

# Overactive bladder

## Risk factors

There is a significant correlation between age, obesity and OAB.

Some neurological conditions increase the risk of OAB, including:

## Symptoms

The symptoms of OAB include frequent urination and urinary incontinence. Symptoms arise from involuntary contractions of the detrusor muscle during the filling stage of the bladder. This leads to a sense of urgency to empty the bladder at small quantities than normal. Detrusor overactivity is primarily mediated by stimulation of muscarinic receptors in the bladder.

People with OAB experience more urinary tract infections (UTIs), skin infections, and have an increased risk of falls.

## Identification

The diagnosis of OAB requires an evaluation of signs and symptoms and ruling out other conditions. A comprehensive medical and medication history, physical examination and laboratory tests are required for diagnosis of OAB.

A bladder diary is helpful to record daily fluid intake and voiding habits. A bladder diary should be completed for a minimum of three days to differentiate between urinary frequency, polyuria, nocturia and nocturnal polyuria.

Assessment of comorbidities is important, as sleep apnoea, diabetes and heart failure can contribute to OAB symptoms.

Urine dipsticks should not be used for diagnosing UTIs. Most people in residential aged care will have asymptomatic bacteriuria and do not require antibiotics.

## Red flags

Red flag symptoms that require medical assessment include:

- Blood in urine (haematuria)
- Palpable bladder on examination after voiding
- Recurrent urinary tract infection
- Persisting bladder or urethral pain
- Associated faecal incontinence.
- Voiding difficulty

Treatment