


When a Man Leaks: Overactive Bladder (OAB) in Men

 **As we age,
so does our
urinary system.**

OAB symptoms can greatly impair one's quality of life, and we should not suffer in silence as it is a very curable condition. Up to 80-90% of patients experience relief from their symptoms with medications alone.

It is important not only to feel healthy but also to feel free from the psychological pressure of living with OAB symptoms.

With the right combination of treatments and keeping your symptoms under control, it is possible to live a healthy and active life.

Like most urinary issues, an overactive bladder (OAB) is always thought to be more prevalent in women. However, in a large community study (EPIC study) conducted in 5 Western countries, research suggested that OAB affects both genders equally¹.

Urinary symptoms in men are usually attributed to an enlarged prostate (benign prostatic hyperplasia), although this may not always be the case. Moreover, because of this misconception, most studies conducted on OAB were on female patients – males were usually under-reported or overlooked. Thankfully, we are at the advent where newer studies have become more inclusive.

Reiterative articles talk about females and OAB. But what about males? It is not a well-known fact that males have the same frequency of OAB symptoms as females. In fact, Beyond the age of 80, OAB becomes more common in males than in females. Although these statistics largely come from studies in Western countries, they can hold true for the Asian population as well.

Another fun fact: Overactive bladder symptoms can be controlled by a combination of medications that work to relax the bladder muscles and stop involuntary contractions.

Why do females seemingly have more urinary issues?

Overactive bladder in women appears to be more prevalent because they tend to experience OAB wet (OAB symptoms with incontinence). This discomfort caused by their condition often increases the likelihood of patients reporting their symptoms.

Lower Urinary Tract Symptoms (LUTS)

Lower urinary tract symptoms can be broadly classified into 3 categories: storage, voiding and post-voiding.

- **Storage symptoms:** Irritative problems, such as frequency (voids 7 times a day), urgency (inability to defer voiding), nocturia (waking up more than once to urinate with sleep in between the episodes), and incontinence (leakage of urine).

- **Voiding symptoms:** Slow urine stream, hesitancy (difficulty starting urine flow), intermittency (starting and stopping stream), straining to urinate, and end-of-stream dribble.

- **Post-void symptoms:** Sensations of incomplete voiding and dribbling.

An overactive bladder, on the other hand, describes a group of symptoms such as urgency, frequency, nocturia with or without incontinence. It describes mainly storage symptoms in the spectrum of LUTS. All these symptoms affect both genders and are not specific for any condition. Most of the time, patients present with mixed symptoms.

Men and their prostate

More often than not, male patients have been told that their enlarged prostates (benign prostatic enlargement aka BPE) are causing their LUTS and are then prescribed prostate medications. However, we need to understand that symptoms may not correlate to prostate size, and LUTS are not always caused by prostate enlargement.

An older study performed in 2003 showed us that >50% of patients with LUTS who had urodynamic (a functional study on the whole voiding cycle) diagnosis of benign prostatic obstruction also had detrusor overactivity (abnormal bladder contractions with OAB symptoms)². As the prostatic obstruction worsens, the frequency of having detrusor overactivity also increases³.

As we can see, LUTS can be caused by both the prostate and the bladder. Any issue that disrupts the voiding cycle can present as symptoms.

✦ What this means for males with OAB

OAB symptoms can disrupt day-to-day activities and greatly affect one's quality of life – from emotional stress, to disruptions in sleep cycles and problems with sexuality. In severe cases, even mental health suffers.

LUTS can start early in the 40s up to the silver years. Whenever symptoms occur, a good diagnosis is critical. Urologists will do a physical examination to assess the prostate size and to detect any abnormality.

Additional studies such as ultrasound and uroflowmetry (an objective diagnostic, non-invasive test to assess the urinary flow) may be initially performed. When the prostate is small or if the symptoms are not relieved by medications, more invasive tests such as urodynamic study (real-time functional study of the bladder and the outlet with the aim to replicate the patient's problem so that we can give a more specific treatment plan) may be required.

✦ Do medications help?

The correct medications will definitely help in managing OAB symptoms. Prostate medications work by relaxing the prostate and bladder neck or shrinking the prostate. On the other hand, if the issue is predominantly storage or OAB symptoms, then medications for OAB would be ideal. These medications work by relaxing the bladder walls to relieve the symptoms, and can be taken long-term if required.

However, as most of the drug trials had an under-represented male population, the data collected would be most relevant to female participants and do not provide enough insight on males. This does not mean that medications do not help male patients. In fact, most drug trials show that males have relief from their symptoms when prescribed OAB medications.

✦ Third-line treatment

In situations where medications do not suffice, third-line treatment for OAB may be required. This involves procedures such as neurotoxin injections into the bladder or neurostimulation (stimulation of the tibial and sacral nerves for bladder control). Likewise, there is limited evidence of its efficacy for male patients, but nevertheless, these treatments help clinically for patients who have exhausted their treatment options.

✦ Prostate surgery

Some patients with BPH may experience significantly enlarged prostates, complications (e.g. bleeding, urinary tract infections or bladder stones) or instances where medications no longer work.

In these cases, surgery is recommended to deobstruct the prostate. Patients will be counselled that some storage symptoms may persist or worsen after surgery if they have had OAB symptoms previously. Again, this issue can be controlled by medications. In complex cases, a urodynamic study may help in pre-surgery counselling.

1. Irwin DE, Milsom I, Hunskaar S, et al. Population-based survey of urinary incontinence, overactive bladder, and other lower urinary tract symptoms in five countries: results of the EPIC study. *Eur Urol* 2006;50:1306-14
2. de Nunzio C, Franco G, Rocchegiani A, Iori F, Leonardo C, et al. The evolution of detrusor overactivity after watchful waiting, medical therapy and surgery in patients with bladder outlet obstruction. *J Urol* 2003;169:535-9. [61] Oelke M, Baard J, Wijkstra H, de la Rosette JJ, Jonas U, Höfner K. Age and bladder outlet obstruction are independently associated with detrusor overactivity in patients with benign prostatic hyperplasia. *Eur Urol* 2008;54:419-26.
3. Oelke M, Baard J, Wijkstra H, de la Rosette JJ, Jonas U, Höfner K. Age and bladder outlet obstruction are independently associated with detrusor overactivity in patients with benign prostatic hyperplasia. *Eur Urol* 2008;54:419-26.

✦ About Dr Fiona Wu

Dr Fiona Wu is an experienced Consultant Urologist and is the Medical Director of Aare Urocare.

Her clinical interests include Female Urology, Neuro-urology, Urinary Incontinence, Reconstructive Urology, and Voiding Dysfunction. She believes in treating incontinence in a holistic way using minimally invasive methods. She worked closely with the gynaecology and colorectal departments to treat complex pelvic floor conditions and continues to do so in her own practice.

Prior to her private practice, she spent 15 years in public service. She was a Consultant in the Department of Urology at National University Hospital (NUH), Alexandra Hospital and Ng Teng Fong General Hospital.

✦ About Aare Urocare

Aare Urocare was established by Dr Fiona Wu and functions as a one-stop incontinence centre, offering a wide range of in-clinic diagnostic tests and minimally invasive treatments for urinary incontinence.

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Urology
Surgery

Transurethral
Surgery

Dr Fiona Wu

Consultant Urologist

MBBS (S'pore), MRCS (Edin), MMED (Surg),
FRCS (Urol) (RCPSG), FAMS (Urology)

DM or contact us to make an appointment

☎ 8876 2942

☎ 6252 4681

✉ info@aareurology.sg

Gleneagles Hospital

6 Napier Road #10-06

Gleneagles Medical Centre

Singapore 258499



AAREUROLOGY.SG

