CONDITION

Incontinence/oab

Urinary incontinence is accidental urine leakage, while overactive bladder causes sudden urges to urinate.

WHAT IT IS
Loss of bladder control, often with sudden urgency

BODY SYSTEM
Urinary system and pelvic floor

MAIN SYMPTOMS
Urine leakage, sudden urgency, frequent urination, nighttime urination

WHAT CAUSES IT
Bladder, pelvic floor, nerve, or urinary blockage problems

HOW IT IS DIAGNOSED
Symptom history, bladder diary, examination, and urine testing

MAIN TREATMENT
Bladder training, pelvic floor therapy, medicines, or procedures

CAN IT BE CURED?
Sometimes - cause-specific treatment can stop leakage

IS IT AN EMERGENCY?
Sometimes - new saddle numbness or leg weakness

LONG-TERM OUTLOOK
Symptoms often improve with tailored treatment

Overview

Urinary incontinence means urine leaks when you do not intend it to. Overactive bladder, often shortened to OAB, causes a sudden and difficult-to-control need to urinate. OAB can occur with or without leakage.

These terms overlap, but they are not identical. The main patterns include:

OAB usually includes urgency, frequent urination, or waking at night to urinate. There is no single number of toilet visits that defines a problem for everyone. What matters is whether the pattern is new, disruptive, or difficult to control.

Bladder symptoms can affect sleep, work, exercise, travel, sex, and emotional well-being. Some people reduce social activities because they are worried about leaking or finding a toilet.

These symptoms are common reasons to seek care, and effective management options are available.

- Urgency incontinence: leakage that follows a sudden, strong need to urinate
- Stress incontinence: leakage during coughing, laughing, exercise, lifting, or sneezing
- Mixed incontinence: both urgency and stress leakage
- Overflow incontinence: dribbling because the bladder does not empty properly
- Functional incontinence: difficulty reaching or using a toilet because of mobility, thinking, communication, or environmental barriers

Symptoms

Possible symptoms include:

Frequent urination alone does not always mean OAB. It can happen after drinking large amounts, using medicines that increase urine production, or having uncontrolled diabetes. Pain or burning with urination may point to a urinary tract infection or another cause rather than uncomplicated OAB.

Blood in the urine, repeated infections, pelvic pain, or difficulty passing urine are not typical symptoms to ignore. They need medical assessment.

- Accidental urine leakage
- A sudden need to urinate that is hard to delay
- Urinating more often than is usual for you
- Waking more than once at night to urinate
- Leakage with coughing, laughing, lifting, or exercise
- A weak urine stream, straining, or feeling that the bladder is not empty
- Dribbling after urination

Causes and risk factors

Bladder control depends on the bladder muscle, urinary sphincter, pelvic floor, nerves, brain, and the ability to reach a toilet. A problem in any part of this system can contribute to symptoms.

With OAB, the bladder may signal an urgent need to empty before it is full. In many people, no

single cause is found. OAB is then described as idiopathic , meaning it has no identified underlying cause.

Stress incontinence often develops when the pelvic floor and tissues supporting the urethra, the tube carrying urine out of the body, do not provide enough support during physical pressure. Pregnancy, vaginal birth, menopause, pelvic surgery, prostate surgery, chronic coughing, and higher body weight may contribute.

Other possible causes or contributors include:

Age-related changes may increase risk, but incontinence is not an unavoidable part of getting older. It can affect adults of any age and people of any sex.

- Urinary tract infection
- Constipation
- Diabetes
- Bladder stones
- An enlarged prostate or another urinary blockage
- Stroke, multiple sclerosis, Parkinson's disease, spinal cord disorders, or nerve damage
- Medicines that increase urine production or affect alertness and mobility
- Reduced mobility or problems getting to a toilet
- High intake of caffeine, alcohol, or fluids in people who find these trigger symptoms

Diagnosis

Assessment usually begins with a conversation about when leakage occurs, how strong the urgency feels, how often you urinate, and how symptoms affect daily life. You may be asked about childbirth, pelvic or prostate surgery, bowel symptoms, medicines, fluid intake, mobility, and neurological conditions.

A bladder diary can provide useful information. For several days, it records when and how much you drink, when you urinate, urgency episodes, and leakage. This can help separate OAB, stress incontinence, and other patterns.

A urine test checks for infection, blood, glucose, or other abnormalities. An examination may assess the abdomen, pelvic floor, vagina or prostate, movement, and nerve function when relevant.

Some people need a measurement of how much urine remains after urinating. This is called the post-void residual and is usually measured with a bladder ultrasound. It is especially useful

when there is a weak stream, previous urinary surgery, or concern about retention.

Further tests are chosen according to the symptoms. They may include bladder imaging, looking inside the bladder with a thin camera, or urodynamic testing , which measures bladder pressure and urine flow. These tests are not routinely needed for straightforward OAB before initial treatment.

Treatment and management

Treatment is based on the type of incontinence, its effect on your life, and any underlying cause. A combination of approaches may work better than one alone.

Bladder training is commonly used for urgency and OAB. It involves following a planned toilet schedule and gradually increasing the time between visits. The goal is to reduce frequent "just in case" urination and improve control over urgency.

Pelvic floor muscle training strengthens the muscles that support bladder control. Technique matters: repeatedly stopping the urine stream is not recommended as a training method. A pelvic health physiotherapist can help identify the correct muscles and create a suitable program. This treatment is particularly important for stress and mixed incontinence.

Other practical measures may include:

Medicines may be offered for OAB when bladder training does not provide enough relief. Antimuscarinic medicines reduce unwanted bladder contractions but may cause dry mouth, constipation, blurred vision, or difficulty emptying the bladder. Some can affect thinking or memory, especially in people already at risk of cognitive problems.

Beta-3 agonists relax the bladder so it can store more urine. Depending on the specific medicine, blood pressure, heart rhythm, other medicines, and liver or kidney function may need consideration. Medication choice should be reviewed for benefits and side effects rather than continued automatically.

If OAB remains troublesome, specialist treatments include botulinum toxin injections into the bladder muscle and nerve stimulation. Botulinum toxin can cause urinary infection or make it difficult to empty the bladder, so some people may need temporary catheter use. Nerve treatments include stimulation near the ankle or an implanted device that acts on the nerves controlling the bladder.

For stress incontinence, options can include a vaginal support device called a pessary, urethral bulking injections, or surgery. Surgical choices have different benefits and risks and require an individual discussion.

Overflow incontinence is managed by treating the cause of poor bladder emptying. This may involve changing contributing medicines, treating a blockage, or using a catheter to drain the bladder.

- Adjusting the timing and amount of fluids without becoming dehydrated
- Reducing caffeine or alcohol if they clearly worsen symptoms
- Treating constipation
- Managing a chronic cough
- Making the toilet easier to reach
- Using absorbent pads, protective underwear, or skin barriers when needed

Complications

Repeated leakage can irritate the skin, causing soreness or breakdown. Gentle cleaning, regular changing of absorbent products, and a protective barrier cream may help.

Urgency and rushing to the toilet can increase the risk of falls, particularly at night. Clear pathways, suitable lighting, and an accessible toilet or bedside commode may reduce this risk.

Poor sleep can lead to tiredness and problems with concentration. Some people also experience anxiety, low mood, reduced confidence, or changes in sexual relationships.

Difficulty emptying the bladder can raise the risk of urinary tract infections and, when severe and prolonged, may affect the upper urinary system. This is different from uncomplicated OAB and needs assessment.

Prevention

Not every case can be prevented. OAB often has no identifiable cause, and incontinence related to nerve disorders, surgery, or inherited body structure may not be avoidable.

Some measures may reduce risk or prevent symptoms from becoming worse:

Cutting fluids sharply is not a reliable prevention strategy. Concentrated urine can irritate the bladder and may worsen constipation. Fluid needs differ with climate, activity, health conditions, and medicines.

- Maintain a weight that is appropriate for your health
- Treat constipation and chronic coughing

- Avoid smoking, which can contribute to chronic cough
- Learn correct pelvic floor exercises during and after pregnancy
- Stay physically active within your abilities
- Avoid routinely drinking far more or far less fluid than you need

Living with it and what to expect

Bladder symptoms may be temporary, recurring, or long-lasting. Leakage caused by an infection or a short-term medicine effect may settle when the cause is treated. OAB without a reversible cause often needs ongoing management.

Bladder training and pelvic floor exercises take time and regular practice. Improvement is usually gradual rather than immediate. If one approach does not help enough, the diagnosis and treatment plan can be reviewed rather than assuming nothing will work.

Symptoms may change with pregnancy, menopause, prostate problems, mobility, other illnesses, or new medicines. Periodic routine follow-up is useful when symptoms change, treatment causes side effects, or pads and coping strategies are no longer sufficient.

Many people continue working, exercising, travelling, and having intimate relationships. Planning toilet access, carrying spare supplies, and choosing clothing that is easy to remove can reduce disruption. These measures support daily life but should not replace assessment when symptoms are new or worsening.

When to get medical help

Arrange a routine medical appointment if leakage, urgency, or frequent urination is new, persistent, worsening, or affecting sleep and daily activities. Assessment is also appropriate if you have trouble emptying your bladder, repeated urinary infections, pelvic pressure, or side effects from treatment.

Seek prompt medical advice for visible blood in the urine, pain or burning during urination, fever with urinary symptoms, or new severe pelvic or back pain.

Get emergency help if bladder symptoms begin suddenly with:

This combination can indicate serious pressure on the nerves at the base of the spine. Sudden bladder loss accompanied by facial drooping, arm weakness, speech difficulty, or confusion also needs emergency assessment.

- New weakness or numbness in one or both legs
- Numbness around the buttocks, genitals, or inner thighs
- New loss of bowel control
- Inability to pass urine with increasing lower abdominal pain

Common questions

Is overactive bladder the same as urinary incontinence?

No. OAB describes urgency, usually with frequent daytime or nighttime urination. It may cause urgency incontinence, but some people with OAB do not leak. Stress incontinence is another condition and is not caused by urgency.

Why do I leak when I cough or laugh?

Coughing and laughing briefly increase pressure inside the abdomen. Leakage can occur if the pelvic floor and urethral support cannot resist that pressure. This pattern is called stress incontinence.

Can drinking less stop bladder leakage?

Not always. Reducing excessive fluid intake may help some people, but drinking too little can produce concentrated urine and worsen constipation. A bladder diary can show whether the timing or amount of fluid is linked to symptoms.

Can OAB go away on its own?

Temporary symptoms may improve when an infection, constipation, or medicine-related cause is addressed. Idiopathic OAB may continue or return, but bladder training, medicines, and specialist procedures can reduce its impact.

Do pelvic floor exercises help every type of incontinence?

They are particularly useful for stress and mixed incontinence. They may support urgency management, but they do not correct every cause, such as severe urinary retention or a physical blockage.

Does nighttime urination always mean OAB?

No. Nighttime urination can also relate to evening fluid intake, sleep disorders, swollen legs, diabetes, heart or kidney conditions, or medicines that increase urine production. A pattern that is new or disruptive should be assessed.

Sources

- American Urological Association and Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction. The AUA/SUFU Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder . 2024.
- National Institute for Health and Care Excellence. Urinary incontinence and pelvic organ prolapse in women: management, NICE guideline NG123 . 2019.
- National Institute of Diabetes and Digestive and Kidney Diseases. Urinary Incontinence .
- National Institute of Diabetes and Digestive and Kidney Diseases. Bladder Control Problems and Nerve Disease .
- European Association of Urology. EAU Guidelines on Non-neurogenic Female Lower Urinary Tract Symptoms .
- International Continence Society. Overactive Bladder . Patient information fact sheet.