CASE 6 Overactive bladder

INFORMATION FOR THE DOCTOR

Name	Maya Tunstill
Age	49
Past medical history	• GORD – on lansoprazole 15mg once daily (3 months ago) • Insertion copper IUD (5 years ago) • Carpal tunnel right (8 years ago)
Test results	
U&Es, fasting glucose (3 months ago)	normal
Cervical smear	normal
BMI	24
BP	132/84

INFORMATION FOR THE PATIENT

You are 49-year-old Maya Tunstill. You recently read a magazine article about Botox injections for overactive bladders and think that you need this treatment. For the last seven years, you have had problems with your wee. Initially you thought you were getting bladder infections, but the antibiotics did not help and the wee samples never grew any bugs. You thought that you go so often (every two hours) because you drank coffee, but cutting out caffeine made no difference. When your bladder is full, you have a strong desire to go and cannot really delay for longer than ten minutes. You have to cross your legs when you insert the key into your front door lock and rush to the toilet on entering the house. Sometimes you don't make it to the toilet on time and your knickers are damp. You find that you wake once at night to pass urine, but on returning to bed, fall off to sleep quite quickly. These were all the symptoms described in the magazine. The woman writing the article advised that Botox has completely changed the lives of women affected by urinary symptoms like yours. You had not heard of Botox for urine symptoms before but if it is as good as the article described, then you'd like to know more.

You present to the doctor to discuss Botox for your urine symptoms. Your opening statement is *"I've come to ask for your advice about Botox for my bladder doctor"*.

Information to reveal if asked

General information about yourself:

- You are a part-time receptionist at a local car dealership.
- You read about the Botox in an article about a woman who, after she had Botox, bought a new car, and now enjoys her long road trips.
- You are very happy with your copper coil. Its insertion made no difference to your urinary symptoms.
- Your family is complete. You have two children aged 17 and 22.

Further details about your condition:

- When your bladder is full, you feel uncomfortable and find yourself wiggling about in your chair, but you do not have any pain on passing urine.
- You have not noticed passing blood in your urine.
- You have not had kidney stones.
- You had normal deliveries and you have not had any abdominal or pelvic surgery.
- Your bowels are absolutely fine.
- You do not have a significant family history other than your mum developed hypertension at the age of 72.

Your ideas:

- You think that your symptoms are not due to caffeine or bladder infections as previous doctors had assumed. It is something that happens to the bladder as women get older, especially if they have had children.

Your concerns:

- You expect to get information about Botox for bladder symptoms but you are worried that the article sounded too good to be true, so you'd like your GP to give you an independent opinion.
- You are worried that if the bladder gets older and the symptoms get worse, then the Botox won't be able to help any more. Should you treat it before it gets worse or results in permanent damage?

Your expectations:

- You think it may be a common problem for women as they get older but if Botox could make the bladder behave as if it were young again, you'd consider it, but you'd like to know how the Botox is inserted into the bladder and what the risks are.

Medical history

You are in good general health, and are not on long-term medication. You are not particularly worried about having an operation.

Social history

You have two children and your family is complete. Your husband is not disturbed by your night-time trips to the bathroom. Your family moan about the need to stop often at motorway service stations for loo breaks but this problem has not restricted you in any way.

You enjoy spicy food and diet drinks.

Information to reveal if examined

Abdominal examination – no masses palpable; soft and non-tender.

SUGGESTED APPROACH TO THE CONSULTATION

Targeted history taking:

- What are her bladder symptoms? Ascertain if Mrs Tunstill has urgency, frequency, nocturia and/or incontinence.
- Are there any symptoms of stress incontinence?
- Are there any specific reasons why she is more likely to have detrusor overactivity, such as neurological problems (Parkinson's, stroke, dementia, multiple sclerosis, diabetic neuropathy)?
- What are her ideas about what is happening to her bladder to produce her current symptoms?
- What are her concerns? Is she worried that these symptoms may herald the onset of other illness, such as menopausal symptoms (oestrogen deficiency- induced atropy) or bladder cancer? Is she concerned that if she did nothing about her present symptoms, the problem would get worse or result in irreparable damage to the bladder?
- What are her expectations? Clearly she wants information about Botox (availability; her suitability for treatment, effectiveness; side-effects; referral) but is she certain about her diagnosis and has she considered alternative treatments for the condition?
- Has she heard of bladder retraining or anti-cholinergic medication?
- Does she have any general health problems, or is she on any medication, that would make conservative management difficult?
- What does she already know about lifestyle changes (caffeine reduction), bladder retraining (scheduled voiding), medication (anti-cholinergic drugs) and Botox?

Targeted examination:

- Based on her notes, she is not overweight and has normal renal function (checked 3 months ago).
- Ask to perform a brief, targeted abdominal examination.

Clinical management:

- Address the patient's ideas: she believes that she has a common age-related bladder problem. Use the patient's ideas to develop and explain the pathology of overactive bladder syndrome, the most likely diagnosis. But, the suspicion of overactive bladder syndrome needs to be confirmed first, so it is important to gather more information to make the correct diagnosis before discussing therapy.

- You may advise Mrs Tunstill to complete a bladder diary for a minimum of three days and to do a urinary dipstix.
- Mrs Tunstill has a specific concern that if she does nothing about this problem, the bladder will get damaged and symptoms will worsen. If the problem is an overactive bladder syndrome, then doing nothing is an option. She does not need treatment if her symptoms do not significantly interfere with her quality of life. She will also need to balance the risk of any treatment for overactive bladder syndrome with its potential benefits. If her bladder diary indicates overactive bladder syndrome, then options are do nothing; make lifestyle changes; do bladder retraining; take anti-cholinergic medication; or have Botox. If her quality of life at present is good, does she want to take the risks associated with medication (dry mouth, constipation) or Botox (possible need for intermittent self-catheterisation, need for more than one injection, increased risk of UTIs)?
- Address Mrs Tunstill's expectations: she expects for her bladder condition to be taken seriously – she hinted at this by suggesting an invasive treatment such as Botox as a treatment possibility. Negotiate expectations by explaining the need for correct diagnosis first. Then the pros and cons of the treatment options can be discussed so she can make an informed decision about how she would like to tackle the issue.

Interpersonal skills:

This case tests the doctor's ability to develop a shared management plan. The patient has presented with a solution to a self-diagnosed problem. The trick is for the doctor to make his or her own diagnosis without offending the patient. One approach could be *"Mrs Tunstill, I know you came to talk about Botox for bladder problems, but could I just check that we are talking about the same bladder condition? Just to clarify things for me, I need to ask you a few questions about your symptoms"*. By doing this, the doctor has subtly altered the agenda from a discussion on Botox to a discussion about the diagnosis.

If this negotiation over agenda takes place early and is done smoothly, Mrs Tunstill may feel that the doctor is working with her to seek the best treatment for her. The discussion about bladder diaries is then more likely to be met with approval rather than seen as an attempt to avoid the Botox discussion. The discussion could continue along the lines of *"If the bladder diaries point to a diagnosis of overactive bladder syndrome, then yes, Botox may be an option but there are also some very good tablets we can discuss. Unlike Botox, tablets are much easier to start and much easier to stop if there are problems. Also, the tablets have been studied for a lot longer, so we have a lot more information about long-term effectiveness and safety, which I know are important considerations for you"*. Mrs Tunstill is more likely to see such a discussion as having her interests at heart.

BACKGROUND KNOWLEDGE REQUIRED FOR THIS CASE

Relevant literature

http://pathways.nice.org.uk/pathways/urinary-incontinence-in-women
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