

What Are the Symptoms of OAB?

Urgency: A sudden and strong need to urinate right away *People with OAB also have 1 or more of these symptoms:*

Frequency: Urinating 8 or more times per day or what seems like too often **Urge Incontinence:** A sudden need to urinate followed by urine leakage **Night Urination:** Waking up 1 or more times during the night to urinate

These symptoms can also be caused by a urinary tract infection, being sick, or as a side effect of a medication. Your healthcare provider can advise you on the possible cause of your symptoms.

What Treatment Options Are Available for OAB?

Lifestyle changes and medication may help treat OAB. Treatment is different for everyone. Together, you and your healthcare provider will decide what is best for you.

Lifestyle Changes

- Limit food and drinks that bother your bladder
- Keep a diary of your trips to the bathroom
- Go to the bathroom on a schedule instead of only when you feel the urge
- Talk to your healthcare provider about exercises that help to relax your bladder muscles

Prescription Medications

- Medications can be taken in addition to making lifestyle changes
- There are medications that may help with your OAB symptoms. Your healthcare provider can advise you about what medication may be right for you

Did You Know That Many People Taking Medication Still Have Symptoms of OAB?



It is important to talk to your healthcare provider about your progress.



Not all medications work the same for everyone. You and your healthcare provider may need to keep trying to find what works for you.



Evaluating Your Overactive Bladder (OAB) Treatment

Is Your Current OAB Medication the Appropriate Option for You?

Answer the following	and the latter of the latter o		The Artist Control of the Control of the Control	the date of the contract of th	
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1. Are you taking your OAB medication as prescribed?
O Yes O No
2. Do you feel your OAB symptoms are under control with your current OAB treatment?
O Yes O No
3. How many times have you leaked urine this week?
O 0-3 O 4-7 O 8 or more
4. Do you feel your OAB treatment may not be right for you?
O Yes O No
5. How many OAB medications have you already tried?
O 0-3 O 4-5 O 6 or more
6. For how long did you use each medication?
O 0-4 weeks O 1-3 months O 4 months or more
7. Would you like to discuss other OAB treatment options with your healthcare provider?
O Yes O No

TALK WITH YOUR HEALTHCARE PROVIDER. There are OAB medications that may offer another option for you.