Current treatments available for underactive bladder patients

**DISCLAIMER:** The following information on treatment options for the symptoms of underactive bladder do not in any way constitute therapeutic recommendations, prescriptions or endorsements. Consult your physician for the treatment regimen that is best suited for your individual condition.

There are a number of treatments available to address the various conditions associated with underactive bladder and include techniques to promote and assist bladder emptying. None of these is a cure – they are designed to treat symptoms of the disease. Intermittent self-catheterization is probably the most common treatment option but many patients find the technique difficult and require intensive training, support and follow-up care.

**Double voiding**

This involves asking patients to slightly change their position when they have finished passing urine, for example, leaning forward, and attempt to void again. Clinical experience shows that it is particularly successful in patients with bothersome cystoceles who may have some residual volume.

**Triggered reflex voiding**

Triggered reflex voiding consists of various stimulation techniques, which include squeezing the glans penis or scrotal skin, pulling the pubic hair, tapping the suprapubic area, stroking the skin of the thigh or sole of the foot and digital rectal stimulation. The patient should find the best individual trigger zone and points.
Clean intermittent self-catheterization

There are a wide variety of materials used and techniques applied for clean intermittent self-catheterization. The basic principles of good patient education and training along with clean and atraumatic techniques will result in good patient concordance in the long term. The purpose of the procedure is to empty the bladder to resume normal bladder storage and regular emptying. It is considered to be the treatment of choice for those patients who are unable to empty the bladder adequately and safely. Research is needed to determine the best catheter, optimal technique and the best means to prevent and treat complications. Common complications include UTI, urethral trauma, urethritis, epididymo-orchitis and urethral bleeding.

Indwelling catheter

Indwelling catheterization can be a treatment of choice for patients who, for a variety of reasons, may not be able to perform self-catheterization. Complication rates have been reduced due to improved materials, smaller catheters and correct techniques to secure the catheter.

Suprapubic catheter

The suprapubic catheter is an alternative to indwelling urethral catheterization. Its benefits are similar to the indwelling catheter and include reduced risk of urethral trauma in both men and women, reduced urethral discomfort, reduced urethral infection and increased sexual freedom. Its risks include UTI, formation of calculi and bladder cancer. A minor surgical procedure is required to insert the catheter, which has the potential to injure adjacent structures, especially the large bowel.

Pharmacotherapy

Drugs to treat underactive bladder include the following:
Current treatments

Parasympathomimetics, which work by stimulating muscarinic receptors in the bladder and constricting the urethra. Examples include distigmine and bethanechol.

Alpha-antagonists, which reduce outflow resistance by relaxing the smooth muscle of the urethra. Examples include indoramin and doxazosin.

Anti-androgens, for example, finasteride for benign prostatic hyperplasia. This inhibits the enzyme that produces dihydrotestosterone, which reduces prostatic size.