

*Commentary***Overactive bladder: Symptoms, medication and life style**

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**ABOUT THE STUDY**

A person with an Over Active Bladder (OAB) experiences frequent urination needs that significantly interfere with their daily activities. Regular urination may be required throughout the day, at night, or both. Urge incontinence is the medical term for when there is a loss of bladder control. Incontinence affects more than 40% of those with an overactive bladder. Conversely, an overactive bladder causes between 40% and 70% of urine incontinence. Although overactive bladder is not a life-threatening disorder, the majority of those who have it struggle for years.

Overactive bladder has no recognised aetiology. Obesity, coffee use, and constipation are risk factors. Chronic pelvic pain, poorly functioning mobility, and poorly controlled diabetes may make the symptoms worse. Before seeking therapy, people frequently experience the symptoms for a long period, and caretakers may occasionally recognise the problem. The diagnosis is made based on the patient's signs and symptoms and calls for ruling out other issues such urinary tract infections or neurological diseases. Every time you urinate, you only pass a small amount of urine. Urination pain indicates an issue other than an overactive bladder.

**Management**

Behavioural therapy is often more beneficial than any other single treatment alone, according to a recent comprehensive evaluation of data pertaining to urine incontinence in females. Urgency urine incontinence has been treated with behavioural therapy, which has also been shown to increase patient satisfaction.

**Lifestyle**

OAB can be treated non-pharmacologically using techniques like bladder retraining, Pelvic Floor Muscle (PFM) exercises, fluid restriction, and caffeine avoidance.

Timed voiding is a technique for improving bladder control that makes use of biofeedback to lessen the frequency of accidents brought on by insufficient bladder control. The goal of this technique is to provide the user better control over the place, time, and frequency of urine.

Timed voiding programmes entail setting up a urine routine. An individual writes up a chart of voiding and leaking to accomplish this. The person can plan to empty their bladder before they might otherwise leak based on the patterns that display on the chart. Some people find it useful to wear a watch that vibrates as a reminder to use the restroom. Depending on the watch, vibrating timepieces can be programmed to sound at specified intervals or periods throughout the day. The person can change their bladder's routine for holding and emptying urine by engaging in this bladder training exercise.

**Medications**

Overactive bladder is routinely treated with a number of antimuscarinic medications, including darifenacin, hyoscyamine, oxybutynin, tolterodine, solifenacin, trospium, and fesoterodine. However, prolonged use has been connected to dementia. Agonists for the  $\beta_3$  adrenergic receptor, such vibegron and mirabegron, may also be employed. However, due to the possibility of side effects, both antimuscarinic medications and  $\beta_3$  adrenergic receptor agonists are considered second-line treatments. Medication is rarely completely successful, and all drugs are only somewhat beneficial. An average overactive bladder patient may urinate 12 times each day. Medication may decrease this number by 2-3 and daily incidences of urine incontinence by 1-2.

**Procedures**

Also possible are different gadgets (such as the Urgent PC Neuromodulation System). The Food and Drug Administration has given the drug botulinum toxin A (Botox) approval for use in adults with neurological diseases such multiple sclerosis and

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spinal cord damage. By obstructing nerve signals, injections of botulinum toxin A into the bladder wall can control involuntary bladder contractions and may be effective for up to nine months. A significant amount of basic and clinical research in this area of pharmacology was fueled by the expanding understanding of the biology of overactive bladder. Using intestinal tissues, a surgical procedure enlarges the bladder; however, this is typically done as a last option. This surgery can significantly increase the bladder's capacity for pee.

Electrical stimulation may be used to treat OAB in an effort to lessen the muscular contractions that tighten around the bladder and cause urine to leak out of it. Both invasive and non-invasive electrical stimulation techniques are available. Non-invasive alternatives include inserting a probe into the vagina or the anus, or inserting an electrical probe with a small needle into a nerve close to the ankle. These non-invasive approaches are preferable to no treatment, drug-based treatment, or pelvic floor muscle treatment and seem to lessen symptoms while being used, although the quality of the evidence is poor.