IT’S TIME TO GO…
Talking to your doctor about
OVERACTIVE BLADDER

1-800-BLADDER
www.NAFC.org
If you’ve experienced unwanted bladder leakage, you’re not alone. Did you realize that more than 33 million people in America have the same problem?

The fact is, Overactive Bladder – also known as OAB – is a real, recognized medical condition that affects both women and men. It’s not just ‘one of those things that happens as you get older,’ and certainly not something you should have to learn to live with. And like many medical conditions, it’s something that can be treated – in many cases, completely.

Before you get treated, though, you have to do one important thing: Visit your doctor.

YOU CAN DO IT

Talking to a professional about something as personal as OAB is sometimes easier said than done. After all, nobody likes talking about their bathroom habits. Many of us are uncomfortable just bringing the subject up, and even when we do, we often don’t know how to explain our symptoms or what questions to ask our physicians. That’s what this guidebook is all about: giving you the resources you need to have a positive, productive conversation with your healthcare practitioner and get the most out of your next appointment.

One important thing to remember is that the doctors who treat OAB deal with these issues every single day. They’ve heard it all before, and they’ve seen it all before – probably in the appointment right before yours! What feels awkward to you is commonplace to them, and they’re there to treat the very thing you’re seeking help for. Open, honest communication is the best way to get you the care you deserve.

DO I REALLY HAVE OAB?

Whether your condition meets the clinical definition of OAB is something that only your doctor can tell you. But if you’re experiencing any of the symptoms of OAB, even if they’re mild or if they’re related to a different form of continence disorder, there’s a good chance your doctor can help. Here are some of the symptoms you may have and that you should mention to your doctor:

• Frequent urination, typically more than 8 times per day
• The urgent need to urinate – the sense that you have to ‘go right now’
• Not being able to make it to the restroom during an urgent episode
• Waking up to urinate, generally twice or more per night

Because people with OAB frequently have to plan their activities with their bathroom needs in mind, and because they’re often concerned about being able to make it to the bathroom in time, they commonly have a ‘fear of leakage.’ If that sounds like you, you’ll definitely want to make an appointment with a physician – help is available.
WHO DO I CALL?

It’s not always easy to know who to see about an incontinence issue. Based on your comfort level or your insurance carrier, your first choice might be to visit your internist or general practitioner. Considering just how common OAB is, you can be confident they’ve seen plenty of patients with the same issues you’re facing, and they can be relied on to point you towards the right specialist.

When it comes to those specialists, there are a number of providers who can address OAB and other incontinence issues, including:

**Gynecologists** – As part of their expertise on the female reproductive system, gynecologists are trained to treat incontinence and related issues.

**Urologists** – You may be surprised to learn that urologists aren’t only for men. While they do specialize in the male reproductive system, they work with both the male and female urinary tract.

**Urogynecologists** – This is a focused specialty which emphasizes dysfunction of the pelvic floor and bladder.

**Geriatricians** – As physicians who focus on the health of the elderly, geriatricians are well trained in the diagnosis and treatment of OAB and other continence disorders.

**Neurologists** – In some cases, OAB may be related to nerve damage or injury, and in those situations, neurologists may be the providers of choice.

Also note that as you seek care, there may be occasions when you are also referred to other specialists, including gastroenterologists, physical therapists and others.

*To find a specialist near you, use NAFC’s free online physician locator at www.NAFC.org/find-a-doctor.*

PREPARING FOR YOUR APPOINTMENT

Before your first appointment, there are a few things you can do to help make your first visit as productive as possible.

**Keep a bladder diary** – By keeping track of your bathroom visits, fluid intake and other factors, you’ll be providing your physician a great deal of information that can help in the diagnosis and treatment of your condition. A sample diary is included at the end of this booklet, and you can download a free copy at www.NAFC.org/diaries. Try it for a few days and make sure to bring it with you to your appointment.
Have your medical history ready – Write down a list of the doctors you visit, the medical conditions you have and any past operations and medical procedures you’ve undergone. Make note of the medications you’re taking, including prescriptions, over-the-counter medicines, vitamins and supplements.

Educate Yourself About Possible Treatments – The NAFC offers a brochure on overactive bladder at www.NAFC.org/resource-center that provides an introduction to the condition and the variety of treatment programs patients usually encounter. Many of these can be done on your own, including dietary changes, fluid management, pelvic floor exercises and bladder retraining. If those don’t work for you, a physician may prescribe medication therapy, injection treatments or even nerve stimulating implants.

Prepare a list of questions – Don’t wait until you’re in the examination room to come up with questions – it’s too easy to forget them in the middle of an appointment. Bring this booklet with you and it will be a lot easier to ask the following questions, plus any others that come up in the course of your consultation:

<table>
<thead>
<tr>
<th>Causes</th>
<th>Treatments</th>
<th>Products</th>
<th>Behaviors</th>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is causing my symptoms?</td>
<td>What treatments are available?</td>
<td>Should I be using any particular type of absorbent product?</td>
<td>Should I be limiting my fluid intake?</td>
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<td>Will it get worse if left untreated?</td>
<td>What do you recommend?</td>
<td>What should I look for in an absorbent product?</td>
<td>Should I stop drinking after a certain time?</td>
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<tr>
<td>Is it related to another illness or medical condition?</td>
<td>Are there any side effects?</td>
<td>Are there any particular products you recommend?</td>
<td>Should I be altering my diet?</td>
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<td></td>
<td>Are there other, alternate treatments that I should consider?</td>
<td>Are there any brands I should look for?</td>
<td>What about kegels or other exercises?</td>
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</table>

WHAT TO EXPECT AT YOUR APPOINTMENT
Almost any doctor’s appointment can be a stressful experience, so it makes sense to understand ahead of time what you’re likely to experience.

Questions – Your doctor will be asking you a lot of questions, and some of them may feel personal. Don’t be shy with your answers – you’re here to get
treatment, and they’re asking questions that will help them give you the best care possible. Some of the things you may be asked about include:

**The Nature of Your Condition**
- How long have you had this problem?
- Can you describe your symptoms?
- Has the frequency or intensity of these symptoms changed over time?
- Do you ever have episodes where there is leakage before you reach the restroom?
- Do you find yourself waking at night to urinate?
- Do you have any leakage when you sneeze, laugh or otherwise put pressure on your bladder?
- Do you have any pain, burning or other discomfort while urinating?

**Medical History**
- What other medical conditions do you have?
- What medications are you taking?
- What is your surgical history?
- Have you given birth vaginally?
- Do you have a history of bladder stones, polyps or tumors?
- Do you have any neurological conditions, like multiple sclerosis or Parkinson’s disease?

**Behavioral and Emotional Background**
- Do you drink coffee or alcohol?
- How much and how often?
- Describe your typical diet.

**Tests** – Generally, OAB is diagnosed by its symptoms, but there are some tests that may be performed to identify or rule out other potential underlying causes for those symptoms. For example, a urine culture may be done to see if there is a urine infection. Similarly, a process called cystoscopy may be performed. This involves the use of a small camera that’s inserted into the bladder to check for tumors or kidney stones.

**Treatments** – There are a number of therapeutic recommendations your physician may make, including a number of which you can do on your own:

**Dietary Modification** – There are a number of dietary factors that can affect your continence, and controlling them can make a remarkable difference. For example, by watching your fluid intake and avoiding caffeine, you could see a big improvement in a short time.

**Pelvic Muscle Exercises** – Pelvic Floor Muscles Exercises are often prescribed as a way to help improve bladder control and minimize bladder leakage. They’re frequently prescribed for people who experience stress urinary incontinence – that’s when you experience leakage because you’ve coughed or lifted something heavy or otherwise put stress on your bladder – but they may also be helpful for people who experience OAB.

**Bladder Retraining** – You can strengthen the muscles that control your bladder the same way you can strengthen other muscles in your body. That’s what bladder retraining is all about – it’s a method to help you
toughen up those muscles so you increase the length of time between bathroom visits. You’ll begin by identifying how much time you typically take between visits, then gradually increase that length of time until you’re in greater control of your need to go. For more information about bladder retraining, visit www.NAFC.com/bladder-retraining.

**Prescription Medications** – There are a number of medications that can be prescribed to address the symptoms of OAB. They’re usually prescribed in coordination with other therapies mentioned above. Before taking any medication, be sure to talk with your doctor about possible side effects, particularly memory loss – some studies have suggested that certain medications may be associated with memory decline in certain older patients who have taken the drugs for long periods of time.

**Over-the-Counter Medications** – Oxytrol for Women is the first-ever FDA-approved over-the-counter medication to treat female OAB (it’s still only available by prescription for men). The medication is a small, clear patch that patients put on their abdomen or buttock every day for four days to control their symptoms.

**Injection Therapy** – Botox® may be most widely known for its cosmetic uses, but it may also be an effective way to treat some patients’ OAB. When injected into the bladder muscle, Botox® can cause the bladder to relax, increasing its storage capacity and reducing episodes of incontinence.

**Nerve Stimulation** – If you haven’t responded well to other treatment methods, your doctor may suggest the electrical stimulation of the sacral nerve, either through an in-office procedure or the implantation of a small device. These often produce results for patients by stimulating the nerve that controls pelvic floor function, the bladder, bowels, and urinary and anal sphincters.

No matter what your doctor recommends, don’t be afraid to ask about additional treatment options if the one recommended to you doesn’t sound appealing – there are often multiple approaches, and there’s a good chance there’s something to fit your unique needs and lifestyle.

**WE’RE HERE TO HELP**
For more information about the treatment of overactive bladder, visit the National Association for Continence online at www.NAFC.org/overactive-bladder. For more information about other continence issues, to support our organization and to find a specialist near you, visit www.NAFC.org.
Complete one form for each day for four days before your appointment with a healthcare provider.

In order to keep the most accurate diary possible, you’ll want to keep it with you at all times and write down the events as they happen. Take the completed forms with you to your appointment.

<table>
<thead>
<tr>
<th>Time</th>
<th>Fluids</th>
<th>Foods</th>
<th>Did you urinate?</th>
<th>ACCIDENTS</th>
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<td>What kind?</td>
<td>How much?</td>
<td>What kind?</td>
<td>How much?</td>
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<td>Sample</td>
<td>Coffee</td>
<td>1 cup</td>
<td>Toast</td>
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Provided by the National Association For Continence; visit www.nafc.org for more information, locate a specialist, and find support.
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NATIONAL ASSOCIATION
FOR CONTINENCE

PO Box 1019 Charleston, SC 29402

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