

Treatment for the Overactive (Unstable) Bladder

Bladder overactivity is characterised by urinary frequency during the day and sometimes at night, a sense of overwhelming urgency to pass urine and sometimes the inability to 'hold on'.

Physiotherapy (Bladder Drill) is the first line treatment for this condition in addition to moderation of fluid intake if excessive.

Medications are frequently used also, mainly as a second line treatment if conservative treatment with physiotherapy fails. There are a number of different drugs that may be used; the majority come from one group of drugs known as 'anti-cholinergic drugs'. These drugs interfere with the passage of nerve impulses into the bladder muscle. The majority of patients will respond to one or other of these drugs; sometimes it is necessary to try more than one drug due to lack of response or side effects.

Side effects occur in a minority of patients and are usually just temporary during the early days of treatment; side effects are reversed when the drug is discontinued. Lower doses may be required in elderly patients and those with kidney or liver disease. Side effects include:

- Dry mouth
- Blurred vision
- Constipation
- Heartburn
- Dizziness
- Headache
- Mild sedation

In general, medications are long acting and are taken on a once daily basis. Medications do not cure bladder overactivity - they control the condition. Medical treatment is usually continued for up to 6 months in association with physiotherapy; after this treatment may be discontinued; it may be necessary to recommence treatment if symptoms recur; sometimes it may be necessary to remain on medications long term.

If there is no response to medications, a cystoscopy may be performed to inspect the interior of the bladder. This involves inserting a telescope into the bladder under anaesthesia (usually local anaesthesia).

Surgery is rarely performed for bladder overactivity. Recently Botox injections into the bladder have been used if drugs fail; these injections work by temporarily paralysing the bladder muscle. Side effects of Botox include inability to empty the

bladder requiring the insertion of a catheter, sometimes by the patient for a period of time. It may be necessary to repeat the Botox injection after some months, if the effect wanes. Please refer to the patient factsheet on Botox for further information.

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