What Causes Overactive Bladder?

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What Are the Causes Overactive Bladder?

You've reached an age where you feel like you've got it all figured out. You're enjoying life – spending time with family, friends, traveling, enjoying good food and weather, and no longer sweating the small stuff.

Until you start rushing to the bathroom. It's not just once – it is over and over and over. You finally make a doctor's appointment to find out what exactly is going on with your body.

"Overactive bladder." your physician tells you. He or she gives you a short spiel about how to treat overactive bladder – maybe they suggest various overactive bladder medications, bladder training programs or a natural treatment approach – and leaves you bewildered in the exam room.

"What?" you think. "Why now? What caused me to have an overactive bladder all of a sudden?"

Well, friends, I am here to help. First, let's take a look at what happens to the bladder when you have overactive bladder (OAB) and what causes overactive bladder.

What Is Normal and Abnormal Bladder Function?

When your bladder is functioning as it should be, the kidneys produce urine. The urine drains from the kidney to the bladder, then flows out of the body through the urethra.

We know we have to urinate because nerve signals are sent to the brain, which tells us when it is time to go to the bathroom. These signals not only tell us what it is time *to go*, they coordinate relaxation of the pelvic floor muscles and the urinary sphincter muscles. Then the muscles of the bladder tighten, pushing the urine out.

When overactive bladder occurs, the muscles of the bladder begin to act involuntarily. The urine volume may be low, but your body may be saying, "It's time to go!"

What Causes Overactive Bladder?

What causes this misfiring of the nerve signals?

According to various technical research studies, there are three very technical proposed causes of OAB – the myogenic factor, the neurogenic factor, and the urotheliogenic factor.

Myogenic Factor

The myogenic factor affects the musculature of the bladder. To put it simply, your bladder has muscles called the detrusor muscles – and at a smaller level, they use detrusor myocytes to provide the involuntary action inside the

bladder.

When something happens to the detrusor muscles at the cellular level, it can cause the increased contractile activity and the overactive bladder symptoms that you are oh-so-familiar with.

Neurogenic Factor

The neurogenic factor affects the pathways brain and spinal cord that enervate the bladder – most specifically, the nerves that allow the detrusor muscles to do their jobs. The neurogenic factor typically occurs as a result of damage to the brain, such as in patients post-stroke, Parkinson's disease, and multiple sclerosis.

Urotheliogenic Factor

The urotheliogenic factor affects the urothelium of the bladder – the lining of the surface of the bladder.

According to researchers, "Transmitters released from the urothelium may alter the excitability of afferent nerves and affect detrusor muscle contractility" – thus when the urothelium is affected, the bladder is unable to utilize the urothelium effectively and may cause an increase in the use of the detrusor muscles of the bladder.

In the end, all of these fancy words mean something. You may think that your overactive bladder is all in your head but there is genuinely something wrong with your bladder and it is most likely down to the cellular level.

Other Causes of Overactive Bladder

Sometimes, an overactive bladder has different causes. Overactive bladder is not always a result of something wrong at the cellular level – for example, it could be a result or side effect of one of the conditions listed below:

- A side effect of a medication that you are taking; some medications cause an increase in urine production or cause an increase in thirst, which then increases urine production.
- A urinary tract infection, which has symptoms that mimic OAB. A simple urinalysis can diagnose this.
- Other bladder abnormalities, such as tumors of the bladder or stones in the bladder.
- Having an enlarged prostate or having had a previous surgery that can impede the flow of the urine flow.
- Excess intake of caffeine or alcohol – both of which have diuretic qualities.
- Aging, which for some people leads to a cognitive decline. Cognitive decline can cause some people to confuse the signals from the brain regarding urination.
- Difficulty walking, which can lead to urinary urgency if you cannot get to the bathroom quickly.

Diagnosis of Overactive Bladder

When you look at the above, do you think you have overactive bladder? If so, were you properly diagnosed? Overactive bladder is diagnosed utilizing a series of steps.

Initially, your physician will likely rule out other causes for your symptoms. For example, he or she may perform a blood draw or a urinalysis. Then they will probably take a full, focused urologic history and perform a physical exam that includes a neurologic exam.

Then, the following tests may be ordered or performed:

- **Measuring urine left in the bladder**: Also called a postvoid residual urine, this test measures if you have any urine left in the bladder after urinating. After urinating, an ultrasound is passed over the bladder to measure the amount of urine left.
- **Measuring urine flow rate**: You will be asked to urinate into a uroflowmeter to measure the volume and speed of your voiding.
- **Testing bladder pressures**: Also called cystometry, this measures the pressure inside the bladder during bladder filling. A catheter is passed into the bladder, and warm water is used to fill the bladder. Another

catheter is placed into the rectum if you’re a man, or vagina if you’re a woman, and this catheter measures the pressure exerted by the bladder.

Between the physician’s physical assessment and diagnostic tools, an overactive bladder diagnosis can be made and a treatment plan tailored – natural or medicinal – to you to help you manage overactive bladder symptoms and daily coping skills.