

Toolkit For Health Care Providers

How to Talk to Your Patients about Overactive Bladder

Whether you are a urologist, general practitioner, gynecologist, advanced practice nurse, physician assistant or other health care provider, it is important to know how to talk to your patients about overactive bladder (OAB). Many patients, especially those who are older or female, are reluctant to talk about their urinary symptoms. A 2005 survey showed that female patients with OAB symptoms waited, on average, 6.5 years between their first symptoms and obtaining a diagnosis. Failure to get treatment for OAB can have a significant impact on your patient's quality of life, negatively affecting day-to-day activities such as work, social life, exercise and sleep. Whether it is accompanied by incontinence or not, the fear patients have that they will leak urine if they don't get to a bathroom right away can result in extreme embarrassment and social isolation.

It is important for you to discuss these issues with your patients to determine how much their quality of life is affected by their condition. However, most health care providers do not routinely ask their patients about incontinence, which adds to delays in diagnosis and treatment. Your patients may be waiting for you to start the conversation. *It's Time to Talk About OAB!* This fact sheet will give you conversation starters, ideas for what to do if a patient waits until the end of an appointment to bring up their concerns and information to help you dispel some common myths associated with OAB and incontinence. These symptoms are not "normal" parts of aging, and treatment options are available.

What to do in a "Doorknob Moment," when your patient waits until the end of their appointment to discuss their concerns

All too often, patients who are embarrassed about their symptoms and don't think there are any available treatments will wait to mention their concerns and questions about urinary symptoms until the last few minutes of a visit —when your hand is already on the doorknob. A discussion this important deserves more attention, but there are a few things you can do in two minutes to start to address their concerns.

What Every Provider Needs to Know

- ▶ Many patients are hesitant to talk about urinary symptoms and may wait years to mention them.
- ▶ OAB symptoms:
 - Urgency
 - Urge Incontinence
 - Frequency
 - Nocturia
- ▶ OAB is different from stress urinary incontinence (SUI) but some patients have both SUI and OAB.
- ▶ Untreated, OAB can have significant impact on quality of life.
- ▶ Your patients may be waiting for you to start the conversation. *It's Time to Talk About OAB!*

Remember that while it may appear to be an afterthought, it is likely that urinary symptoms have been causing your patient great concern. He or she may have been suffering silently for years but was afraid or embarrassed to discuss the problem.

Step 1 Turn the moment into a platform for next steps. Schedule a follow-up appointment for further discussion before your patient leaves the office. Explain: "A topic this important needs a separate visit to explore this in detail."

Step 2 Give "homework."

Ask your patient to fill out an OAB self-assessment tool. [There are many validated tools available or see UrologyHealth.org/OABTools for our "Think You Have OAB? Quiz."]

Ask your patient to complete a bladder diary for at least three days. [See UrologyHealth.org/OABTools]



Step 3 Give your patient information about OAB and encourage him or her to read it. This can help your patient feel more comfortable discussing OAB symptoms at the next visit.

Step 4 Use the assessment tool and bladder diary during your patient's follow-up visit to help evaluate symptoms and determine next steps.

Conversation Starters

The more often you discuss the issue, the more comfortable your patients will feel about disclosing any problems they are experiencing.

- ▶ Ease into the conversation by dispelling myths. While it is true that age-related changes increase the risk for OAB, it is not true that OAB is an inevitable part of aging. OAB is not "just part of being a woman." There are treatments for OAB that many people find helpful in managing their symptoms, and surgery is not the only treatment.
- ▶ Assure your patients that urinary problems are very common and that you are comfortable talking about symptoms – you talk with many patients about this.
- ▶ Try to avoid statements that tell a patient how they **should** feel, such as stating, "You should not be embarrassed to discuss this." A better beginning might be, "I understand that incontinence may be an embarrassing topic to discuss, but there is a lot that can be done to reduce urinary symptoms, and it can be medically important to find their cause."
- ▶ Ask specific questions about symptoms to make it easier for your patients to provide information. For example, ask, "Do you often feel the sudden urge to go to the bathroom; are you leaking any urine before you can get to the bathroom; are you going to the bathroom more often than you used to go; and are you waking up from sleep to go?"
- ▶ Let your patients know that there are a number of effective ways to treat OAB, and they don't have to suffer silently.

Bring up OAB with your Patients

Avoid "doorknob moments" by making inquiries about OAB

symptoms a routine part of the patient experience.

- ▶ Incorporate questions about OAB, incontinence and other urinary symptoms in your new patient intake forms and medical history questions. Asking about OAB on intake forms not only provides data but also indicates to a new patient that the topic is important to you as a provider.
- ▶ Enter a reminder into patients' electronic medical records to prompt your inquiry about OAB at important milestones, such as the start of menopause, the anniversary date of patients' first encounter with the practice, a birth, or a scheduled medical procedure.
- ▶ Better still, include a question about urinary symptoms as part of every patient's routine medical history update at each visit. By initiating the discussion yourself, you relieve patients of the burden of bringing up the topic.

BACKGROUND AND RESOURCES

What is OAB?

Overactive bladder (OAB) is the name given to a group of troubling urinary symptoms. It occurs in both men and women—and although it can occur at any age, risk increases as people grow older. The International Continence Society (ICS) defines OAB as the presence of "urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence, in the absence of UTI [urinary tract infection] or other obvious pathology."

The hallmark symptom of OAB is a sudden, uncontrollable urge to urinate that makes your patient fear they will leak urine if they don't get to a bathroom immediately. In some patients, the feeling of urgency is followed by urine leakage (urge incontinence). People with OAB may also experience other symptoms, including frequent urination (characterized as eight or more times a day) and nocturia (waking at night to urinate).

Risk factors for OAB include:

- ▶ age
- ▶ neurological diseases such as stroke and multiple sclerosis
- ▶ menopause (in women)
- ▶ history of prostate problems (in men)



OAB is different from another common problem called stress urinary incontinence (SUI). SUI is the involuntary leaking of urine when a person is engaged in some type of physical activity, such as sneezing, coughing or exercise. However, some patients have mixed incontinence – both OAB and SUI.

What Treatments are Available?

Behavioral treatment is often the first therapy used to treat OAB. These include monitoring trips to the bathroom with a bladder diary, scheduled voiding, delayed voiding, double voiding, pelvic floor muscle training (including active use of pelvic floor muscles for urge suppression), urge control techniques, fluid management, caffeine reduction, dietary changes (avoiding bladder irritants) and weight loss.

Prescription medications are sometimes used in conjunction with behavioral changes, or if behavioral changes aren't effective. These drugs include the most commonly prescribed antimuscarinics, and a new type of medication that is a beta-3 adrenergic agonist. Both types of medications relax the bladder muscle and help prevent it from contracting involuntarily.

When lifestyle changes and medications are unsuccessful in controlling OAB symptoms, you may want to refer your patients to a specialist with expertise in urinary problems, such as a urologist. Third-line treatments for OAB include neuromodulation therapies, such as SNS (sacral neuromodulation) and PTNS (percutaneous tibial nerve stimulation), which deliver low-dose electrical impulses directly to nerves in order to change their activity, and injection of OnabotulinumtoxinA ("Botox") into the detrusor muscle.

Additional Resources

- ▶ **Diagnosis & Treatment Algorithm: AUA Guideline on Non-Neurogenic Overactive Bladder in Adults** (AUAnet.org/OABAlgorithm)
- ▶ **American Urologic Association's Guideline: Diagnosis and Treatment of Overactive Bladder in Adults** (AUAnet.org/OABGuideline)

- ▶ **Patient assessment tools** available at UrologyHealth.org/OABTools:

- "Think You Have Overactive Bladder?" Quiz (Print & interactive assessment tools)
- Bladder Diary (Print and mobile diaries)

- ▶ **Patient information** is available online at UrologyHealth.org/OAB. You may also order multiple copies to be mailed to your office at no cost from UrologyHealth.org/Order or by calling 800-828-7866.

- *Frequently Asked Questions About Overactive Bladder*
- *Talking to Your Health Care Professional About Overactive Bladder*
- *It's Time to Talk About OAB Promotional Card* (introduces OAB symptoms, resources)
- *Overactive Bladder Assessment Tool*
- *Bladder Diary*
- *Overactive Bladder Low-Literacy Brochure* (trifold, explains OAB symptoms)
- *Overactive Bladder Patient Guide* (32-page, comprehensive guide for patients)

- ▶ For those patients with mixed incontinence, **SUI patient information** is available online at UrologyHealth.org/SUI

- ▶ For referral to a urologist, use the Find A Urologist tool at UrologyHealth.org/FindAUrologist. Choose "incontinence" as a "special interest area" to find urologists who said they are interested in treating OAB and incontinence.

For more information, contact:

Urology Care Foundation
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1-800-828-7866

UrologyHealth.org

For patient education materials about OAB, incontinence and other urologic conditions, visit UrologyHealth.org/Order.