**Medication**

There are a number of medications available to help control the symptoms of an overactive bladder. Generally, these medications work by blocking the nerve impulse on the bladder muscle, decreasing bladder activity and increasing storage. This often helps to decrease frequency and urgency to void.

Recently, many different medications have become available to treat overactive bladder and these can be taken as a pill or as a patch. These medications can have side effects, the most frequent of which is a dry mouth. When the dry mouth effect is mild it can be controlled by the use of pieces of lemon to chew on or with unsweetened candy. Other side effects may include headache, blurred vision, constipation and abdominal pain.

Other medications available for the treatment of overactive bladder include certain types of antidepressants (imipramine and amitriptyline). Often these medications will be needed for extended periods of time.

**Other treatments**

When the overactive bladder remains a device similar to a pacemaker for heart patients can be implanted to generate mild electrical pulses to regulate the nerves of the bladder and control symptoms (neuromodulation). In rare circumstances, surgery may be necessary. One such procedure includes injection of agents such as Botox™ into the bladder to relax the bladder muscle and improve bladder symptoms for several months.

**Conclusion**

Overactive bladder is a common problem which can have a negative impact on your quality of life. Fortunately, it can often be helped with lifestyle changes and with certain medications to relax the bladder.
The bladder normally stores urine without discomfort or pressure until emptying is appropriate. This is controlled by nerves with input from the brain and spinal cord. Most adults void 6-10 times during the day and up to twice during the night. Toilet-trained children void about 4-8 times daily. This will depend on the amount that you drink.

Urinary leakage from an overactive bladder differs from stress urinary incontinence, which is the involuntary leakage of urine during activities such as coughing, sneezing or exercise. Some may have a mixture of several types of incontinence (mixed incontinence).

In most cases, the cause of overactive bladder symptoms is unknown. In some patients this problem can be associated with certain conditions including urinary tract infections, prostate enlargement and others. Diseases of the brain and spinal cord can cause overactive bladder symptoms. Your urologist will clarify your symptoms by asking questions and performing some investigations. Different bladder problems require different treatments.

**Investigation of overactive bladder**

The investigation of overactive bladder symptoms begins with a thorough questioning regarding your voiding pattern, including the timing, frequency and discomfort associated with your voiding or urinary leakage. A **voiding diary**, recording times and amounts, may be helpful.

A urine sample may be obtained to exclude a urinary tract infection and other bladder diseases. Other more sophisticated tests may be required and will be described by your doctor. This may include a visual inspection of the bladder (cystoscopy). Urodynamic assessment, where pressures in the bladder are measured during filling and emptying, may be recommended to better understand your bladder function.

**Non-medical treatment of overactive bladder**

Patients who have an overactive bladder should limit consumption of caffeinated beverages, such as coffee, tea or soft drinks. Alcohol can also worsen your bladder symptoms. Maintaining regular bowel movements is often beneficial.

It is important to void regularly, about every 3 to 4 hours. Some bladder symptoms such as urgency can be improved with bladder training. One can learn to suppress the urge to void and progressively increase the time between voids. Contraction of the pelvic floor muscles, as if trying to avoid passing wind from the bowel, may help suppress these urges.