BLADDER DIARY

MANAGING OAB* YOUR EVERYDAY GUIDE TO A BALANCED LIFE

*overactive bladder

PREFACE

In OAB you commonly experience sudden, uncontrolled need or urge to urinate, sometimes to an extent where you might experience leaking of urine. This might create embarrassing situation for you many times and keep you isolated and away from socialising. You may also feel the need to pass urine several times during the day as well as night, which can leave you irritated and sleepless and make you feel tired.

To keep you away from embarrassment and for your healthy wellbeing there is a tool called 'bladder diary' which can be used by you and your health care provider. This tool will assist in the better understanding of your bladder symptoms. If the diary is maintained regularly it will increase the awareness of bladder habits and leakage patterns, as it tracks a number of things: when and how much fluid you drink, when and how much you urinate, urine leaks, and how often you severe urgency feeling. Thus, it leads to improved urinary symptoms. If you have this diary before visiting your physician, it could prove to be a better guide as it will provide information on your condition to your physician to help treat you. This diary should have information of your entire day (24*7) right from the time you wake up. Also carry your completed diary whenever you visit your physician.

> KNOWING YOUR CONDITION

If you have OAB, you may feel a frequent, sudden urge to urinate. This is because your bladder muscles start to contract involuntarily even when the volume of urine in your bladder is low.¹

GETTING THE RIGHT TREATMENT

OAB can get in the way of your work, social life, exercise, and sleep. But you don't have to allow OAB symptoms to limit your life – it can be well managed with right treatment.¹

The primary treatment involves medications that relax your bladder muscles. However, lifestyle modifications in combination with medication may be the best approach to relieve symptoms of OAB.¹

LIFESTYLE MODIFICATIONS

Here are some tips that will help you manage your OAB at work as well as home-

Ensuring adequate fluid intake²

- Take 6 to 8 glasses of fluid intake each day
- Don't drink fluids at least 2 hours before bedtime to reduce trips to the bathroom during the night
- Avoiding drinks that may bother your bladder²
- Coffee or drinks with caffeine
- Carbonated drinks
- Citrus fruits or their juices
- Alcohol

Quitting smoking¹

 For people who choose to smoke, it has an impact on the OAB symptoms

Avoiding foods that may bother your bladder²

- Citrus fruits
- Spicy foods
- Artificial sweeteners



Maintaining a healthy body weight¹

 Weight loss can improve OAB symptoms if you are overweight



Exercising regularly¹

 Pelvic floor muscle exercises help to make bladder muscles strong

REGULAR FOLLOW-UPS

Symptoms of OAB generally improve gradually and hence it's important to take your medications regularly and have regular follow-ups every 2-3 month to monitor treatment effects.¹

MAINTAIN BLADDER DIARY

An OAB Diary will help both you and your doctor understand your bladder functions better.¹

So, fill in this bladder diary accurately each day for three continuous days and carry it with you for your next visit.

References:

1. Leron E, Weintraub AY, Mastrolia SA, Schwarzman P. Overactive Bladder Syndrome: Evaluation and Management. Curr Urol. 2018 Mar;11(3):117-125.

2. National Health Service (NHS). Overactive bladder syndrome (OAB). [Internet] [cited 2020 Apr 22]. Available from: https://www.nbt.nhs.uk/sites/default/files/attachments/Overactive%20bladder%20syndrome_NBT002734.pdf.

| | DAY 1 | | | | | | | |
|------|--|--------------------------------------|-------------|-------------|--|--|--|--|
| TIME | DRINKS | URINATION | LEAKAGE | URGE | ACTIVITY | | | |
| | What kind/how much? (ml or cups) | How much did you urinate? (ml) | "Yes or No" | "Yes or No" | What were you doing at the time? | | | |
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| | DAY 2 | | | | | | | |
|------|--|--------------------------------------|-------------|-------------|--|--|--|--|
| TIME | DRINKS | URINATION | LEAKAGE | URGE | ACTIVITY | | | |
| | What kind/how much? (ml or cups) | How much did you urinate? (ml) | "Yes or No" | "Yes or No" | What were you doing at the time? | | | |
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| | DAY 3 | | | | | | | |
|------|--|--------------------------------------|-------------|-------------|--|--|--|--|
| TIME | DRINKS | URINATION | LEAKAGE | URGE | ACTIVITY | | | |
| | What kind/how much? (ml or cups) | How much did you urinate? (ml) | "Yes or No" | "Yes or No" | What were you doing at the time? | | | |
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