symptoms: stopping smoking, reducing your stress levels, exercising more and trying to lose weight.

## How to use this booklet

You may find specific things within your diet that makes your overactive bladder symptoms worse. It can be worth trying to identify if there are any specific triggers that make your symptoms worse so you can try to exclude them from your diet and see if your symptoms improve. Sometimes that is all a patient needs to improve their urinary symptoms and in turn, improve their lifestyle.

Patients can identify trigger foods/drinks by an exclusion diet. By eliminating a certain food from the diet the body can detoxify and allow the bladder to recover from the particular irritant. It is best to try to exclude a chosen food or drink over a four week period, perhaps at a time when you are on holiday, so that you can see if cutting out that food/drink makes your symptoms better. Only eliminate one food/drink at once so you can tell if this makes your symptoms better.

## Food

Many of the foods listed on the 'elimination' chart (on page 6) contain a substance called tyramine (indicated with a **T**). Tyramine can cause overactive bladder symptoms.

Try choosing plain fish and meat without spices – lamb is the best red meat.

Blueberries, melons and pears are better than the fruits listed on the 'elimination' chart and the addition of pumpkin seeds to your diet may actually help to reduce bladder irritation as they contain OMEGA-3, an essential fatty acid which acts as an anti-inflammatory.

## Drink

Caffeine is the main ingredient that makes overactive bladder symptoms worse. It would be useful to cut out all caffeinated drinks to see if this improves your symptoms. This alone can cure the problem.

Alcohol, particularly wine and beer, is another major cause of overactive bladder so if you choose to drink alcohol it is expected that your symptoms will get worse.

If you get symptoms of urine infection (burning when passing urine, abdominal pain, frequency and urgency) you may choose to start drinking cranberry juice or barley water as there is some research that says this may help.

You may wish to change from using cow's or goat's milk to using soya milk as it may be less of an irritant.

A lot of people think that by reducing the amount they drink, less urine will be made and therefore the symptoms will improve. However this concentrates the urine, which can lead to further problems as this may irritate the bladder.

The normal fluid intake should therefore be one and a half to two litres of fluid per day (six to eight glasses). If you decide to reduce your fluid intake to help your symptoms then make sure you drink at least one and a half litres of fluid per day to avoid dehydration.

To prevent dehydration it is probably better to have small drinks often. Large drinks will make your body feel overloaded and your bladder will fill up quickly, giving you the feeling of urinary urgency. It may also help to avoid drinking large amounts after six o'clock at night to avoid nocturia.

You can check your level of hydration by looking at the colour of your urine:

Clear or with a very mild yellow tinge = Hydrated

Yellow to strongly yellow in colour = Dehydrated

Dark yellow to brown = Very dehydrated

Eliminating Bladder Irritants			
Drinks eliminated	Date	Drinks eliminated	Date
Tea / green tea		Coffee	
Cola drinks		Caffeine drinks	
Fizzy drinks		Alcohol (wine, beer)	
Cow's / goat's milk		Hot chocolate	
Fruit teas containing hibiscus			
'Light' or diet type drinks (with artificial sweeteners including aspartame and saccharine)			
Food eliminated	Date	Food eliminated	Date
Citrus fruits		Tomatoes	
Strawberries		Apples	
Apricots		Bananas (T)	
Grapes		Peaches	
Plums		Pineapple	
Mangoes		Raisins (T)	
Muesli		Nuts (T)	
Cheeses (T)		Yoghurts (T)	
Sour cream (T)		Mayonnaise	
Beans (T)		Onions	
Chocolate (T)		Spices	
Tomato based sauce		Soy sauce (T)	
Canned, cured, processed or smoked fish			
Canned, cured, processed or smoked meat			

(T) = Tyramine

## Avoiding constipation

When the bowel is full it can push on the bladder and make the urinary symptoms worse. Aim for five portions of fruit and vegetables a day to help. Laxatives may also become necessary long term.

## Bladder training

You will be offered bladder training lasting for a minimum of six weeks as first-line treatment if you have symptoms of an overactive bladder.

The physiotherapy department may offer you the following advice during your bladder training:

**If you get the urge to pass urine you need to try to hang on. Here are some tips to help:**

- Stop, stay still and sit down if you can. Cross your legs. Press on your pelvic floor or the back of your legs.
- You can distract yourself with a mental (but not physical) task.
- Stay calm. Take deep breaths. Self-statements can help e.g. 'I can wait until it is time to go', 'I am in control'.
- Squeeze your pelvic floor muscles as this will relax the bladder muscle and take away the urge. Squeeze as long and hard as possible. Wait until the urgency passes (ten to twenty seconds), and then carry on with your activity.

**Do not walk to the toilet with urgency. Control as above, then go but keep calm. Do not panic.**

## Pelvic floor exercises

If you have symptoms of leaking urine when you laugh or cough in addition to symptoms of overactive bladder (frequency, urgency, nocturia), you will be offered a trial of supervised pelvic floor muscle training of at least three months to try and strengthen the muscles and reduce the leakage.

## Medication

If you have tried all the advice in this leaflet so far and your symptoms are no better we may try medication next as below:

### Antimuscarinics

This medication reduces spasm in the bladder. We may try a few medications within this group before we find the one that works best for you; you should try to take the medications for four weeks to see if the medication works. If one medication suits you and the side effects are minimal, continue taking it. If you get side effects that don't make you feel too poorly, it is worth persisting because the medication will take around two weeks to take effect on your bladder. If a medication works for you it can be taken for up to a year, you should then try to come off the medication and see if the symptoms return. If they do your GP can restart the medication for another year. We advise you to try and come off the medication after a year to minimise the side effects of taking these tablets long term. You may be asked to try:

- Tolteradine (detrusitol) 2mg 2x daily
- Dairifenacin 7.5mg once daily
- Fesoterodine 4mg daily
- Trospium (Regurine XL) 60mg once daily
- Solifenacin 5-10mg once daily

### Common side effects from antimuscarinic medication include:

- dry eyes (which can be helped with false tears)
- dry mouth (try a boiled sweet)
- constipation (increase the fibre in your diet)
- altered sensation (take care with driving and operating machinery)

### Vaginal oestrogens

These improve the quality of skin and muscle in the bladder and vagina and reduce the irritable bladder sensation. It also reduces the risk of bladder infections.

This medication can be in the form of a pessary (a vaginal tablet) or cream. Pessaries tend to be less messy. The amount of oestrogen that is absorbed from the vagina into the bloodstream is extremely tiny so the risk of oestrogen side effects is extremely low. The medication can be taken indefinitely. If the medication is stopped the benefits may be lost. Additional benefits include a general increase in comfort in the vaginal and pelvic region, improved sensation and less irritation during intercourse, as well as reducing urine infections.

A reducing regime is preferable so we advise you to put one tablet in the vagina every night for the first two weeks, then reduce it to twice weekly.

### Other medication

A relatively new medication, Mirabegron, is used in those patients where the antimuscarinic medications have not helped.

## Your personalised treatment plan

1] Dietary advice as described in this leaflet

2] Bladder training  Pelvic floor exercises

Details: .....

3] Medication

Detrusitol 2mg twice a day for six weeks – then

Fesoteradine 4mg once a day for two weeks – then

Fesoteradine 8mg once a day for six weeks – then

If not successful please stop and try:

..... for ..... (weeks)

If not successful please stop and try:

..... for ..... (weeks)

If not successful please stop and try:

..... for ..... (weeks)

4] In addition try:

Oestrogen pessary  Oestrogen cream

Taken ..... daily for ..... (weeks)

And then ..... times per week for ..... weeks

## Surgery

If, by the end of your personalised treatment plan, your symptoms have not improved you may be offered surgical management.

Your consultant will take into consideration your preferences, your past management and other medical problems you may have.

You will have the opportunity of fully discussing your future treatment options and any surgery offered will be described fully.

### Surgical options available

Bladder wall injection with botulinum toxin (Botox). Depending on your response to this it can be repeated.

Percutaneous sacral nerve stimulation may be an option if you do not respond to the Botox.

As a last resort you may be offered augmentation cystoplasty or urinary diversion.

A non surgical treatment that may be offered if you are unable to have botox or sacral nerve stimulation is PTNS. Your consultant will discuss these options in more detail with you if medication has failed to control your symptoms.

## Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

## Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

## Useful references

You may find these websites useful to obtain more information. We can however bear no responsibility for the information they provide:

Cystitis and Overactive Bladder Foundation website:  
<http://www.cobfoundation.org/>

Bladder and Bowel Foundation website:  
[www.bladderandbowelfoundation.org/](http://www.bladderandbowelfoundation.org/)

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