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The overactive bladder: a matter that just can't wait

A.-M. Davies

Urology Department, Harrogate District Hospital, Harrogate, UK

Abstract

Overactive bladder is defined by the International Continence Society as urgency, with or without urgency incontinence, usually with frequency and nocturia. The goals of treatment are to prevent or reduce episodes of urgency when access to a toilet is limited, and to prevent or reduce episodes of incontinence. Urgency and urgency incontinence are troublesome symptoms that score highly on measures of inconvenience and interference with quality of life because of their unpredictable nature and potentially embarrassing consequences. Conservative treatment includes completing voiding diaries, fluid management, checking for post-void residual urine in the bladder, pelvic floor exercises and bladder drill. Anticholinergic medication is the mainstay of medical management, but the side effects can be bothersome, and often include dry mouth, blurred vision and constipation. The best results are often achieved when a mixture of medical and conservative measures is offered, and realistic goals are set when prescribing. Botox is now commonly offered to patients. This has an efficacy of up to 80%, and lasts for between 6 and 9 months. Retention occurs in 5% of users and the long-term effects on the bladder are unknown. Surgical interventions include neuromodulation and clam ileocystoplasty. Approaches to the investigation and treatment of mixed incontinence are also considered in order to find a balance between often-opposing treatments and avoiding worsening the situation. Lastly, the investigation and management of urgency arising *de novo* after surgery for stress incontinence is examined, along with other voiding problems after surgery for stress urinary incontinence. Once significant obstruction has been ruled out or dealt with, then urgency should be treated as previously discussed. More high-quality studies are needed into the effects of treatment on the overactive bladder: we need better drug therapy and longer-term data on the effects of Botox.

Keywords: anticholinergics, Botox, overactive bladder.

Anne-Marie Davies MD FRCS(Urol) is a consultant urological surgeon who works at Harrogate District Hospital. She subspecializes in Female Urology and Incontinence, and has published papers in The Journal of Urology, BJU

International, Neurourology and Urodynamics *and* European Urology Supplements.

Anne-Marie's presentation is available online at: http://www.acpwh.org.uk/docs/conf/2010/Anne -MarieDavies.pdf

Correspondence: Anne-Marie Davies MD FRCS(Urol), Consultant Urologist, Urology Department, Harrogate District Hospital, Lancaster Park Road, Harrogate, North Yorkshire HG2 7SX, UK (e-mail: annemarie.davies@ hdft.nhs.uk).