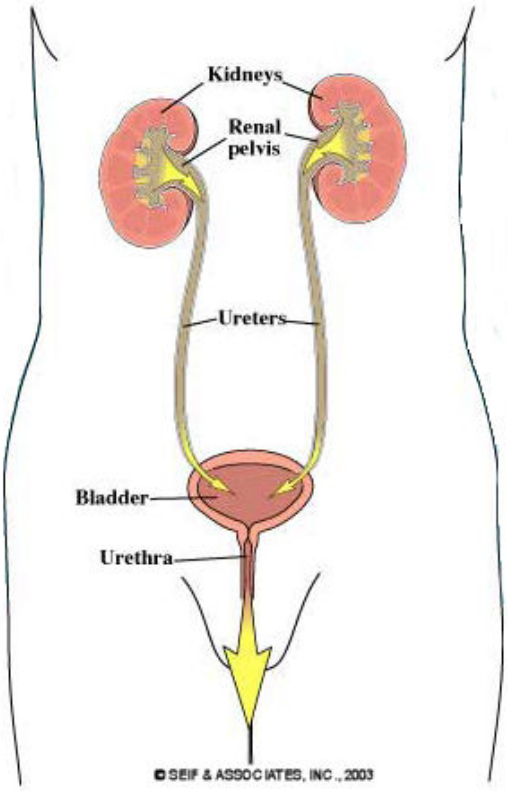
Overactive Bladder, Pediatric

If a child urinates often -- more often than other children -- he or she has what is called an overactive bladder. Sometimes the child feels the urge to urinate so quickly and strongly that it is hard to get to the bathroom in time.



The bladder is the organ in the lower abdomen that holds urine. Like a balloon, it swells some as it fills up. Nerves sense this and tell the child that it is time to urinate. But sometimes the child cannot control this urge to urinate. That is called urge incontinence.

There is a condition in children, primarily boys that have a voiding dysfunction called the Hinman syndrome. The child has incontinence related to an urge to urinate that cannot be stopped. They go to the bathroom infrequently, the urine stream stops and starts while they are voiding and the child sometimes appears to be straining. They also have urinary tract infections. This is an acquired problem and may be caused by divorce and family stress, wetting the bed which is punished or other stressful situations. The cause is thought to be due to the child contracting the sphincter muscle trying to stop urination. The treatment may include medications in addition to stopping any social pressures associated with voiding. In this situation a voiding diary is extremely helpful.

Having an overactive bladder can be embarrassing and awkward for a child. But, there are ways to make the child's life easier and more fun.

CAUSES

Many things can cause an overactive bladder. In children, the possibilities include:

- Having a small bladder.
- Problems with the shape of the bladder or the urethra (the tube that carries urine out of the body).
- Urinary tract infection. This affects girls more than boys.
- Muscle spasms. The bladder is controlled by muscles. So, a spasm can cause the bladder to release urine.
- Stress and anxiety. These feelings can cause frequent urination.
  - Extreme cases are called pollakiuria. It is usually found in children 3 to 8 years old. They sometimes urinate 30 times a day. Stress is thought to cause it.
- Caffeine, drinking too many sodas can make the bladder work overtime. Caffeine is also found in chocolate.
- Allergies to ingredients in foods.
- Holding urine for too long. Children sometimes try to do this. It is a bad habit.
- Sleep issues:
  - Obstructive sleep apnea. With this condition, a child's breathing stops and re-starts in quick spurts. It can happen many times each hour. This interrupts sleep, and it can lead to bed-wetting.
  - Nighttime urine production. The body is supposed to produce less urine at night. If that does not happen, the child will have to sense the need to urinate. Sometimes a child just does not feel that urge while sleeping.
- Genetics, some experts believe that family history is involved. If parents were bed-wetters, their children are more likely to be, too.

SYMPTOMS

- Sudden, strong urges to urinate.

- Urinating often during the day.
- The child cannot get to the bathroom in time (loss of control).
- Bed-wetting. The child might not even wake up.

DIAGNOSIS

To decide if a child has an overactive bladder, a healthcare provider will probably:

- Ask about symptoms you have noticed. The child also will be asked about this, if he or she is old enough to understand the questions.
- Ask about the child's overall health history.
- Ask for a list of all medications the child is taking.
- Do a physical exam. This will help determine if there are any obvious blockages or other problems.
- Order some tests. These might include:
  - A blood test to check for diabetes or other health issues that could be contributing to the problem.
  - Urine test.
  - Order an imaging test of the kidney and bladder.
- In some children, other tests might be ordered. This would depend on the child's age and specific condition. The tests could include:
  - A test of the child's neurological system (the brain, spinal cord and nerves). This is the system that senses the need to urinate.
  - Urine testing to measure the flow of urine and pressure on the bladder.
  - A bladder test to check whether it is emptying completely when the child urinates.
  - Cytoscopy. This test uses a thin tube with a tiny camera on it. It offers a look inside the urethra and bladder to see if there are problems.

TREATMENT

In children, an overactive bladder often goes away on its own as the child gets older. However, when overactive bladder does not get better over time, it can be treated several ways. Be sure to discuss the different options with the child's caregiver. They include:

- Bladder training. For this, the child would follow a schedule to urinate at certain times. This keeps the bladder empty. The training also involves strengthening the bladder muscles. The bladder muscles are used when urination starts and ends. The child will need to learn how to control these muscles.
- Diet changes:
  - Stop eating foods or drinking liquids that contain caffeine.
  - Drink fewer fluids. And, if bed-wetting is a problem, cut back on drinks in the evening.
  - Constipation (difficulty with bowel movements) can make an overactive bladder worse. The child's healthcare provider or a nutritionist can explain ways to change what the child eats to ease constipation.
- Medication.
  - Antibiotics may be needed if there is a urinary tract infection.
  - If spasms are a problem, sometimes a medicine is given to calm the bladder muscles.
- Moisture alarms. These are helpful if bed-wetting is a problem. They are small pads that are put in a child’s pajamas. They contain a sensor and an alarm. When wetting starts, a noise wakes up the child. Another person might need to sleep in the same room to help wake the child.

PROGNOSIS

A combination of treatments helps most children manage an overactive bladder. Patience helps, too.

POSSIBLE COMPLICATIONS

- Dry eyes or dry mouth can be caused by some medicines taken to treat an overactive bladder.
- Constipation. Some medications can lead to this.
- Frustration. It can take time for treatments to take effect. And some need to be practiced. This can be hard for children.

HOME CARE INSTRUCTIONS

- Make sure the child takes any medications that were prescribed or suggested. Follow the directions carefully.
- Make sure the child practices any changes in daily life that were recommended.
  - Doing any exercises that were suggested to make bladder muscles stronger.
  - Eating a healthy and balanced diet. This will help avoid constipation.
- Keep a journal or log. Note how much the child drinks and when. Keep track of foods the child eats that contain caffeine or that might contribute to constipation. (Ask the child's healthcare provider or a nutritionist for a list of foods and drinks to watch out for.) Also record every time the child urinates.
- If bed-wetting is a problem, put a water-resistant cover on the mattress. Keep a supply of sheets close by so it is faster and easier to change bedding at night. Try very hard not to get angry with the child over bed-wetting.

SEEK MEDICAL CARE IF:

- The child's overactive bladder gets worse.
- The child experiences more pain or irritation when he or she urinates.
- There is blood in the child's urine.
- You have any questions about medications.
- The child develops a fever of more than 100.5° F (38.1°C).

SEEK IMMEDIATE MEDICAL CARE IF:

- The child develops a fever of more than 102.0° F (38.°9 C).

Document Released: 10/15/2010
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