

## IN FOCUS

### Overactive Bladder

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#### Prevalence

Overactive bladder (OAB) is a troublesome condition which affects an estimated 17 million men and women in the US. Although it is more common in older persons, it can affect younger persons as well. Women are more often bothered by this problem than men. Regardless, as men age they become increasingly susceptible to symptoms of OAB by an everchanging prostate gland which aggravates the condition. Sadly, however, this medical condition is often not reported to health care providers because of the mistaken assumption that it is a normal consequence of aging or of childbirth. However, OAB is NOT normal and effective treatments are available.

#### Symptoms

The three cardinal symptoms of OAB are frequency, urgency – with or without resulting urine loss, and nocturia. Persons with OAB may urinate as often as once every hour. Normally, urination should occur 8 times or less per day. Nocturia refers to nighttime voiding. During the night, people with OAB get up more than two times to urinate, which often disrupts sleep patterns. Older persons may be at risk of falling at night when they get up to rush to the bathroom. Urgency refers to the uncontrollable urge to urinate and results in unintended urine loss if a toilet is not easily available. Urine loss is usually great, soaking underwear and even outer clothing. People with OAB usually wear protective padding to guard against unexpected and embarrassing urine loss. This trio of symptoms can severely limit an individual's social life, create a state of hyper-vigilance about the location of public toilets, create poor quality of sleep and lead to depression.

## from our guest editors

**John Lavelle, MB, BCh, FRCSI**

is an Assistant Professor of Urology at the University of North Carolina at Chapel Hill. He is also the Medical Director of the Urodynamic Laboratories and Director of the Urology Continence Center and Fellowship program in Female Urology. Dr. Lavelle received his medical degrees from the Royal College of Surgeons in Ireland and trained at the University of Iowa and University of Pittsburgh Medical Center.

**Mikel Gray, PhD, CUNP, CCCN, FAAN**

is a Nurse Practitioner and Professor in the Department of Urology and School of Nursing at the University of Virginia in Charlottesville. Dr. Gray earned his master's from the University of Virginia in 1981, and his PhD in lower urinary tract physiology from the University of Florida in 1990.



## in this issue

This issue of Quality Care<sup>®</sup> focuses on **Overactive bladder (OAB), nocturia, and men's health**. Articles in this issue will focus on the prevalence, symptoms and treatment of OAB. The In The Spotlight column highlights a new, minimally invasive procedure used to treat OAB - the Urgent PC. OAB, nocturia, and sleeping problems often go hand and hand. Therefore, this issue will summarize results of a national sleep study in older results. In addition, we will examine the difference between spirituality and religion. Spirituality can add layers of depth to one's life, without necessarily tapping into the formal beliefs of religion. We hope you find this issue helpful with your health journey. Please, share it with a friend. ❖

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Overactive bladder can be a consequence of other medical conditions such as urinary tract infections, bladder tumors and strokes which impair inhibition of bladder contractions. However, for most people with OAB, the cause is unknown. Normally, the bladder can hold 300 to 500 cc's (1 to 2 cups) of urine, but this capacity may decrease some with aging. The lining of the bladder has many nerve endings which are sensitive to stretching during the filling phase of the bladder. When a comfortable capacity has been reached, the bladder sends a signal to the brain to find a toilet. In a normal person, urination can be delayed for a period of time until it is convenient to use the toilet. Persons with OAB, however, often have overwhelming urgency sensations to urinate even when the amount of urine in the bladder is small. These sensations can be triggered by running water sounds, going out in cold weather, and even what is called "the key in the lock syndrome". This means that when a person with OAB returns home and unlocks the door, they have a sudden urge to urinate.

## Treatments

Fortunately, there are several treatments available for this bothersome problem. These include life style changes, behavioral techniques, and medications. Life style changes include weight loss (if the person is overweight), smoking cessation, and limiting fluid intake to no more than 6 glasses per day. Further, fluids should be mostly ingested early in the day to minimize nocturia. In addition, foods shown to irritate the bladder lining should be limited or eliminated. Three of these are caffeine containing liquids and foods (coffee, tea, chocolate), highly spiced foods, and drinks and foods containing Aspartame.

Behavioral techniques include bladder retraining and pelvic muscle exercises (PME). These techniques are often taught by nurses or physical therapists who are continence specialists. Bladder retraining consists of gradually increasing the intervals of timed voiding and strategies to inhibit the urge to urinate. Pelvic muscle exercises or Kegel exercises consist of specific timing and repetition of contracting and relaxing the pelvic muscles which strengthens this muscle group. One useful strategy to decrease or eliminate urgency consists of quickly contracting the pelvic muscles when urgency occurs. This

often interrupts the urge to urinate allowing the person to delay urination. While these techniques are not difficult to follow, they do take commitment to practice them daily and to persist for at least 6 to 8 weeks to allow them to become therapeutic.

Several drugs are now available to help treat OAB. These are often used in conjunction with behavioral techniques. These drugs are classified as anticholinergic or antimuscarinic drugs. They act by affecting the nerve and muscle function of the bladder muscle, called the detrusor muscle. These drugs block unwanted bladder muscle contractions to decrease urinary frequency and urgency. While not perfect, they work for 60% to 70% of those who take them. The two most common drugs in this category are oxybutynin (Ditropan) and tolterodine (Detrol). Other newer drugs are Sanctura, Enablex, and Vesicare. As with all drugs these have side effects such as dry mouth, constipation, dry eyes, and headaches. Some persons tolerate one of these drugs better than another, thus, careful prescribing and monitoring is warranted.

## Summary

Overactive bladder adversely affects the lives of many million Americans. Yet a majority of persons suffer in silence and do not seek treatment. However, a variety of behavioral and drug treatments are available to moderate and eliminate this troublesome problem for the majority of persons with OAB. It is time for this condition to come out of the closet. Persons should seek treatment and health care providers should ask questions of patients on routine physicals about unintended urine loss. ❖

## **Artificial Testicles**

A gel-filled artificial testicle may offer not only cosmetic benefits, but researchers say they may also help self-esteem. A clinical trial of 149 implant recipients concluded that they enjoyed a significant boost in their quality of life (Journal of Urology 2004; 172:1427-30).



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## A HEALTHY BALANCE

# Distinguishing “Spirituality” and “Religion”



**Douglas Brown, PhD**

Adjunct Professor

Michigan State University Center for Ethics and Humanities in the Life Sciences

Two physicians are overheard discussing the morning's continuing education session at the hospital on Meeting Patients' Spiritual Needs as they head to their clinics.

. . . “I think the key is to realize that all patients are spiritual persons. ‘Spirituality’ has to do with the sort of person a patient is, that which gives her life integrity and balance. A patient reveals her spiritual identity when she shares her core beliefs and life values. Feelings of fear, loneliness, and guilt as well as happiness, contentment, and wonder are windows into a patient's spirituality.”

“This makes ‘spirituality’ quite different from ‘religion’.”

“Yes. Religion has to do with the way many patients experience and express their spirituality. They center their lives on worshipful devotion to ‘God’. They are encouraged in their communities of faith to live this way through the study of sacred writings, the affirmation of core beliefs and life values, the sharing of inspirational stories, the celebration of special rituals.”

“I suspect that many patients as well as many of us who care for them are more familiar with thinking of spirituality as an assessment of one's religious standing. ‘She is religious’ means she is active within a particular religion. ‘She is very spiritual’ is a favorable assessment according to that religion's criteria. ‘She is not very spiritual is an unfavorable assessment according to that religion's criteria. That's how the terms are used at the church I attend.”

“The limitation in this view is that not all patients are religious. Not all patients are affiliated with a particular religion. And crucial non-religious aspects of every patient's spirituality are overlooked.”

“Hmmm. A morning or evening walk, participation in civic organizations, a refreshing hobby (e.g., photography or gardening or hiking or . . .), community service activities, a symbol of a life-changing event, inspiring music, travel, the company of a pet, a thought-provoking book, a favorite art gallery or museum, social pleasures (e.g., a glass of wine or a pleasant dinner or a theater outing or a sports event or . . .), a special friend, . . . – all spiritual experiences? all insights into the ‘more’ about the patient for which scientific/clinical language alone does not account?”

“How about coffee this evening after clinic?”

“See you then.”

The two physicians part for a day of patient care...

To be distressed is to be strained, tense, troubled, oppressed, threatened. ‘Spiritual distress’ has to do with the loss of peace, joy, hope, and resolve individuals experience when faced with unsettling life circumstances that threaten to overwhelm their core beliefs and values. Assisting patients in the recovery of balance and focus is, in my judgment, the primary consequence that makes giving attention to spirituality pertinent to caring for patients. It is crucial that the patient has, or recovers, sufficient balance and focus to communicate well (which requires listening carefully, thinking courageously, and speaking clearly) and to participate appropriately in decisions about her care. Fear of serious illness or injury can threaten a patient's balance and focus, thus raising crucial questions about the credibility of the spiritual foundation upon which she has built her life.

Sheer pain may eclipse a patient's use of her spiritual resources. By being in a clinic exam room or in a hospital, she is distant from (or even cut off from) the activities and experiences essential to her spirituality. A patient's spirituality may be contributing to her loss of balance and focus. Caregivers may face a dilemma -- on the one hand, needing the patient to be balanced and focused in order for management decisions to flow but, on the other hand, needing to give the patient time and opportunity to experience the spiritually restructuring that may be necessary for her to again be centered. Meeting a patient's spiritual needs, then, has to do with minimizing the spiritual disturbance she is experiencing in order to maximize the benefits from her spiritual resources for making decisions about her care and for realizing her fullest measure of healing. ❖

## FROM THE PATIENTS

John Lavelle, MB, BCh, FRCSI

**1. My doctor has diagnosed me an enlarged prostate, and I have found that I need to get up several times a night to use the bathroom. What is the correlation between an enlarged prostate and nocturia? Is there anything I can do to get a full night of sleep?**

Because the prostate gland literally wraps around the urethra at the bladder neck, an enlarged gland blocks the flow of urine from the bladder when a man is urinating. Consequently, the bladder doesn't empty completely during the day, and the residual urine can trigger signals at night that the bladder needs to be emptied. This is what wakes you up to use the bathroom. To get a better night's sleep, try restricting fluid consumption at three hours prior and "double void" just prior to going to bed. If you're not already on medication, you may ask your doctor about prescribing one that works to relax the prostate's smooth muscle and bladder neck to improve the flow of urine and reduce bladder obstruction. A beneficial

side effect of such a drug is decreased urinary retention as a result of spasticity of the sphincter, pelvic floor or bladder neck. You might also ask about an OAB medication that will calm an overactive bladder muscle and neuropathic activity that may be aggravating your problem. Still another medication you may discuss is desmopressin.

**2. I am a 68-year-old man diagnosed with OAB. Are there surgical procedures available to treat it or must I rely on medications?**

Sacral nerve stimulation is a therapy for people with urinary urge incontinence, symptoms of urgency/frequency, and urinary retention who have not responded to more conservative therapies such as medication and behavior techniques. Your doctor will determine if this therapy can benefit you by performing a simple test stimulation procedure. The therapy uses a neuromodulation system that is placed surgically just under the skin. With mild electric pulses to stimulate the sacral nerve that sends signals between the bladder and the brain, it functions much like a heart pacemaker to regulate signals and thus influence the bladder and surrounding muscles that control urinary function. ❖

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## A COLLECTIVE VOICE

### Sleep and the Older Adult

The Gallup Organization, on behalf of The International Longevity Center (ILC), conducted a random national telephone survey of 1,003 adults aged 50 and older to examine older adult's knowledge of the importance of sleep, their sleep behaviors and their attitudes toward sleep and aging. The results have been statistically adjusted to be nationally representative of all adults age 50 and older.

The survey presented major research findings including:

- Getting up to use the bathroom in the middle of the night is the most common sleep behavior in older adults (43%)
- Eight out of ten (80%) respondents understand that getting the proper amount of sleep significantly impacts health
- Less than half of older adults (32%) report getting a good night's sleep all seven days of the week
- Older men are more likely than older women (38% vs. 27%) to say they get a good night's sleep seven days a week

Additional information about the survey can be found at <http://www.ilcusa.org/>. ❖

## LINKS

Men's Health Network (MHN) is a non-profit educational organization comprised of physicians, researchers, public health workers, individuals and other health professionals. MHN is committed to improving the health and wellness of men through education campaigns, partnerships with retailers and other private entities, workplace health programs, data collection, and work with health care providers to provide better programs and funding for men's health needs.

MHN's goals include:

- Save men's lives by reducing premature mortality of men and boys
- Foster health care education and services that encourage men of all ages to implement positive lifestyles for themselves and their families

## IN THE SPOTLIGHT

### New Minimally Invasive Treatment Option For OAB

The FDA has approved the Urgent PC, made by Uroplasty, Inc., as a minimally invasive treatment of overactive bladder symptoms such as urinary urgency, urinary frequency, and urge incontinence.

Urgent PC is a nerve stimulation device for office-based treatment. A needle electrode is inserted into the tibial nerve in the ankle connected to a stimulator, which sends an electrical pulse to the sacral nerve center, the control center for bladder function. This therapy targets specific nerve tissue and disrupts the signals that lead to the symptoms of overactive bladder.

According to the company, the therapy is conducted in 30-minute outpatient sessions. The health care provider will begin with 12 weekly sessions, and then begin lengthening the time between subsequent treatments. Uroplasty claims documented success rates of 60 – 80% with significant reductions in daytime voiding frequency, nighttime voiding frequency and leakage episodes. It claims to be a low-risk treatment option for patients with minimal side-effects, including redness or discomfort of the ankle at the treatment site.

For more information, contact Uroplasty, Inc. at 866-277-0466 or [www.uroplasty.com](http://www.uroplasty.com). ❖

- Increase the physical and mental health of men so that they can live fuller and happier lives
- Significantly reduce the cycles of violence and addiction that afflict so many men
- Energize government involvement in men's health activities so that existing government health networks can be utilized to increase the health and well-being of men and boys
- Encourage women to expand on their traditional role as the family's health care leader and activist for enhancement of health care services. ❖

For more information contact:

Men's Health Network  
P.O. Box 75972 Washington, D.C. 20013  
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## BOTTOM LINE

### Bowel Incontinence - An Update on Treatment Options

**Maher A. Abbas, MD, FACS**

Southern California Permanente Medical Group  
Kaiser Permanente Los Angeles Medical Center



Fecal or bowel incontinence is the inability to control the elimination of gas or stool. This can have a major impact on patients' life ranging from mild distress to complete social withdrawal and psychological suffering. In severe cases of incontinence, patients can be home bound for fear of having an accident in public and are usually diaper dependent. Bowel incontinence is one of the major reasons for nursing home admissions in the elderly.

Bowel incontinence affects between 2% and 5% of the general population. Women have a higher rate of incontinence but recent studies have shown that men older than 65 years of age suffer similarly from the problem. The most common cause of fecal incontinence is damage to the anal and pelvic muscles during childbirth. Other causes include injury to the anus from surgery (i.e. hemorrhoid or fistula surgery), cancer, radiation therapy to the pelvis, inflammatory bowel disease such as Crohn's disease, diseases that can affect the nerves such as diabetes or multiple sclerosis. Due to the embarrassment and social stigmata associated with incontinence, many patients (especially men) are reluctant to discuss the problem with their physicians and family members. It is not uncommon for patients to suffer from this condition for years prior to seeking medical help. Furthermore, most physicians are not trained to deal with this disorder and commonly fail to inquire about its symptoms as part of the general medical exam.

Patients suffering from fecal incontinence should seek evaluation with specialists such as colon and rectal surgeons and gastroenterologists. The evaluation includes a detailed history, a physical exam, and often diagnostic studies such as colonoscopy, anal ultrasound, anal pressure measurements, and testing of the pelvic nerves. Fortunately, several options are now available to treat this condition. Many patients can be treated successfully with medical management by adding a fiber

supplement to their diet and/or anti-diarrheal pills. Patients who suffer from irritable bowel syndrome can see improvement of the incontinence when their symptoms are controlled medically by a gastroenterologist. In addition some patients can benefit from physical therapy, biofeedback training, and pelvic floor exercises. Surgical interventions include sphincteroplasty and levatorplasty (repair and tightening of the anal muscle), the SECCA™ procedure, and the artificial bowel sphincter. Other modalities are currently being investigated including injectables such as collagen and silicone, and the sacral nerve stimulator (a pacemaker that stimulates the pelvic nerves.) None of the available procedures work for all patients and some patients end up undergoing more than one procedure.

The SECCA™ procedure is a minimally invasive treatment that uses radiofrequency energy to treat the anal muscle. During the procedure, the physician inserts a handheld device into the anus and applies a series of treatments to the muscle. The heating of the muscle results in some degree of tightening, and enhanced sensation with improvement of the continence. The procedure is usually done as same day surgery under intravenous sedation and local anesthesia. Preliminary clinical studies have shown that some patients can benefit from the SECCA™. ❖

## PERSONALLY SPEAKING

I am a 34-year-old man with incontinence. It all started over 10 years ago when I was on active duty in the army and had a head injury. I left the Army six months later and got married. I told my wife about my bladder problems after we married. Slowly, I started having more leakage and my local veterans hospital sent me to a urologist. The urologist said I have overactive bladder (OAB) and instructed me to use absorbent products along with a prescribed medication. I did not take the medicine for very long because I had trouble urinating at all while I was taking it. It has taken my wife a few years to be ok with me wearing absorbent products, but she is supportive. We have both come to terms with my bladder problems and have now been married eight years.

**--Ron in Oklahoma**