

Understanding Bladder Conditions

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There are several bladder disorders causing similar symptoms to PBS. An examination, investigative procedures, and taking a thorough history, are therefore necessary to rule out what the condition *is not* before treatment can commence (differential diagnosis). It is easy to assume a diagnosis from talking to others and accessing the internet, but the only *safe* way to find the likely cause of a bladder symptoms is to visit a specialist. Some Bladder Disorders that can be confused with PBS include:

1. BLADDER INFECTIONS (URINARY TRACT INFECTIONS; UTIs)

A bladder infection is caused by bacteria and resulting in painful inflammation of the bladder lining. Signs and symptoms of a bladder infection are commonly:

- Urinary frequency
- Urinary urgency
- Pain on passing urine
- Often feeling unwell
- Offensive smelly urine
- Cloudy urine

NB: Symptoms of a bladder infection in the elderly are nearly always a change in behaviour. They rarely present with the symptoms of a younger person and the condition can quickly become serious.

In an infection when the urine is tested at the surgery it will show white cells and often nitrates. The sample needs to be sent to a lab. to identify the causative organism and the appropriate antibiotic. It is relatively common for a *small* number of bacteria to be present in the urine especially in the elderly, but in the absence of symptoms antibiotics are not required.

When the urine of someone with PBS is tested, it does not appear cloudy or offensive and any bacteria count will be insignificant. Pain is not usually experienced on passing urine but bladder pain may be relieved immediately after.

NB: It is possible for a person with PBS to get a UTI so if symptoms become worse get your urine tested.

2. OVERACTIVE BLADDER

This is the *sudden* overwhelming desire to pass urine caused by an involuntary contraction of the bladder muscle (detrusor). It is often accompanied by incontinence (urge incontinence). This is not a normal process of aging but is more common in the elderly. The detrusor muscle is controlled by the nervous system, consequently urgency can be a result of damage to this system:

- Stroke
- Parkinsons
- Multiple Sclerosis

- Spinal Injury
- Diabetic Neuropathy
- Dementia

Urgency can also occur when the nervous system has not been damaged:

- Infection
- PBS
- Enlarged prostate gland in men
- Urethritis (the urethra is the tube that carries urine from the bladder out).
- Bladder tumours

Urgency can be diagnosed and there are options for managing it successfully.

3. CHRONIC ABACTERIAL PROSTATITIS

The pathology is similar to PBS but with the prostate gland being the affected organ rather than the bladder. The pattern of chronic inflammation without a bacterial origin is the same. If however the prostate gland is excluded as being the probable cause of symptoms, a cystoscopy should be performed to investigate the bladder.

Management should be approached in the same way.

4. BLADDER TUMOURS

A tumour in the bladder can cause similar symptoms of pain, urgency and frequency that are experienced in PBS. It is important therefore to determine the correct cause of the symptoms and this can be achieved by tests including a cystoscopy (examination of the inside of the bladder through a small camera). It is obviously important to exclude the possibility of more sinister causes of the symptoms.

There are several types and degrees of bladder tumours and treatment depends on accurate diagnosis of each tumour.

5. INCONTINENCE

Incontinence or leaking of urine is not a symptom of PBS but it can be a separate issue. Urgency with or without associated incontinence can be confused with PBS which also presents with the urgent desire to pass urine. In PBS the bladder lining is often inflamed and any urine in the bladder acts as an irritant; consequently there is a need to remove the irritant as quickly as possible.

Incontinence can often be managed through a continence advisor, *it does not have to be tolerated.*

There are many other conditions, urological, gynaecological, neurological and bowel that can cause similar symptoms to that of PBS therefore it is most important to see your GP and get an appropriate referral before you assume what your problem might be. It can save a lot of worry and it can prevent the omission of a diagnosis that could need urgent treatment.

The process of determining the cause of your symptoms can take time and sometimes involve different specialists and a variety of tests. BE PATIENT. If you don't have an accurate diagnosis you can't receive the most effective treatment for your problems.

If you have bladder symptoms don't ignore them or put them down to normal aging. There are often simple causes and simple solutions and early diagnosis is beneficial in more complicated causes.