

There are also some lifestyle changes helpful to reduce OAB.

- Aim to drink about 1.5 to 2 litres per day (6-8 cups). Limiting fluid can reduce the bladder's ability to stretch and urine can become too concentrated which can irritate the bladder.
- Reducing
 - Drinks containing caffeine, for example, coffee, tea, and cola as these can significantly worsen symptoms.
 - Alcohol can increase the amount of urine produced and weakens the pelvic floor.
 - Fizzy drinks and fruit juices, as acid levels increase symptoms.
 - Drinks containing aspartame (an artificial sweetener which can be found in some diet drinks and listed as E951).
- Avoid cutting down fluid intake; change fluids to water, herbal teas, and decaffeinated drinks to avoid irritating the bladder.

References

<http://wavebrilliance.com/incontinence/deferment-techniques>

<http://www.kemh.health.wa.gov.au/brochures/consumers/wnhs0425.pdf>

<http://www.ouh.nhs.uk/patient-guide/leaflets/files%5C121213overactivebladder.pdf>

<http://www.iuga.org/>

Physiotherapy Over Active Bladder (OAB)

The Bay of Plenty District Health Board has an active commitment to the Treaty of Waitangi and the improvement of Māori health.

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Over Active Bladder (OAB)

Over active bladder is suffered by many adults, both male and female. The following symptoms can indicate this condition:

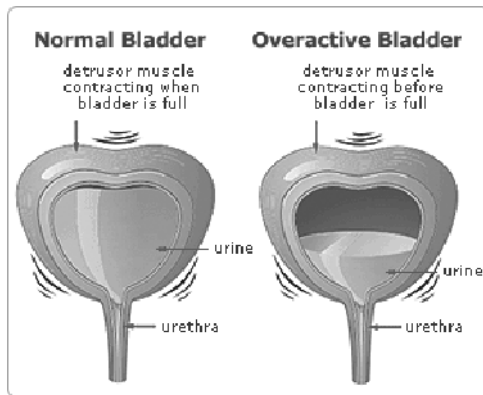
Urgency - a sudden and intense need to pass urine immediately.

Urge Incontinence - loss of urine at the same time as an urge to go.

Frequency - going to the toilet too frequently (usually more than 7 times daily).

Nocturia - waking more than once at night to empty your bladder.

Whether your bladder is full or not, the detrusor (the smooth muscle pump of the bladder) can be contracting before you have made it to the toilet.



Bladder retraining is used to try to decrease the sensitivity of the bladder and increase the volume of urine the bladder will hold.

Always use the following good bladder habits:

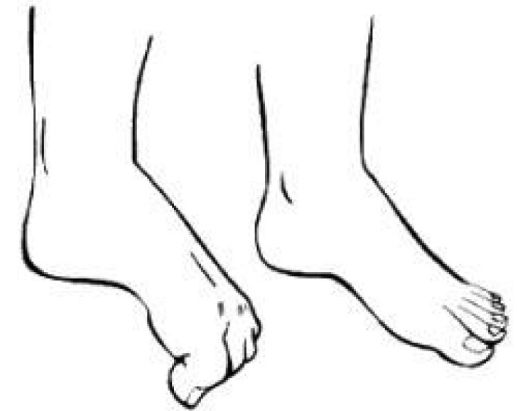
- When you get the first urge, if within 3-4 hours of passing urine, stop and control the urge.
- To help you control the urge, use the urge control techniques mentioned later in this handout.
- Once the urge has passed make a decision- *is the bladder full?*
- If not defer, and when the urge is gone “get on with life”. If the bladder is full, use the following techniques to get to the toilet dry.
 - Stand carefully and relax your chest.
 - Breathe easily and walk quietly to the toilet.
 - Count your steps and use distraction techniques to help get you to the toilet dry.

Urge control techniques

- **Distraction** - by taking your mind off the bladder, it is possible to override the first, urgent need to pass urine. Some helpful forms of distraction are; counting backwards in 7s or 9s, try to say the alphabet backwards or thinking about something else.
- **Urethral pressure** - sitting on the edge of a chair with pressure between your legs. Sitting on your heel, cross thighs, tighten buttocks. Sitting on a rolled up towel or the edge of the bed in the morning as the feet hit the floor.

The pressure should be maintained until the bladder contraction subsides.

- **Curling your toes or stretching your calves** - sends a message along the same nerve path that the message from your bladder travels this can help dull the message from the bladder and reduce the urgency.



- **Pelvic floor contraction** - The conscious tightening of the pelvic floor muscles is most effective if applied as soon as possible after the initial urge. The pelvic floor contraction needs to be maintained until the urgency has lessened; otherwise, leakage may occur.

Aim to go with 2-3 hours between emptying the bladder which is approx. 5 to 7 times per day and 0-1 per night.

Remember it is often difficult in the first few days (or weeks!) so continuing with your exercises and deferring is important.