

Two recent studies in Illinois, by Sand et al., presented at the annual scientific meeting of the American Urogynecologic Society (AUGS) in October 2002, found that women with overactive bladder who were treated with extended-release Ditropan (Oxybutinin) reported substantial improvement in sexual functioning including orgasm.

In particular, this involved a reduction in the negative impact of bladder problems on the ability to enjoy sexual activity.

The first study was a 12-week, open-label study of 235 women with urge incontinence and other overactive bladder symptoms, who received an individual titrated dose of 5- 30 mg oxybutynin.

They completed daily urinary diaries and the 32-question Urge Incontinence Impact Questionnaire (U-IIQ) at baseline and post treatment.

In the second study which was of 12 months' duration using a similar treatment regime, 901 subjects completed the 10-question Individual Incontinence Impact Questionnaire, at baseline and after three months of treatment.

Dr. Peter Sand, of Northwestern University Medical School, in Evanston, Illinois, reported that both studies showed that up to one fourth of women with overactive bladder reported that the condition often or always negatively affects their sexual activities with the impact being especially severe among women with more than 14 episodes of incontinence weekly and those under the age of 40.

General measures to assist bladder function:

1. Avoid caffeine (a diuretic, it promotes increased urine) in coffee, tea, cola and chocolate, carbonated beverages
2. drink plenty of water
3. cranberry juice may be helpful in some people to reduce infection risk. Avoid citrus fruit juices
4. avoid constipation as a loaded bowel can worsen incontinence.
5. keep bladder pressure low, empty on a regular schedule.
6. use the Crede manoeuvre to completely empty the bladder (press downwards and inwards on the lower abdomen whilst urinating.): unless you have dyssynergic bladder (may cause urine reflux).

Surgical techniques include:

- Sacral nerve stimulation (SNS): for intractable urgency and urge incontinence, also urinary retention due to spasticity of pelvic floor muscles, sphincter dyssynergia.
- Surgical correction of stress incontinence, to provide a sling support for the pelvic floor.