



Announcement

**2021 Annual Meeting of the International Continenence Society
(Oct 12-15) at Melbourne**

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Physiotherapist I, Kwong Wah Hospital

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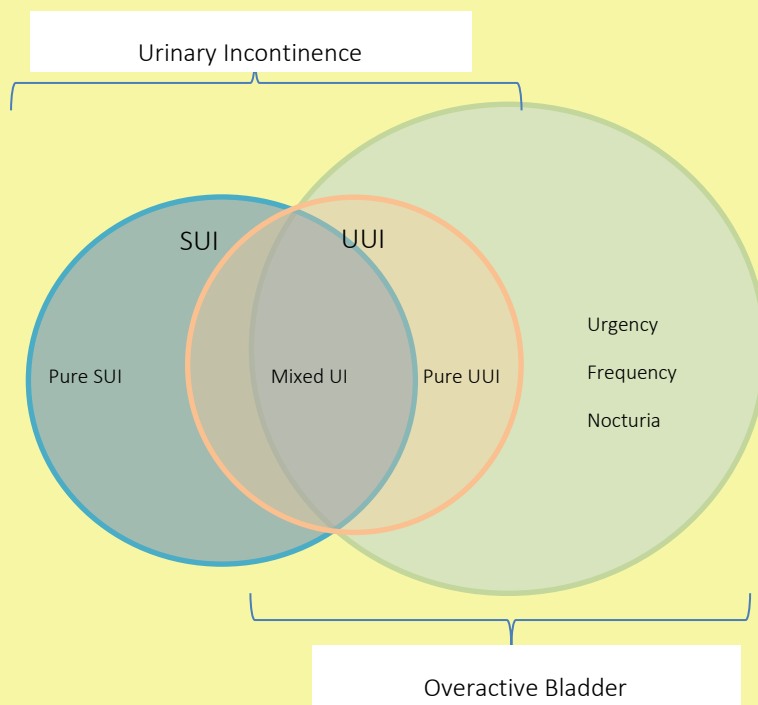
Physiotherapy Management for Overactive Bladder

Ms. Jess Li

Physiotherapist I, Kwong Wah Hospital

Overactive bladder (OAB) is a syndrome with symptoms of urgency, with or without urgency incontinence, usually with increased daytime frequency and nocturia, without proven infection or other causative pathology. Yee et al found that 8.6% of men and 5.3% of women reported urgency more than once per week in Asian population. International Continence Society Fact Sheet reported that OAB affects about 12% of both men and women. The incidence increases with advancing age and affects between 70-80% of people by the age of 80. Overall, 33% of patients have OAB with urgency incontinence (“OAB wet”), while 66% have OAB without urgency incontinence (“OAB dry”).

Urgency is the sudden, compelling desire to pass urine which is difficult to defer. Urgency urinary incontinence is the complaint of involuntary leakage of urine that is accompanied by or immediately preceded by urgency. Frequency denotes voiding too often during waking hours. In clinical trials, this has generally been defined as urinating more than 8 times in a 24-hour period. The new International Continence Society definition does not specify a particular number of voids, as an increase in the daytime frequency is a subjective matter that can be confirmed by a bladder diary. The key question when assessing urinary frequency is the degree of bother to the patient, as there is no scientifically proven definition. Nocturia refers to the need to awaken to void one or more times during sleep. Detrusor overactivity (DO) is a diagnosis made after urodynamics which demonstrates involuntary detrusor contractions during bladder filling. While OAB is a clinical diagnosis, DO occurring spontaneously or by provocation, is a urodynamic diagnosis that may or may not be associated with OAB.



Conservative Treatment

There are several conservative treatment options, such as oral antimuscarinic drugs (e.g. oxybutynin), physiotherapy (PT) includes pelvic floor muscle training (PFMT), behavioral therapy (BT) and lifestyle modification, percutaneous tibial nerve stimulation (PTNS).

Physiotherapy Management

Pelvic floor muscle training (PFMT) has been well established as an effective conservative treatment for women suffering from pelvic floor disorders. While there is good evidence that PFMT is an effective conservative therapy for stress urinary incontinence. There is also evidence showing that BT and PFMT can be helpful in women with OAB syndrome. Martina found that the efficacy of BT and PFMT in women with overactive bladder syndrome with a post-therapy effect was more significant for women with no prior treatment.

However, the effect of PFMT and BT depends on dosage of training, improvement of PFM function, adherence to the treatment protocol, and how women perceive the intervention and satisfaction with treatment. Women incorporated PFMT into their lives using either a routine is more likely to adhere. Besides, treating co-existing problems such as constipation, obesity and LBP, the risk factors for urinary incontinence is also crucial.

Percutaneous tibial nerve stimulation demonstrated to be an efficient non-invasive treatment in treating OAB symptoms, to improve the quality of life. It regulates the activity of hypogastric nerve (T10-12) & pelvic nerve (S2-4). PTNS is a treatment option in refractory OAB or when antimuscarinics are not tolerated.

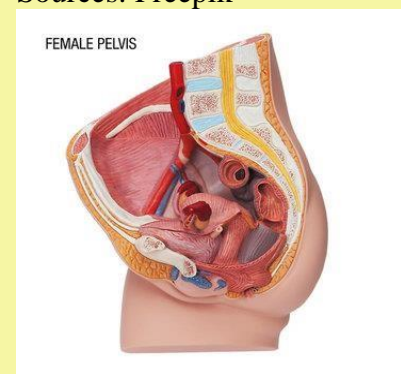
Rationale for PFMT to treat OAB

It is based on early observations of the PFM voluntary contraction during urodynamic assessment. PFM contractions leads to a decline of detrusor pressure, an increase of urethral pressure and suppression of the micturition reflex, and these encourage the use of PFM contractions in treatment of OAB. After inhibition of the urgency to void and detrusor contraction, the patients gain time to reach the toilet and prevent leakage.

Two main hypotheses for the mechanism of PFMT to treat UII

- (1) intentional contraction of the PFM during urgency and holding of the contraction until the urge to void disappears can stop urgency and prevent urgency incontinence.
- (2) strength training of the PFM makes permanent morphological changes to the pelvic floor, which stabilize neurogenic activity and urethral pressure. Strength training may also be important to make a voluntary contraction effective in increasing maximal urethral closure pressure. Theoretically, a combination of the two may yield better results than one approach.

Sources: Freepik



Behavioural modification

Stop certain behavior patterns which can be described as malconditioning such as “Whenever I arrive at home, the first I do is go to the toilet.” To retrieve bladder control was the major task of this therapy. Urgency-control technique is to deactivate “last-minute-symptom” to reach the toilet dry. Ultimate aim is to achieve an increased volume of bladder capacity.

Lifestyle modification

Avoiding caffeinated beverages and other bladder irritants, restricting fluid intake at night, and changing the time of administration of diuretic are suggested. Learning to decrease intra-abdominal pressure in daily routine, trying to decrease nocturia episodes, learning how to get up at night with avoiding “last-minute-symptoms”.

Electro-acupuncture on OAB in Kwong Wah Hospital

A trial of electro-acupuncture by Jong-In Kima has demonstrated its efficacy compared with sham acupuncture in 220 subjects with OAB. In Kwong Wah Hospital, there are 17 patients recruited in a pilot program of electro-acupuncture on OAB patients conducted by Physiotherapy Department and Obstetric and Gynaecology Department in 2016. After 10 sessions of treatment, preliminary results were encouraging, the average voiding frequency (times/ day) decreased from 10.2 to 8.5. Maximum voiding volume increased from 309.4ml to 356.8ml. Nocturnal frequency decreased from 3 to 1.2.

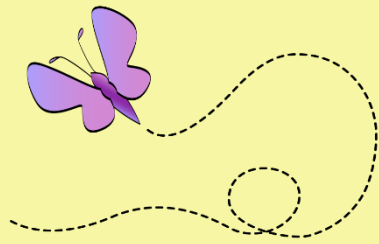
Conclusion

There is evidence that PFMT might reduce OAB symptoms. Although it is not possible to clearly determine the effect of PFMT on OAB symptoms. It is worthwhile to offer pelvic floor muscle training (PFMT), behavioral and lifestyle modification for OAB as they are non-invasive and with relative less side effects.

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Hong Kong Continenence Society AGM on 26 Sep 2020

Main theme : Advance Management of Overactive Bladder



Hong Kong Continenence Society 香港理遺學會

2020 Annual Scientific Meeting
Theme: Advance Management of Overactive Bladder
(ZOOM Online Meeting)

26 September 2020 Saturday

1400	Registration (via ZOOM)
1415	Plenary Lecture (Moderator: Dr Edward MF Leung)
	Patient centered management of neurogenic bladder in children Dr Judy Hung, Paediatric Surgeon Hong Kong Children Hospital
	Drug and surgery in overactive bladder Dr Ho Kwan Lun, Specialist in Urology
1500	Q&A
1510	Plenary Lecture (Moderator: Dr Tong Bing Chung)
	Bladder Training Program Ms Chung Ying Ying, Nurse Consultant (Continence care) KEC
	Phsiotherapy management for OAB patients Ms Jess Li Physiotherapist I Kwong Wah Hospital
1550	Q&A

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