Prevalence of Urinary Bladder Disorder

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Over active bladder has become one of the most common diseases (16.5%) among adults of both sexes, older than 18 years. According to a Survey of Natural Overactive Bladder (OAB) recently conducted in United States approximately 33 million people have shown the symptoms of OAB.

The main cause of OAB is the inactivity of bladder muscles which contract inappropriately and prevent the bladder from completely filling. This leads to sudden, forceful and often unpredictable urgency to urinate and sometimes results in premature urinary leakage. Some neurological conditions such as stroke, spinal cord injury, bladder irritations, dementia, apart from some types of medication such as diuretics, may also adversely affect detrusor muscles. The international Continence Society has classified it as a symptom-based syndrome defined as urinary urgency, with or without urge, usually with frequency and nocturia in the absence of infection or other pathological condition. Only one third of the entire OAB suffering patients are effected by incontinence (OAB wet) and two third have OAB without urge to pass urine (OAB dry).

Treatment of OAB requires change in life style besides drug therapy and surgery. The first base of treatment is lifestyle or behavioral technique which does not show any adverse side effect. Patients are advised pelvic floor muscle training exercise usually referred to as Kegel exercise.

These exercises may be supplemented by the use biofeedback system to help the patient learn to selectively contract and strengthen pelvic muscles to tighten the bladder outlet and manage urinary urgency. Besides pelvic floor training there are some other nonpharmacological procedures that are reported by improve symptoms of OAB. Patients may be advised about bladder functioning, fluid intake including time of intake and maintenance of hydration, management of constipation, dietary changes, especially reduction in caffeine or alcohol intake. For senior citizen or for the people with limited mobility other assistance such as toileting assistance, use of bedside commodes may alleviate OAB symptom. Pharmacological treatment are generally noncurative.

There are several medical devices, drug therapy and surgical procedures which may be used Anticholinergic or antimuscarinic medicines are the most important pharmacological treatment for OAB. These agents help alleviate function of detrusor muscle by antagonizing the effects of acetylcholine on bladder muscarinic receptors to improve symptoms of incontinence.

Some of the side effect of these drugs are dry mouth, constipation, headache, blurred vision or drowsiness. These adverse effects may force the patients to be reluctant in using these drugs. They may prefer to cope with these symptoms instead of taking these drugs. Patients who are unable to take oral drugs oxybutynin also is available as an extended release transdermal patch. This formulation causes lower incidence of dry mouth and constipation than any of the oral preparation.

A variety of medical devices are available to alleviating symptom of OAB, including continence, pessaries, urethral plugs, magnetic and electrical stimulation interventions and self catheterization. In chronic patients when all other drugs have failed several surgical modelities are also available. However they are not first line intervention. While counselling the patients,
the doctor needs to be sensitive to this treatment, but often embarrassing medical condition.

The patient may attempt self treatment without the guidance of a primary care physician but it is advisable to seek proper medical attention. Patient taking anticholinergic are advised not to take it indiscriminately because it may cause bothersome symptoms of dry mouth and constipation. These drugs can additionally affect the central nervous symptoms and can cause altered mentation, hallucination, somnolence, and confusion, especially in the elderly population.

Patients with symptoms of OAB may seek absorbent undergarments to help manage urinary flow. Although these products are helpful in the management of OAB, they should be used in conjunction with other therapeutic modalities including medication. Inappropriate use can result in delays in diagnosis and treatment can also increase the risk of skin breakdown.