

A PATIENT'S GUIDE

Millions live with Overactive Bladder. Get help and break free!



IT'S TIME
TO TALK
ABOUT OAB

Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

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Introduction

Millions of people in the United States struggle with Overactive Bladder (OAB) symptoms. The most common symptom is the ongoing urgent need to go to the bathroom.

OAB can interfere with work, going out with friends, exercise and sleep. It can lead you to the bathroom many times during the day or night. Some people leak urine (pee) after this urgent “gotta go” feeling. Others feel afraid they’ll leak.

Fortunately there is help, and there are treatments.

It’s important to talk openly about your OAB symptoms with a trusted health care provider. Together, you can find the best ways to manage it. The Urology Care Foundation hopes that this guide and our *It’s Time to Talk about OAB* campaign will answer some of your questions

and help guide your conversation.

*This resource is based on the American Urological Association’s publication Guidelines for Diagnosis and Treatment of Overactive Bladder. We want to thank the Foundation’s **Overactive Bladder Expert Advisory Panel** for their medical review, and our **Overactive Bladder Community Advisory Panel** for shaping this guide with the patient’s point of view.*

The Urology Care Foundation provides this information based on current medical knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other health care provider about any health concerns. Always talk to a health care provider before you start or stop any treatments, including prescription drugs.

Get the facts. Get diagnosed. Take control.

BECCA'S STORY

Becca Martin is one of the millions of people in the United States who lives with Overactive Bladder – OAB. Becca lives outside of Aberdeen, Washington. Before she was treated, she sometimes went to the bathroom 40 times a day, as often as every 20 minutes. She found it impossible to take the bus to work. The 25-mile bus ride home was too long to wait.

"My symptoms got so bad that I couldn't drive to work without stopping somewhere along the way," she says. Whenever she drove into Tacoma or Seattle, she would have to add an hour or two to the trip to account for all the necessary rest stops.

Becca's primary care doctor referred her to Dr. Kobashi, who diagnosed her with OAB. Tests showed Becca's bladder was telling her brain "I have to go" all the time, instead of just when her bladder was full. Dr. Kobashi told Becca her treatment options. Although prescription drugs and lifestyle changes work for many people, they didn't work for Becca. Becca could not tolerate prescription drugs and lifestyle changes didn't help enough. When Dr. Kobashi told Becca about other treatment options, she chose a "bladder pacemaker." A pulse generator device, the size of a silver dollar, was surgically implanted into her buttocks.

Becca has had tremendous results. One day, soon after she had the surgery, she was amazed to realize that it had been six hours since her last visit to the bathroom - a far cry from the several times each hour that she used to go!

Becca urges anyone with OAB symptoms to talk to their doctor about it right away. As Becca knows, treating OAB can change your life for the better.



Dr. Kobashi and Becca Martin talking about OAB

SECTION I

Get the Facts

What is OAB and Who Gets It?

Overactive bladder* is the name for a group of **bladder** symptoms. There are three main symptoms:

- A feeling that you have to go to the bathroom, *urgently*.
- Sometimes **incontinence**, which means that you leak **urine** with the “gotta go” feeling.
- Usually the need to go to the bathroom often (*frequently*), day and night.

With OAB, you feel that you need to empty your bladder – even when it’s not full. This leads to the feeling that you need a bathroom quickly, right now. You can’t control or ignore this feeling. (Although it may feel like your bladder muscle is squeezing to empty your bladder, in actual fact your bladder muscle may not be squeezing.) If you “gotta go” eight or more times each day and night, or fear that urine will leak out before you’re ready, you may have OAB.

OAB affects about 33 million Americans. It’s not a normal part of aging. It’s a health problem that can last for a long time if it’s not treated. Many older men (30%) and women (40%) struggle with OAB symptoms. Often people don’t know about treatments that

Who Gets OAB?

- ▶ Both men and women can get OAB.
- ▶ Older women who have gone through menopause (“change of life”) and men who have had **prostate** problems are more likely to get OAB.
- ▶ Growing older is a factor, but not all people get OAB as they age. It’s not a normal part of aging.
- ▶ People with diseases that affect the brain or spinal cord (nervous system), such as stroke and **multiple sclerosis** (MS), are more likely to get OAB.

can help, or they don’t ask for help.

Stress urinary incontinence or SUI is a different bladder problem. People with SUI leak urine while sneezing, laughing or being active.

“
I stopped running, I stopped taking walks. Basically, I stopped doing things that didn’t allow me immediate access to a bathroom. I was so embarrassed that I didn’t talk to anyone about it for a long time. That was a mistake.

– Hank, OAB patient

*All words that appear in purple are explained in the glossary on page 23.

“

It took me nearly 5 years for me to talk with my doctor about this.

- Becca, OAB Patient

”

It is not the same as that sudden “gotta go” feeling from OAB. To learn more about SUI, go to www.UrologyHealth.org/SUI/.

This guide offers clear information about how to manage OAB. Please also ask for help, even if you feel embarrassed. Don’t wait, because there are several treatments that work well for OAB. Your health care provider should be trained to talk with you and help you manage your symptoms without embarrassment. (See page 10 for the kind of doctors trained to treat OAB.)

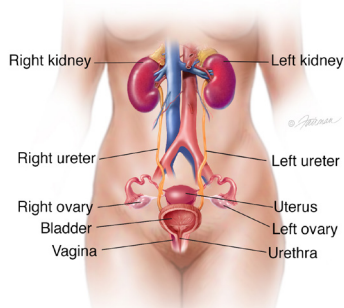
ONCE YOUR DOCTOR UNDERSTANDS THE PROBLEM, HE OR SHE CAN TELL YOU ABOUT TREATMENT OPTIONS.

THERE’S NO SINGLE TREATMENT THAT’S RIGHT FOR EVERYONE.

YOU MAY TRY ONE TREATMENT, OR A FEW AT THE SAME TIME.

How the Urinary Tract Works and What Happens with OAB

FEMALE URINARY TRACT



The **urinary tract** is the important system that removes liquid waste from our bodies:

- **kidneys**: two bean-shaped organs that clean waste from the blood and make urine.
- **ureters**: two thin tubes that take urine from the kidney to the bladder.
- **bladder**: a balloon-like sac that holds urine until it’s time to go to the bathroom.
- **urethra**: the tube that carries urine from the bladder out of the body. The urethra has muscles called sphincters that lock in urine. The **sphincters** open to release urine when the bladder contracts.

When your bladder is full, your brain signals the bladder. The bladder muscles then squeeze. This forces the urine out through the urethra. The sphincters in the urethra open and urine flows out. When your bladder is not full, the bladder is relaxed.

With a healthy bladder, signals in your brain let you know that your bladder is getting full or is full, but you can wait to go to the bathroom. With OAB, you can’t wait. You feel a sudden, urgent need to go. This can happen even if your bladder isn’t full.

MALE AND FEMALE BLADDER

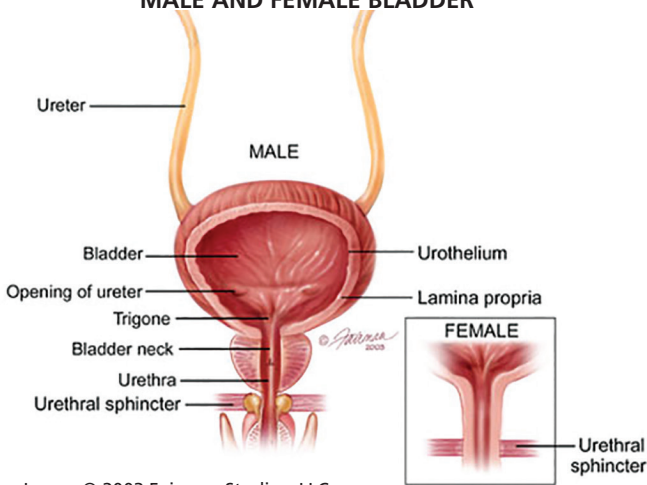


Image © 2003 Fairman Studios, LLC

Symptoms of OAB

Urgency: This is the main symptom of OAB. It is a strong (urgent) need to urinate that can't be ignored. This "gotta go" feeling makes people afraid that they'll leak urine if they don't find a bathroom right away. OAB may also cause:

- **Incontinence (urine leaks):** Sometimes OAB causes urine to leak out before getting to the bathroom. This is called "urgency incontinence." Some people may leak just a few drops, while

others can have a sudden gush. (For more information about all kinds of incontinence, visit: www.UrologyHealth.org/Incontinence.)

- **Urinate frequently:** OAB may also cause people to go to the bathroom many times during the day. Experts say that "frequent urination" is when you have to go to the bathroom more than eight (8) times in 24 hours.

NORMAL BLADDER VS. OVERACTIVE BLADDER

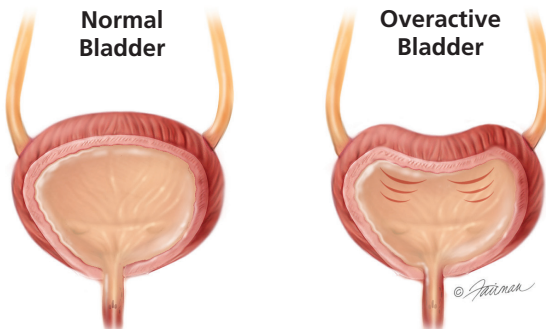


Image © 2003 Fairman Studios, LLC

“

For years I suffered from sudden urges to go to the bathroom. When I started to leak, I wore pads and lots of black clothes because they hid leaks best. I thought I had to live with it.

– Ruth, OAB patient

”

- **Wake up at night to urinate:** OAB can wake a person from sleep to go to the bathroom more than once a night. This is called “**nocturia**” by health care providers.

Some foods and drinks can bother the bladder. Caffeine, artificial

The Truth about OAB

Don’t let myths about OAB stop you from getting the help you need. Learn the truth about OAB:

- OAB is **not** “just part of being a woman.”
- OAB is **not** “just having an ‘enlarged’ (big) prostate.”
- OAB is **not** “a normal part of getting older.”
- OAB is **not** caused by something you did.
- Surgery is **not** the only treatment for OAB.
- There **are** treatments that can help people manage OAB symptoms.
- There **are** treatments that can help, even if your symptoms are minor and you don’t leak urine.

sweeteners, alcohol, chocolate and very spicy foods may make OAB symptoms worse.

OAB does not cause pain. If you feel pain while urinating, you may have an infection. Please talk with your health care provider about pain.

How OAB Can Affect Your Life

Without treatment, OAB symptoms are uncomfortable. It can be hard to get through the day without many visits to the bathroom. OAB can impact relationships. You may not want to do things you enjoy because you worry about finding a bathroom in time. It can disrupt your sleep and sex life. It can leave you tired and short-tempered, or leaks can lead to a rash or infections. The whole experience can make anyone feel hopeless and very unhappy.

The good news is that OAB can be controlled. There are treatments available to help.

“

We go out all the time now. We enjoy the things we used to. Betty didn’t just get HER life back, we got OUR life back, and it is better than ever!

– Husband of OAB Patient

”

Preparing to Visit the Doctor

Tips for a Successful Visit

“

You may feel a little uneasy or embarrassed about talking with your doctor about your incontinence symptoms, but trust me, we treat OAB all the time and we can help you.

– Dr. Lisa Hawes, Urologist

”

It's normal to feel uncomfortable when talking about OAB symptoms. Who wants to talk about bathroom problems or incontinence?! Still, knowing more about OAB is the best way to take control of the problem. A little planning will give you confidence. Here are some tips to help:

- **Be prepared:** Before your appointment, gather useful information to help the health care provider learn what's going on. Also be ready to take notes about what you learn. Bring:
 - A list of the prescription drugs, over-the-counter medicines, vitamins and/or herbs you take.
 - A list of your past and current illnesses or injuries.
 - Results from the Think You Have Overactive Bladder? Quiz (Appendix A), to help you discuss your symptoms.

Think You Have OAB? Quiz & Scoring Instructions

Take the quiz in Appendix A (page 17) to learn if your symptoms may be from OAB or from something else. Your quiz results will also help you talk with a health care provider about what's going on.

- A pad of paper and pen to take notes about treatments.
- **Bring a friend:** Ask a close friend or relative to go with you to the doctor, if you don't mind sharing what's going on. An "appointment buddy" can help remind you of things you may forget to ask, or remind you of things the health care provider said.
- **Bring up the topic:** If your health care provider doesn't ask about your OAB symptoms, then bring up the topic yourself. Don't wait until the end of your visit. Make sure you have time for questions. If a nurse meets with you first, tell the nurse about your symptoms.
- **Speak freely:** Share everything you're experiencing. Your health care provider hears about problems every day. They've heard it all! It's OK to

tell them about your symptoms and how they impact your daily life. Let your health care provider know your answers to these questions:

- Do my symptoms make me stop doing the things I enjoy, or prevent me from going to events?
- Am I afraid to be too far away from a bathroom?
- Have my symptoms changed my relationships with friends or family?
- Do my symptoms make it hard to get a good night's sleep?
- **Ask questions:** A visit to your health care provider is the right time to ask questions. It is best to bring your list of questions with you so you don't forget them. We offer some good questions to ask in each section of this guide to help you.
- **Follow-up care:** Ask your health care provider when you should visit again, and what you should bring with you.

Providers and Specialists Who Treat OAB

Many types of health care providers can offer basic help for OAB. Specialists trained to treat OAB and incontinence include **urologists** and female pelvic medical surgeons. It helps to ask if your health care provider has direct training or experience. Here are the types of providers you may meet:

Primary Care Practitioners are doctors who can diagnose common health concerns and provide treatment. If a primary care provider is experienced with OAB, they will discuss your options. Often, they'll refer you to a specialist for treatment, especially if lifestyle changes haven't helped.

Internists are doctors who may or may not be primary care providers. Often these medical providers will refer you to a specialist.

Nurse Practitioners (NP) are highly trained nurses, able to treat many medical problems. Some NPs specialize in issues like OAB, or they will refer you to a specialist.

Physician Assistants (PA) are professionals licensed to practice medicine with a doctor's oversight. NPs and PAs are often part of the health care team. Many can diagnose and treat SUI non-surgically and can help with exercises and lifestyle changes. Some specialize in issues such as OAB.

Urologists* are surgeons who evaluate and treat problems of the urinary tract. Most urologists are very experienced with incontinence, however not all of them treat OAB. A patient should, again, ask if the urologist is a specialist.

Gynecologists are doctors who focus on women's health. Most are knowledgeable about incontinence, but not all are trained to treat OAB surgically.

Female Pelvic Medicine and Reconstructive Surgery (FPMRS) specialists are urologists or gynecologists who are trained as

experts in female pelvic medicine and reconstructive surgery. FPMRS specialists are often referred to by the public as female urologists or urogynecologists.

Geriatricians are doctors who treat older patients, and many are able to evaluate and treat OAB. But, not all treat OAB surgically.

Physical Therapists are licensed health professionals who provide physical therapy. If they have special training in pelvic floor disorders, they can help with exercises and lifestyle changes.

*You can use the Urology Care Foundation's **Find-a-Urologist** online tool. Chose "incontinence" as a "specialty" for urologists with training and experience in urine leaks and OAB. www.urologyhealth.org/FindAUrologist

SECTION III

Get Diagnosed

How to Diagnose OAB

When you tell your health care provider about your symptoms, s/he will ask more questions and do some tests. This is done to diagnose the problem. Or, your provider will tell you the name of a specialist who can diagnose and treat you.

To learn what's happening, a health care provider will likely:

- **Ask about your health history:** You will be asked about how you feel, how long you've had symptoms, and how they impact

Questions to Ask Your Health Care Provider about OAB

- ▶ Are my symptoms from Overactive Bladder (OAB) or something else?
- ▶ What tests will I need to find out if I have OAB?
- ▶ What could have caused my OAB?
- ▶ Can I do anything to prevent OAB symptoms?
- ▶ What can we do to cure my OAB?
- ▶ Should I see a specialist for my care? If so, can you recommend someone?

you. You will be asked about medicine you take (over-the-counter and prescribed). You should also talk about what you eat and drink during the day. This lets your provider learn about your health now and in the past.

- **Do a physical exam:** Your health care provider will look for things that could cause symptoms. In men and women, they will feel your organs in and below your belly, in your pelvic area. They will also check your rectum.

- **Ask you to keep a “Bladder Diary:”** A Bladder Diary helps you and your doctor learn about daily events and patterns. In this diary, you write down how often you go to the bathroom and if/when you leak urine. You can use the Bladder Diary on page 21 of Appendix B to start. You can also download an electronic bladder diary for your mobile device like the Bladder Pal.
- **Do Other Tests if you need them:**
 - Urine test: a sample of your urine may be tested for infection or blood.
 - **Bladder scan:** This test shows how much urine is left in your bladder after you go to the bathroom.
- **Cystoscopy:** Your health care provider inserts a thin tube with a tiny camera into the bladder to see if it looks normal or not.
- **Urodynamic testing:** These tests check to see how well your lower urinary tract holds and lets-go of urine. One of these tests is call CMG (cystometrogram).
- **Symptom quiz:** Many doctors use a written quiz to ask questions about your bladder problems and what causes you the most bother. Take our OAB Quiz in Appendix A (page 17).

Questions to Ask – When Getting Diagnosed

- ▶ Can you help me or should I see a specialist?
- ▶ What test(s) will help you learn if I have OAB?
- ▶ Please explain each test and why you think I need it?
- ▶ Are there any risks from these tests?
- ▶ If not OAB, what else could be causing my symptoms?
- ▶ What dietary changes can help me go to the bathroom less?
- ▶ What is my next step?

Take Control

There are a number of things you can do to help manage OAB. Everyone has a different experience with what works best. You may try one treatment alone, or several at the same time. You and your health care provider should talk about what you want from treatment and about each option.

“

Find a physician who is interested and knowledgeable about OAB. That is what made the difference for me.

— Ruth, OAB patient

”

OAB treatments include:

Lifestyle Changes

To manage OAB, health care providers first ask a patient to make “lifestyle changes”. Sometimes these changes are called “**behavioral therapy**”. This could mean that you eat different foods, change how much, when or what you drink, and pre-plan bathroom visits to feel better. Many people find that these changes help. Other people need to do more.

1. **Limit food and drinks that bother your bladder:** Many people feel better when they change the way they eat and drink. There are certain foods known to bother the bladder. You can try taking all of these things out of your diet, then add them

back one at a time. Once you learn which foods and drinks make your symptoms worse, you can avoid them. Common foods to avoid:

- Coffee / caffeine
- Tea
- Artificial sweeteners
- Alcohol
- Soda and other fizzy drinks
- Citrus fruit
- Food made with tomatoes
- Chocolate (not white chocolate)
- Spicy foods

2. **Keep a bladder diary [See Appendix B]:** Writing down when you make trips to the bathroom for a few days can help you understand your body better. This diary may show you things that make symptoms worse. For example, are your symptoms worse after eating or drinking a certain kind of food? Are they worse when you don’t drink enough liquids?
3. **Double voiding (emptying your bladder twice):** This may be helpful for people who have trouble fully emptying their bladders. After you go to the bathroom, you wait a few seconds and then try to go again.
4. **Delayed voiding:** This means that you practice waiting before you go to the bathroom, even

when you have to go. At first, you wait just a few minutes. Gradually, you may be able to wait two to three hours at a time. Only try this if your health care provider tells you to. Some people feel worse or have urine leaks when they wait too long to go to the bathroom.

5. **Timed urination:** This means that you follow a daily bathroom schedule. Instead of going when you feel the urge, you go at set times during the day. You and your health care provider will create a reasonable schedule. You may try to urinate every two to four hours, whether you feel you have to go or not. The goal is to prevent that “urgent” feeling and to gain control.
6. **Exercises to relax your bladder muscle:** You may be familiar with exercises to strengthen your pelvic floor muscles, also called **Kegel exercises**. A special exercise using those same pelvic floor muscles may help relax your bladder during those “gotta go” moments. To do “**quick flicks**,” you quickly squeeze and relax your pelvic floor muscles repeatedly. When you feel the urge to go, try a number of “quick flicks” instead. These exercises can help control that “gotta go” feeling. It helps to be still, relax and focus on just the exercise. Your health care provider or a physical therapist can help you learn these exercises. **Biofeedback** may also help. Biofeedback uses computer graphs and sounds to monitor muscle movement. It can help

teach you how your pelvic muscles move and how strong they are.

TOGETHER, YOU AND YOUR DOCTOR CAN CHOOSE A TREATMENT PLAN THAT’S BEST FOR YOU SO YOU CAN START LIVING YOUR LIFE AGAIN.

Prescription Drugs

When lifestyle changes aren’t enough, the next step may be to take medicine. Your health care provider can tell you about special drugs for OAB.

There are several types that can relax the bladder muscle. These drugs (for example: **Anti-muscarinics** and **Beta-3 agonists**) can help stop your bladder from squeezing when it’s not full. Some are taken as pills, by mouth. Others are gels or a sticky **transdermal patch** to give you the drug through your skin.

Your health care provider will want to know if the medicine works for you. They will check to see if you get relief or if the drug causes problems, known as “side-effects”. Some people get dry mouth and dry eyes, constipation, or blurred vision.

To help relieve symptoms, your health care provider may ask you to take different amounts of the drug, or, give you a different one to try. You may be asked to make lifestyle changes and take medicine at the same time for better results.

Injections

If lifestyle changes and medicine aren’t working, there are other options. A trained urologist or FPMRS specialist can help. They may offer

bladder injections (shots) of Botox® (botulinum toxin).

Small amounts of Botox® can stop the bladder muscles from squeezing too much. Many tiny injections are used. It gently paralyzes the muscles. Additional treatments are given when this treatment wears off, anywhere from six to twelve months later. Your doctor will watch how you're doing to make sure you aren't retaining (holding in) too much urine. If urine is not draining well, you may need to **catheterize** temporarily.

Nerve Stimulation (Neuromodulation Therapy)

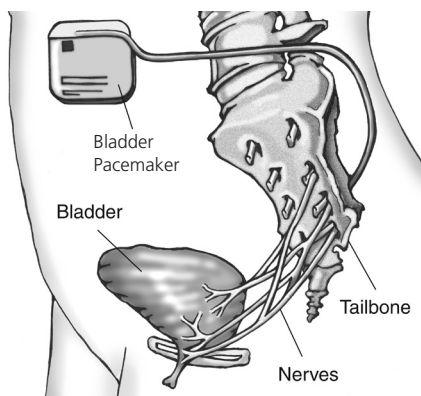
Another treatment for people who need extra help is nerve stimulation, also called **neuromodulation** [pronounced: NER-oh-mah-dyoo-LAY-shun] **therapy**.

This type of treatment sends electrical pulses to nerves in your bladder. In OAB, the nerve signals between your bladder and brain don't work the right way. These electrical pulses interrupt the nerve signals, set them right, and improve OAB symptoms.

There are two types:

- **Sacral neuromodulation (SNS)** changes how the sacral nerve works. This nerve carries signals between the spinal cord and the bladder. Its job is to help hold and release urine. In OAB, these nerve signals aren't doing what they should. SNS uses a "bladder pacemaker" to control these signals to stop OAB symptoms. SNS is a two-step surgical process.

SACRAL NEUROMODULATION (SNS)

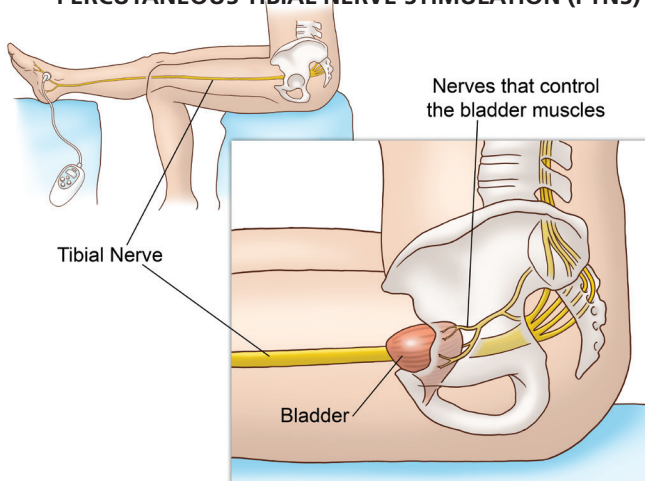


National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

The first step is to implant an electrical wire under the skin in your lower back. This wire is first connected to a handheld "pace-maker" to send pulses to the sacral nerve. You and your doctor will test whether or not this pace-maker can help you. If it helps, the second step is to implant a permanent pacemaker that can regulate the nerve rhythm.

- **Percutaneous tibial nerve stimulation (PTNS)** is another way to correct the nerves in your bladder. For this type of nerve stimulation you will not have to have surgery. PTNS is performed during an office visit that takes about 30 minutes. PTNS is done by placing a small electrode in your lower leg near your ankle. It sends pulses to the tibial nerve. The tibial nerve runs along your knee to the sacral nerves in your lower back. The pulses help control the signals that aren't working right. Often, patients receive 12 treatments, depending on how it's working. [This ther-

PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS)



Visual art: © 2015 The University of Texas MD Anderson Cancer Center.

pty is pronounced: PER-cyoo-
TAY-nee-uhs TI-bee-ahl NERV
STIM-yoo-LAY-shun.]

Questions to Ask – Taking Control

- ▶ What treatment(s) do you recommend for me?
- ▶ What would happen if I don't treat my OAB?
- ▶ Are there problems that can come from treatment?
- ▶ What are the good and bad things that I should know about these treatments?
- ▶ How soon after treatment will I feel better?
- ▶ What problems should I call you about after I start treatment?
- ▶ What happens if the first treatment doesn't help?
- ▶ Will I need treatment for the rest of my life?
- ▶ Can my OAB be "cured"?
- ▶ What lifestyle changes should I make?
- ▶ Are there any exercises I can do to help?
- ▶ Do I need to see a physical therapist?
- ▶ What's my next step?

Talk to your doctor. We hear about incontinence problems all the time, and we're here to help you.

– Dr. Lisa Hawes, Urologist

Appendix A – Think You Have OAB?

Quiz & Scoring Instructions

Do you think you have Overactive Bladder? Millions of men and women live with Overactive Bladder. This quiz will help you measure which Overactive Bladder (OAB) symptoms you have and how severe those symptoms are. Base your answers on the past month.

See instructions on page 20.

(Circle the response that best answers each question.)

Symptom Questions	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
1. Urgency – How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence – How often do you leak urine after feeling an urge to go (whether you wear pads/ protection or not)?	0	1	2	3	4	5	
	None	Drops	1 Teaspoon	1 Tablespoon	¼ cup	Entire bladder	
3. Incontinence – How much urine do you think usually leaks (whether you wear pads/ protection or not)?	0	1	2	3	4	5	

Continued on page 18

	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency – How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Wake to urinate – How many times do you usually get up each night to urinate, from when you went to bed until you got up in the morning?	0	1	2	3	4	5	
TOTAL SYMPTOM SCORE (Add score from questions 1+2+3+4+5) =							

0 = no symptoms

25 = most severe symptoms

*If you score 0 on question 1, then you probably don't have OAB.

Quality of Life Questions How much does this bother you:	I am not bothered at all					I am bothered a great deal
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently?	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5

Continued on page 19

	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? – Please let us know how your symptoms (urgency, frequency, urine leakage, waking at night) have changed your life. Are your symptoms: (Please check all that apply) <ul style="list-style-type: none"><input type="checkbox"/> Keeping you from getting a good night’s sleep?<input type="checkbox"/> Causing you to stay home more than you would like?<input type="checkbox"/> Keeping you from social activities or entertainment (movies, concerts, etc.)?<input type="checkbox"/> Causing you to exercise (walking, sports, etc.) less or limit your physical activity?<input type="checkbox"/> Causing problems with friends or loved ones?<input type="checkbox"/> Keeping you from traveling, taking trips or using public transit?<input type="checkbox"/> Making you plan trips around your knowledge of public restrooms?<input type="checkbox"/> Causing problems at work?<input type="checkbox"/> Other ways your symptoms have changed your life: _____ _____						
Score the “bother” questions (1b, 2b, 3b, 4b, 5b & 6b) separately. Do not add them together.						

Even if you have mild symptoms, if they bother you enough to change your life, you and your health care professional should discuss what treatment options are available to you.

Instructions – How do I use this Quiz?

This quiz can help you talk about Overactive Bladder (OAB) symptoms and get help. Answer the questions in this list. Bring your answers to your next visit with your health care provider. The questions will help measure your symptoms and how much they bother you. The more you tell your health care provider, the better he or she can help you manage the problem.

Scoring – What do my results mean?

For “Symptom Questions” (1 through 5): Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms). What your “symptom score” means:

- The answers to the symptom questions can help you and your provider understand which symptoms are most severe.
- If you have a high total symptom score for questions 1-5, your OAB symptoms are severe.
- If your score for question 1 is 0, then you may not have OAB. You may have something else.

For “Quality of Life” Questions (1b through 6b): DO NOT add your “Quality of Life” scores together. Each question should be scored separately. These answers help show how your symptoms impact your life. We hope this will help you talk about what’s happening more openly. What your “Quality

of Life” results mean:

- Learning how much your symptoms have changed your life can help your health care provider decide what treatments to offer.
- If a symptom, no matter how mild, bothers you enough to change your life, you and your health care provider should discuss solutions.
- If you have other symptoms not listed, let your health care provider know. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?) You may not have OAB but something else worth treating.

Where can I find a health care professional?

You can ask your health care provider for the name of a specialist (a urologist) or visit

www.UrologyHealth.org/Find-AUrologist to find a urologist near you. Choose “incontinence” as a “specialty” to find doctors who can help patients who leak urine or have OAB.

Appendix B – Bladder Diary & Instructions

See page 22 for instructions.

Time	Drinks		Trips to the bathroom		Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time? <i>Sneezing, exercising, etc.</i>
	What kind?	How much?	How many times?	How much urine?	How much?	Yes / No	
2-3 p.m.	soda	12 oz. can	✓	about 8 oz.	yes - large amount	yes	sitting at computer

Example

What is a Bladder Diary?

A bladder diary is a way for you to track your OAB symptoms. It helps your health care provider understand what's happening, when and why. Track when you drink liquids, how much and what types. Then track when you have that "gotta go" feeling, how much you urinate and if you leak urine.

When is a Bladder Diary used?

It helps to use the Bladder Diary for at least three days before you see your health care professional for the first time. This information can be helpful as you explain your symptoms and how they affect your life. If you don't keep a diary before your first visit, your health care provider may ask you to start one. It helps them understand your daily habits and how your bladder is working during a 24-hour period.

How to keep a Bladder Diary:

1. Begin your diary when you wake up each day. Take notes throughout the day, for a complete 24 hour period. For example, take notes from 7 a.m. the first day until 7 a.m. the next day.
2. Write down how much liquid you drink and what type. Take a good guess if you aren't sure. Most containers will list the number of ounces they contain. Use these listings to help you make an estimate—for example, an 8 oz. cup of juice, 12 oz. can of soda or 20 oz. bottle of water.
3. Write down how much urine you make during the day. Your health care provider may give you a special collection device to help you measure. It sits under your toilet seat. It is marked for measurement. If you keep a diary before visiting a health-care professional, you can use a plastic or paper cup. Choose one that holds an amount you know, such as 8 oz. You can rinse the collection device after you use it. Keep it close to your toilet until you've finished your diary.
4. Try to keep the diary for at least three days. A one-day diary may not give a true picture of your bladder condition. Any three days you choose is fine. They don't have to be three in a row. Make as many copies of the Bladder Diary as you need to complete three days.
5. Bring your completed diary with you to your appointment.

Appendix C– Glossary

- ▶ **Anti-muscarinic(s) drugs:** A type of drug for OAB used to relax the bladder muscle to prevent it from contracting when it isn't full.
- ▶ **Behavioral therapies:** Basic things that people can do to change the way they live or function. For example, to schedule bathroom visits regularly as a way to control the bladder.
- ▶ **Beta-3 agonist(s) drug:** A type of prescription drug for OAB used to relax the bladder muscle to prevent it from contracting when it isn't full.
- ▶ **Biofeedback:** A process used in behavioral therapy to help patients become aware of how their body functions. This can help patients gain awareness and control over their pelvic muscles.
- ▶ **Bladder:** The hollow, balloon-shaped organ where urine is stored. Urine then moves through the urethra and out the body.
- ▶ **Bladder Diary:** Diary used to note how often and when you urinate over several days. It is used to help in the diagnosis and treatment of OAB.
- ▶ **Bladder exercises:** Exercises, such as “quick flicks” and Kegel exercises to relax or strengthen the muscles of the pelvic floor. Quick flicks are often recommended to reduce OAB symptoms.
- ▶ **Bladder scan ultrasound:** A tool used to help diagnose OAB. It measures the amount of urine in the bladder by using sound waves (ultrasonography).
- ▶ **Catheterization:** A narrow tube is inserted through the urethra or through the front of the abdominal wall into the bladder to help the bladder empty.
- ▶ **CMG (also known as a cystometrogram):** A test used to see how the bladder stores and releases urine.
- ▶ **Cystoscopy:** A procedure where your doctor uses a thin telescope-like tool with lenses and a light to see inside the bladder and remove tissue samples.
- ▶ **Detrusor muscle:** The muscle that surrounds the walls of bladder and helps to release urine.
- ▶ **Fluoroscopy:** An x-ray tool that creates real-time moving images of internal structures in the body.
- ▶ **Frequent urination:** A condition when a person urinates more often than normal—generally more than eight times each day.
- ▶ **Hematuria:** When there are red blood cells in the urine.
- ▶ **Incontinence (also called Urinary Incontinence):** An uncontrolled leaking of urine.
- ▶ **Infection:** When bacteria or other germs cause irritation or pain.
- ▶ **Inflammation (also called an inflammatory condition):** Swelling, redness, and pain from irritation, injury or infection.
- ▶ **Kegel exercises:** Exercises to strengthen the muscles of the pelvic floor. These are often rec-

ommended to reduce incontinence and the symptoms of other urinary problems.

- ▶ **Kidneys:** Two large, bean-shaped structures that remove waste from the blood.
- ▶ **Multiple sclerosis:** A disease that affects the brain and spinal cord, slowing or blocking messages between the brain and body.
- ▶ **Neuromodulation therapy:** A group of treatments that deliver electrical pulses to nerves to change how they work.
- ▶ **Nocturia:** When a person wakes from sleep one or more times to urinate.
- ▶ **Overactive Bladder (OAB):** A condition that causes the strong, sudden urges to urinate that are difficult to ignore; and that may cause an unexpected leaking of urine; frequent trips to the bathroom; and getting up more than once during the night to go to the bathroom.
- ▶ **Pelvic exam:** A complete physical exam of a woman's pelvic organs to check the size and position of the bladder, vagina, cervix, uterus and ovaries.
- ▶ **Percutaneous Tibial Nerve Stimulation (PTNS):** A treatment for OAB in which a needle electrode delivers electrical pulses to the tibial nerve near your ankle. The pulses help block the nerve signals to your bladder that aren't working correctly.
- ▶ **Prostate:** A small walnut-shaped gland in men that produces seminal fluid that transports sperm.
- ▶ **"Quick flick" exercises:** Exercises where you quickly squeeze and release the muscles in your pelvis. This exercise is used to relax the bladder muscle of the pelvic floor when you are feeling urgency (that "gotta go" feeling).
- ▶ **Rectal exam:** An exam in which a health care provider inserts a lubricated, gloved finger into the rectum to check anal tone, pelvic floor tone in women, rule out prostate cancer or tumors in men and feel for obstructions or impacted stool that can cause urinary problems.
- ▶ **Sacral neuromodulation (SNS):** A treatment for OAB in which a device implanted under the skin delivers electrical pulses to the sacral nerves that carry signals between the spinal cord and the bladder.
- ▶ **Sphincter:** A circular muscle at the bottom of the bladder that normally prevents urine leakage.
- ▶ **Stress Urinary Incontinence (SUI):** An unexpected loss of urine caused by sneezing, coughing, laughing or exercise.
- ▶ **Transdermal patch:** An adhesive patch placed on the skin to deliver a specific dose of a medication.
- ▶ **Ureters:** Two thin tubes that carry urine downward from the kidneys to the bladder.
- ▶ **Urethra:** A thin tube that carries urine from the bladder out of the body (in men, it also carries semen, and it exits through the end of the penis).
- ▶ **Urgency:** A strong, sudden urge to urinate; this "gotta go" feeling makes you fear you will leak urine

if you don't get to a bathroom right away.

- ▶ **Urgency Incontinence:** An unexpected loss of urine following a strong, sudden need to urinate that is hard to control.
- ▶ **Urinalysis:** A test of a urine sample that can reveal many problems of the urinary tract and some other body systems.
- ▶ **Urinary incontinence:** A condition in which a person is unable to hold urine and prevent it from leaking.
- ▶ **Urinary tract:** The organs that take waste from the blood and carry it out of the body as urine.
- ▶ **Urinary tract infection (also known as UTI):** An illness caused by harmful bacteria, viruses or yeast growing in the urinary tract.
- ▶ **Urine:** A liquid, usually yellow in

color, made by the kidneys and containing waste and water.

- ▶ **Urodynamics:** A study that shows how well the bladder and urethra are storing and releasing urine.
- ▶ **Urologist:** A doctor who specializes in the study, diagnosis and treatment of problems of the urinary tract.
- ▶ **UTI:** See Urinary tract infection.
- ▶ **Void (voiding):** To empty (emptying) the bladder.

Appendix D – Other Resources

Here are a few more organizations that offer useful information to help people living with OAB and incontinence.

Urology Care Foundation

(www.UrologyHealth.org)

1-800-828-7866

The official foundation of the American Urological Association, the Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care providers, patients and caregivers to improve patients' lives.

American Urological Association

(www.auanet.org)

The American Urological Association promotes the highest standards of urological clinical care through education, research and healthcare policy.

It's Time to Talk about OAB

(www.ItsTimeToTalkAboutOAB.org)

Get the facts. Get diagnosed. Take control.

Order printed materials about OAB, take our "Overactive Bladder Quiz," and download a "Bladder Diary" to track your symptoms.

It's Time to Talk about SUI

(www.UrologyHealth.org/SUI)

Find out more about Stress Urinary Incontinence, order printed materials and take the SUI quiz.

National Kidney and Urologic Diseases Clearinghouse

(<http://1.usa.gov/1cOdXLN>)

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) that provides information on kidney and urologic diseases. The NIDDK is part of the U.S. National Institutes of Health (NIH).

National Association For Continence

(www.nafc.org)

The National Association For Continence is a national, private, non-profit organization dedicated to improving the quality of life of people with incontinence, voiding dysfunction and related pelvic floor disorders. NAFC's purpose is to be the leading source for public education and advocacy about the causes, prevention, diagnosis, treatments and management alternatives for incontinence.

Simon Foundation for Continence

(www.simonfoundation.org)

The mission of the Simon Foundation is to bring the topic of incontinence out into the open, remove the stigma surrounding incontinence and provide help and hope to people with incontinence, their families and the health professionals who provide their care.

**IT'S TIME
TO TALK
ABOUT OAB**

The Urology Care Foundation™ launched the *It's Time to Talk about OAB* campaign to help you better understand OAB symptoms and the steps you can take to help yourself. To get more information on Overactive Bladder and help find a specialist in your community, visit us at It'sTimetoTalkAboutOAB.org.

Get the facts. Get diagnosed. Take control.

UrologyHealth.org/OAB

About Urology Care Foundation:

Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care providers, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA).

The Foundation is a nonprofit 501(c)(3) organization and relies on donations to make publications and information, such as this guide, available to everyone. Please go to **www.UrologyHealth.org** today and make an online donation to help us continue this important work. Thank you!

For more information, contact:

Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

1000 Corporate Blvd.
Linthicum, MD 21090
1-800-828-7866

UrologyHealth.org

For more copies of this and other materials about OAB, incontinence and other urologic conditions, visit UrologyHealth.org/Order.

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