

A publication of the Urology Care Foundation

UrologyHealth^{extra}

Winter 2013

When Should I See a Urologist?

Obesity and Your Urologic Health
OVERACTIVE BLADDER TOOL KIT

Urology Care
FOUNDATION™

*The Official Foundation of the
American Urological Association*

COMPLIMENTARY

Urology Care FOUNDATION™

*The Official Foundation of the
American Urological Association*



The American Urological Association's Foundation has a new name — the Urology Care Foundation.

Our new name emphasizes the core of the Foundation's commitment to advancing urologic research and education to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA) and was formerly known as the AUA Foundation.

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Introducing the Urology Care Foundation!

Urology Care FOUNDATION™

*The Official Foundation of the
American Urological Association*

The official foundation of the AUA has a new name – the Urology Care Foundation. The new name emphasizes the core of the Foundation’s commitment to advancing urologic research and education to improve patients’ lives. But, although the Foundation has a new name, we have a long history. The Foundation’s Research Scholars Program has supported young urology researchers for more than 35 years. Over time, the Urology Care Foundation’s work has grown to include several research and patient education programs. We provide patients, health care professionals and caregivers with accurate and up-to-date educational materials about urologic problems. Today, the Urology Care Foundation continues to be a leader in promoting research and education about urologic problems to improve patients’ lives. Learn more at UrologyHealth.org!

The Urology Care Foundation is pleased to welcome Claire Saxton, our new senior manager of outreach.



The Urology Care Foundation is pleased to welcome Claire Saxton, our new senior manager of outreach. Claire is responsible for

the Foundation’s patient education and health awareness programs.

Claire joins us with 20 years of experience in nonprofit management, and a wealth of experience in outreach and patient advocacy. Most recently, Claire worked as executive director of the Bladder Cancer Advocacy Network, where she expanded their educational programming and developed the first National Bladder Cancer Awareness Day.

Claire is passionate about her work. “I love to educate patients because I know what a difference it can make,” she said. “Helping people understand their illness and its treatments allows patients and their caregivers to be better partners with their health care professionals. This results in healthier, more satisfied patients who are more confident about their health care.” ♦

KNOW YOUR STATS ABOUT PROSTATE CAN- CER®: SUPPORT PROSTATE CANCER AWARENESS!

Prostate cancer is the most common non-skin-related cancer in men in the United States, and the second leading cause of cancer death in men. The Urology Care Foundation has teamed up with the National Football League (NFL) to help the one in six men who will develop prostate cancer in his lifetime. Our program, the *Know Your Stats About Prostate Cancer*® campaign, is a national conversation about prostate cancer risk, diagnosis and treatment that is making a difference for the more than 200,000 American men who will be diagnosed this year. Pro Football Hall of Fame member and prostate cancer survivor Mike Haynes is the spokesperson for this campaign, spreading the message that prostate cancer is most treatable when caught early. As any football fan knows, the best offense is a good defense. Now in its fourth year, *Know Your Stats About Prostate Cancer*® continues to encourage men to talk with their doctors about their prostate health, and has already touched men and their families through 305 million placements on TV, radio, print and the web.

In September 2012, the Urology Care Foundation and the NFL launched a new way to tackle prostate cancer: an auction page on NFLAuction.nfl.com with proceeds benefiting the *Know Your Stats About Prostate Cancer*® campaign and the Foundation. Items available for bidding range from signed NFL memorabilia to tickets for one-of-a-kind experiences. This auction gives you a unique opportunity to get something special and support prostate cancer awareness at the same time! Visit www.KnowYourStats.org and click on the NFL Auction Network icon to support prostate cancer education and research today!

If you’re a man age 40 or older, the Foundation recommends that you talk with your doctor about your risk for prostate cancer. Knowing your family history and your risks could help save your life. For more information about prostate cancer, visit www.KnowYourStats.org.



Q & A with Dr. Ian Thompson

The Urology Care Foundation is concerned that recent reports about PSA (prostate specific antigen) testing may confuse patients about the value of this prostate cancer screening tool. *UrologyHealth extra*® Managing Editor Alaina Willing sat down with Dr. Ian M. Thompson Jr. to discuss the U.S. Preventive Services Task Force (USPSTF) recommendations on prostate cancer testing.

Dr. Ian M. Thompson Jr. is director of the Cancer Therapy & Research Center at The University of Texas Health Science Center in San Antonio, a National Cancer Institute-designated Cancer Center, and is the former chair of urology. He is the chair of the Genitourinary (GU) Committee of SWOG (a national clinical trials network), a trustee of the American Board of Urology, and chair of the Early Detection Research Network of the National Cancer Institute. In 2012, he received the AUA Hugh Hampton Young Award for outstanding contributions to the diagnosis, control and prevention of prostate cancer.

Q: There has been a lot of talk about the PSA test lately. What exactly is it?

A: PSA, or protein-specific antigen, was discovered in the early 1970s. It is a protein found in semen and at low levels in the bloodstream of healthy men. In the early 1980s, researchers discovered that high levels of PSA were found in the blood of men with advanced prostate cancer. With this information, the medical community recognized that testing PSA levels in the blood provided an option for early detection of prostate cancer. Before the PSA test, the only way we could test for prostate cancer was the digital rectal exam. This is a physical test where the urologist feels the prostate for abnormalities. Before the PSA test, most men were not diagnosed with prostate cancer until the prostate felt abnormal and it had already spread beyond the prostate. This means that most men were not diagnosed until the cancer had reached an advanced stage.

Q: What is the USPSTF and, in general, what is the purpose of its recommendations?

A: The USPSTF, or U.S. Preventive Services Task Force, makes recommendations about the value of various medical preventive tests. This can be helpful to primary care providers who have a huge number of health issues that they address and thousands of options for which tests to offer their patients. Clearly, they can't offer all of those tests. So many turn to the USPSTF to help them decide which tests are most important.

Q: What recommendation did the USPSTF make about the PSA test, and why are members of the medical community disturbed by this recommendation?

A: The USPSTF makes their recommendations based on results from clinical trials. For the PSA test, they looked at two clinical trials, one in Europe and one in the United States, both during the 1990s. After reviewing the results of these trials, the USPSTF determined that "the benefits [of the PSA test] do not outweigh the harms." In other words, some men's lives were saved. However, the USPSTF does not believe that enough men's lives were saved to justify giving the test to every man.

The important thing for us to note is that the PSA test itself is not harmful. It is a simple blood test. The "harm" that the USPSTF's recommendation is referring to is unnecessary treatment of men that have the type of slow-growing, non-aggressive prostate cancer that is not likely to kill you. The PSA test itself cannot differentiate between these men and the men that have aggressive prostate cancer and are in need of treatment. So the USPSTF has operated under the assumption that each man who gets the PSA test and comes back with high results will be treated as if he has aggressive prostate cancer. The problem is that this is simply not true. Over the past few decades we have learned a great deal about diagnosing prostate cancer. The clinical trials reviewed by the USPSTF were not based on today's procedures and standards. Today we can better predict who ought to have a

biopsy after the PSA test and who should not. We are also better able to determine who should have treatment.

Q: How would you counsel a man who is unsure about getting the test?

A: Before having your first PSA test, it is very important to have a conversation about the pros and cons with your physician, and discuss whether the test is right for you. It's a short conversation as well as a long one. It's a common disease in a man as he grows older. The average man has about a 1 in 30 risk of dying from prostate cancer. Is that a great enough risk for you to want to take the test to reduce the risk? With the PSA test, we can significantly reduce that risk. Of course it is the responsibility of your physician to use the test intelligently and to clearly explain the results as well as what your options are.

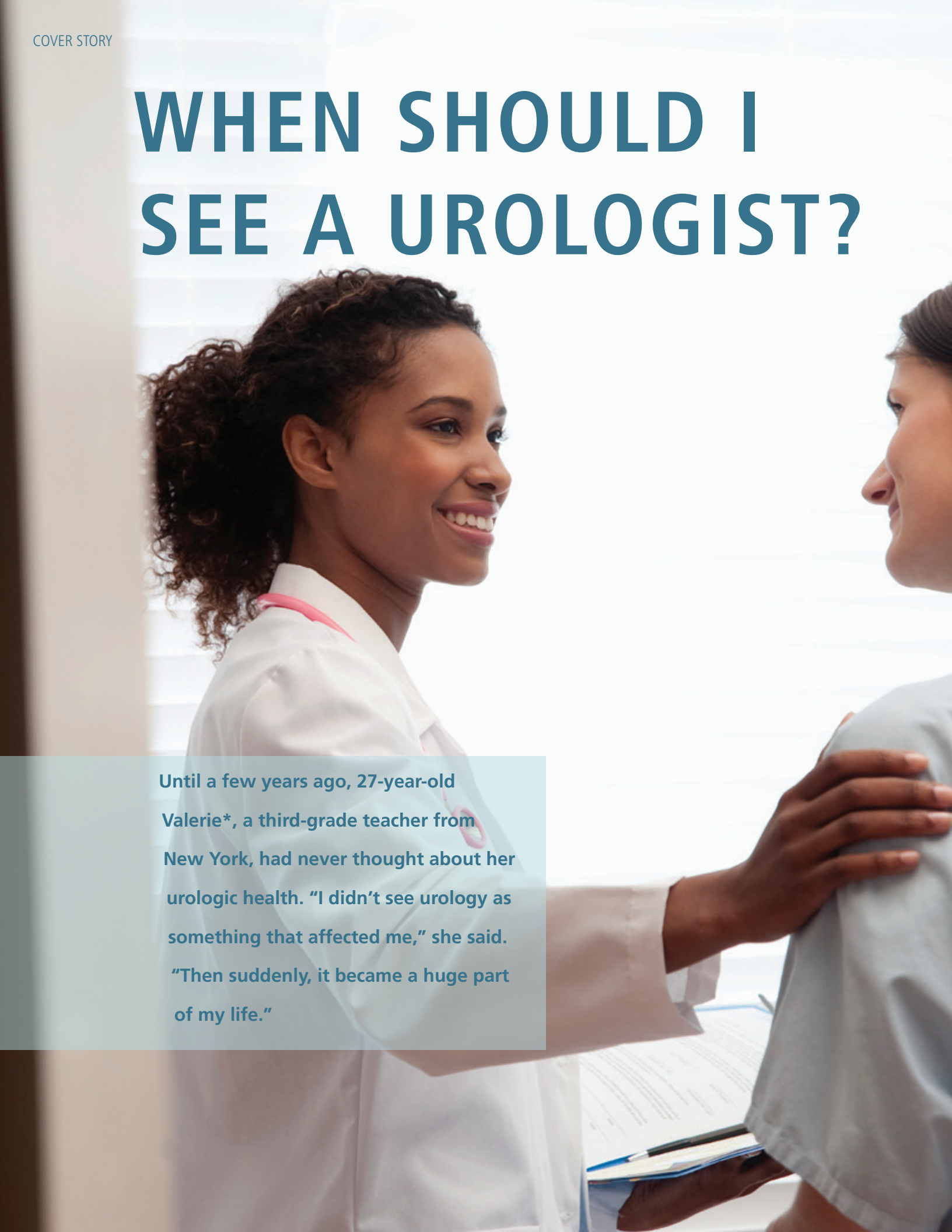
Q: If a man gets the PSA test and his PSA level is high, what should the next step be?

A: One thing I always recommend is that if the test is high you should repeat it—the second time may come back normal. Never make a decision based on just one test. After that, the choice to do a biopsy is based on the PSA level as well as other factors. Family history of the disease, personal health history, life expectancy and race are factored into the decision. (African-American men are twice as likely to develop prostate cancer, and are also more likely to have the aggressive kind.) Then there are a variety of treatment options, including "active surveillance," or closely monitoring PSA levels for increases over time before continuing with treatment, which may be appropriate for slow-growing prostate cancer.


Q: What is the most important thing our readers should take away from this article?

A: You have the right to decide what's best for you—be sure to make an informed decision. Have a discussion with your physician. Get all the information you can, and talk about it every step of the way. ♦

WHEN SHOULD I SEE A UROLOGIST?



Until a few years ago, 27-year-old Valerie*, a third-grade teacher from New York, had never thought about her urologic health. “I didn’t see urology as something that affected me,” she said. “Then suddenly, it became a huge part of my life.”



Valerie* was one month into her first year of teaching when she started feeling strong bursts of pelvic pain. In addition to the pain, she felt a strong “gotta go” feeling. She felt this urge to urinate all the time. “It was terrible,” she remembered. “The pain was too much to handle. I had an urge to urinate all the time, even right after I left the bathroom. That’s very hard to deal with if you’re a third-grade teacher. You’re with the kids almost all day long; going to the bathroom all the time is not an option,” Valerie explained. “Not to mention dealing with the pain while trying to keep up with the kids. Third-graders are pretty active, so that’s not easy to do.”

The pain, pressure and urinary frequency became so bad that Valerie had to stay home from work. She went to her primary care doctor, who told her she had a urinary tract infection (UTI). A UTI is a bacterial infection in the urinary tract. UTIs are fairly common, affecting about 40 percent of women and 12 percent of men.

“I was amazed!” said Valerie. “I thought urologists only treated men. Then I found out that, not only do urologists treat men, women and children, but some urologists focus on treating women specifically.”

Her primary care doctor prescribed antibiotics, the standard treatment for a UTI. “At first it seemed to help, but soon the pain and frequency came back,” explained Valerie. “I went to my primary care doctor a few more times. Each time he gave me another prescription for antibiotics,” she said. “But then it did not seem to be working. I started to think that this was not just a UTI.”

By that point, it was time for Valerie’s yearly gynecologist visit. Since she was feeling pelvic pain, she hoped her gynecologist would be able to help. “I figured gynecologists just treated everything in that area,” she admitted. What Valerie’s gynecologist said during Valerie’s office visit surprised her. “He told me he could prescribe antibiotics to treat a UTI just like my primary care doctor did,” she explained. “But he said if I really wanted to get to the root of the problem and find out why I kept feeling these symptoms, it was best to see a urologist.”

Valerie’s gynecologist referred her to a urologist named Dr. Goldberg. She specializes in what’s known as “female urology,” mainly treating women with bladder prolapse, painful bladder, UTIs, overactive bladder and stress urinary incontinence. “I was amazed!” said Valerie. “I thought urologists only treated men. Then I found out that, not only do urologists treat men, women and children, but some urologists focus on treating women specifically.”

Dr. Goldberg tested Valerie’s urine and performed an exam. She also looked inside Valerie’s bladder with a tool urologists use called a cystoscope. “When my tests came back, Dr. Goldberg told me that I did not have a UTI,” Valerie said. Inside Valerie’s bladder, Dr. Goldberg saw inflammation (swelling) and ulcers in the bladder wall. Her urologist diagnosed Valerie with a condition called interstitial cystitis (IC), also known as painful bladder.

IC is often mistaken for a UTI because the symptoms are similar but usually more severe. While a UTI can be treated with antibiotics, IC is a chronic condition that is treated differently. Treatment for IC involves trying different ways to reduce inflammation in the bladder. Some drugs may help, as well as avoiding certain “bladder-irritating” foods, including spicy foods, chocolate, alcohol and caffeine. Different foods may make IC worse for different people. “Dr. Goldberg helped me figure out what worked best for me,” said Valerie. “She taught me to remove all of these foods from my diet, and then slowly add them back in, one by one. I learned I could still have chocolate!” Valerie exclaimed. “I was pretty happy about that. And I’m glad working with Dr. Goldberg has helped me keep my symptoms under control, finally!

Continued on next page ➡

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I [have come] a long way since I first went to see my primary care doctor about my symptoms. I only wish I had gone to a urologist sooner!”

Like Valerie, many people are surprised to find that urology covers a wide range of conditions. Urologists treat diseases and conditions in the kidneys, bladder, urinary tract and male reproductive system. Urology impacts men and women in all stages of life, from infancy to old age. Dr. Robert Weiss, AUA member and urology program director at Robert Wood Johnson Medical School, said that was exactly why he became a urologist:

Urology is very interesting because we cover such a variety of topics. We treat cancers like bladder, kidney and prostate cancers; bladder conditions like interstitial cystitis, bladder prolapse (fallen bladder); issues of urine leakage such as stress urinary incontinence and overactive bladder; kidney stones; bedwetting and abnormalities in children’s urinary tracts; erectile dysfunction; and much more. And we are surgeons. We enjoy the challenge of surgery. But we can also get to know our patients in a clinical setting. You don’t just do the surgery and then never see the patient again. We get to develop relationships with our patients. It’s really a unique field.

When should I see a urologist instead of a primary care doctor or other specialist?

Urologists are best trained to treat any condition involving the urinary tract and the male reproductive system. Other health-care professionals may be involved in your care—a urologist may work with an oncologist to treat prostate cancer, or with a gynecologist to treat pelvic pain in women. However, if you have a urologic condition, the urologist will be at the head of your medical team.

Sometimes a patient will be referred to a urologist by another health care professional, as Valerie was. But often people go straight to a urologist for treatment. Your primary care doctor may be able to treat some minor urologic issues. However, if your symptoms do not go away—like in Valerie’s case—it is best to see a urologist and get to the root of the problem. If you know your symptoms or condition involve the urinary tract or male reproductive system, you may choose to see a urologist as your first step. To find a urologist in your area and even narrow your search by type of urologic condition, visit UrologyHealth.org/FindAUrologist.

What should I expect when visiting the urologist?

Urology offers patients a wide range of treatment choices, letting patients work with their urologists to find the best solution for them. Surgery may be the best choice for some people. Drugs or behavioral therapy (such as bladder re-training) may work better for others. Some people may improve most using a mix of two or three treatments. You and your urologist can work together as a team to address your own needs. As AUA member urologist and the Urology Care Foundation’s Overactive Bladder Expert Panel member Dr. Lisa Hawes explained, “the wealth of choice in urology allows us to truly personalize treatment for each patient. ♦

What training does my urologist have?

As with all doctors, urologists must complete an undergraduate degree and four years of medical school. But did you know the training doesn’t stop there? After medical school, a urologist will have five or six more years of training called residency. Residency programs may include one or two years of surgical training. After that, there may be three or four years of clinical training in urology. (In clinical training, residents follow a patient from their first visit to the urologist through to the end of their treatment). All urologists will have both surgical and clinical training. Next, some urologists may choose to do one or two more years of training called a fellowship. Fellowships allow doctors to focus on a specific branch of urology, such as urologic oncology (cancer), female urology, pediatric urology, male infertility, sexual health and erectile dysfunction, or kidney stones. Urologists must also pass a licensing exam, and be board-certified by the American Board of Urology.

Even licensed and board-certified urologists are constantly learning and improving their skills. To keep their licenses and stay up to date in the latest knowledge, urologists are required to take education courses each year. “We are always learning,” Dr. Weiss explained. “Throughout my career we have seen many improvements in diagnosis, treatment and technique. So our success rates get better and better. We keep advancing and every day there’s something new!”

IT'S TIME
TO TALK
ABOUT OAB

Millions Live with Overactive Bladder Symptoms

Share Your Voice and Raise Awareness!

Do you constantly have to urinate and worry you won't make it to the bathroom on time? Do you wake up often in the middle of the night to visit the bathroom? Do you feel sudden urges to go that make you fear you will leak urine if you don't get to the bathroom immediately?

Sound familiar? If you have one or more of these symptoms, you may have Overactive Bladder, also known as OAB. Millions of American men and women live with OAB symptoms without getting the help they need. Don't wait. Talk to your health care professional today.

The Urology Care Foundation has developed a national public education campaign called *It's Time to Talk About OAB*. The campaign includes resources online and in print to get people talking openly about Overactive Bladder. We hope the campaign's message will help the millions of people in the United States who live with Overactive Bladder. We want to increase awareness of OAB and reduce any stigma people feel about their symptoms. We hope the information and resources will encourage more people to talk openly with their health care professionals about their OAB symptoms.

FREE RESOURCES AVAILABLE TO YOU:



Information at [www.](http://www.ItsTimeToTalkAboutOAB.org)

[ItsTimeToTalkAboutOAB.org](http://www.ItsTimeToTalkAboutOAB.org)

The campaign's website, www.ItsTimeToTalkAboutOAB.org, is full of information on OAB symptoms, treatments, answers to frequently asked questions, bladder diaries and other tools to help you understand your symptoms. You can also find help on talking to your health care provider about managing your symptoms. At www.ItsTimeToTalkAboutOAB.org, the information can be downloaded, read online or mailed directly to you.

Some of the campaign's helpful information is inserted as a pull-out tool kit in this issue of *UrologyHealth extra*® after page 8. If the tool kit has already been removed, visit www.ItsTimeToTalkAboutOAB.org.



Voices of OAB Contest
on Facebook

Voices of OAB Contest to help raise awareness

Inspire others with your story about how you manage your OAB symptoms. You can record it in your own voice and submit it anonymously to the Voices of OAB contest at www.Facebook.com/VoicesofOAB. Explain how OAB has affected your daily life and what you did to take control and manage your symptoms. Everyone who enters has a chance to win a new tablet PC!



It's Time to Talk about
OAB on Inspire

Online Health Community for more private conversations

Whether you are ready to share your story anonymously on Facebook with others or not, the Urology Care Foundation has set up another, more private way to talk about OAB with others. Join the conversation with others living with OAB symptoms at www.UrologyHealth.Inspire.com. This health forum is a perfect place to find others who are experiencing the same symptoms and know how OAB can affect your daily life. Share tips on how you manage your symptoms. Hear from others who are going through the process of being diagnosed. Find out how others learned to "Get the facts. Get diagnosed. Take control."

O B E S I T Y





IN AMERICA:

Is it Affecting our Urologic Health?

Like many Americans, Diane Brown* struggles with her weight. "It's always been an issue for me,"

said the 51-year-old part-time accountant and full-time caretaker for her mother and sister, "but it's gotten much worse in recent years." The same could be said for the country as a whole. Today, 68 percent, or more than two-thirds, of adults in the United States are either overweight or obese. The percentage of American adults who are obese has risen particularly rapidly in the past half-century. In 1960, the obesity rate of U.S. adults ages 20 to 74 was 13.4 percent. That has risen to 35.7 percent today. Our activity levels are lower, but our portion sizes are larger. Processed, unhealthy foods are cheaper and more readily available than whole, healthy foods. At the same time, Americans are reporting higher levels of stress than ever before. All of these factors contribute to weight gain. And it's having a terrible effect

on our health. Many people already know that obesity has a terrible impact on heart health. People who are obese have an increased risk for high cholesterol, high blood pressure, stroke and congestive heart failure. Obesity is also associated with increased rates of diabetes, gallstones, arthritis and other joint problems, sleep apnea and other breathing problems. But did you know that being overweight or obese can also have a negative impact on your urologic health?

Diane is no stranger to urologic conditions. Twelve years ago, she and her sister started taking care of their mother, who suffers from dementia. In 2008, their mother was hit by a string of severe urinary tract infections. "It was very serious; she was in and out of intensive care for many months," Diane remembered. Shortly afterwards, Diane's sister was permanently disabled as a result of a car accident. This left Diane as the primary caretaker for both her sister and their 82-year-old mother. Later that year, the oldest of Diane's four daughters got married. "The wedding was a very happy time for our family. It was a little stressful, but after everything that had happened to us, it was nice for my husband, Carl*, and me to see our oldest daughter get married and have that happy memory," said Diane fondly. Two weeks later, Carl was diagnosed with kidney cancer. Diane tried her best to look at the bright side. "We were very lucky because we caught it early. That's not often the case with kidney cancer." Carl had felt a pain in his side, had a CAT scan, and American Urological Association (AUA) member urologist Dr. Soroush A. Ramin was able to remove the tumor before it spread. Luckily,

Continued on next page ➡

*Name changed.

Frequently Asked Questions about Overactive Bladder

What is Overactive Bladder (OAB)?

Overactive Bladder (OAB) isn't a disease. It's the name of a group of urinary symptoms. The most common symptom of OAB is a sudden urge to urinate that you can't control. Some people will leak urine when they feel this urge. Having to urinate many times during the day and night is another symptom of OAB.

How common is OAB?

OAB is common. It affects millions of Americans. As many as 30 percent of men and 40 percent of women in the United States live with OAB symptoms.

Who is at risk for OAB?

As you grow older, you're at higher risk for OAB. But no matter what your age, there are treatments that can help.

Both men and women are at risk for OAB. Women who have gone through menopause ("change of life") have a higher than normal risk. Men who have had prostate problems also seem to have an increased risk for OAB. People with diseases that affect the brain or nervous system, such as stroke and multiple sclerosis (MS), are at high risk for OAB.

Food and drinks that can bother your bladder (like caffeine, alcohol and very spicy foods) may make OAB symptoms worse.

What is the major symptom of OAB?

The major symptom of OAB is a sudden, strong urge to urinate that you can't control. This "gotta go" feeling makes you fear you will leak urine if you don't get to a bathroom right away. This urge may or may not cause your bladder to leak urine.

If you live with OAB, you may also:

- Leak urine (incontinence): Sometimes people

with OAB also have "urgency incontinence."

This means that urine leaks when you feel the sudden urge to go. This isn't the same as "stress urinary incontinence" or "SUI." People with SUI leak urine while sneezing, laughing or doing other physical activities. (You can learn more about SUI at UrologyHealth.org/SUI.)

- Urinate frequently: You may also need to go to the bathroom many times during the day. The number of times someone urinates varies from person to person. But many experts agree that going to the bathroom more than eight times in 24 hours is "frequent urination."
- Wake up at night to urinate: Waking from sleep to go to the bathroom more than once a night is another symptom of OAB.

What causes OAB?

OAB can happen when nerve signals between your bladder and brain tell your bladder to empty even when it isn't full. OAB can also happen when the muscles in your bladder are too active. Either way, your bladder muscles "contract" to pass urine before they should. These contractions cause the sudden, strong urge to urinate.

How can OAB affect my health and my life?

OAB symptoms may make it hard to get through your day without many trips to the bathroom. You may even cancel activities because you're afraid of being too far from a restroom.

OAB can get in the way of your work, social life, exercise and sleep. Your symptoms may make you feel embarrassed and afraid of being wet in public. You may be tired from waking at night or feel lonely from limiting social activities. If you are leaking urine it may cause skin problems or infections.



But you don't have to let OAB symptoms control your life. There are treatments to help. If you think you have OAB, please see your health care professional.

How will my health care professional diagnose OAB?

During your visit, your health care professional may:

- ▶ Gather facts about your past and current health problems, the symptoms you're having and how long you have had them, what medicines you take, and how much liquid you drink during the day.
- ▶ Do a physical exam to look for something that may be causing your symptoms, including examining your abdomen, as well as the organs in your pelvis and your rectum in women, or prostate and rectum in men.
- ▶ Collect a sample of your urine to check for infection or blood.
- ▶ Ask you to keep a "bladder diary" to learn more about your day-to-day symptoms.
- ▶ Do other tests, such as a urine culture or ultrasound, when needed.

Are there treatments for OAB?

Yes. There are treatments that can help you manage OAB. Your health care professional may use one treatment alone or several at the same time. Treatment choices include:

- ▶ Lifestyle changes: You can try changing what you eat and drink to see if less caffeine, alcohol, and spicy foods will reduce your symptoms; keeping a daily "bladder diary" of your trips to the bathroom; going to the bathroom at scheduled times during the day; and doing "quick flick" pelvic exercises to help you relax your bladder muscle when it contracts.
- ▶ Prescription drugs: Your health care professional may prescribe drugs that relax the bladder muscle to stop it from contracting at the wrong times.

If these treatments don't help, your health care professional should send you to a specialist, such as a urologist who may specialize in incontinence, for other tests and treatments.

What should I do if I think I have OAB?

Talk with your health care professional. Sometimes OAB symptoms can be the result of a urinary tract infection (UTI), an illness, damage to nerves, or a side effect of a medication. So it's important to go to a health care professional to find out if you have any of these problems.

If you do have OAB, there are treatments to help. Together, you and your health care professional can choose what's best for you.

Where can I find help?

To get more facts on OAB, please visit **ItsTimeToTalkAboutOAB.org**. This site has printed materials you can order and a "Think You Have OAB?" quiz you can take. There, you will find a "bladder diary" that you can print out and use to track your symptoms. You can also use the Find-a-Urologist tool to find a specialist near you.

Get the facts. Get diagnosed. Take control.

ItsTimeToTalkAboutOAB.org

For more information, contact:

Urology Care Foundation™
1000 Corporate Blvd.
Linthicum, Maryland 21090
1-800-828-7866

UrologyHealth.org

For more copies of this and other materials about OAB, incontinence and other urologic conditions, visit UrologyHealth.org/Order.

Think You Have Overactive Bladder?

Do you think you have Overactive Bladder? Millions of men and women live with Overactive Bladder. This quiz will help you measure which Overactive Bladder (OAB) symptoms you have and how severe those symptoms are. Base your answers on the past month.

(Circle the response that best answers each question)

Symptom Questions	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
1. Urgency – How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence – How often do you leak urine after feeling an urge to go? (whether you wear pads/ protection or not)	0	1	2	3	4	5	
	None	Drops	1 Tea-spoon	1 Table-spoon	¼ cup	Entire bladder	
3. Incontinence – How much urine do you think usually leaks? (whether you wear pads/ protection or not)	0	1	2	3	4	5	
	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency – How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Wake to urinate – How many times do you usually get up each night to urinate, from when you went to bed until you got up in the morning?	0	1	2	3	4	5	

TOTAL SYMPTOM SCORE

0 = no symptoms

25 = most severe symptoms

*If you score 0 on question 1, you probably don't have OAB.

(Add score from questions 1+2+3+4+5) =

(Circle the response that best answers each question)

IT'S TIME
TO TALK
ABOUT OAB

Quality of Life Questions How much does this bother you:	I am not bothered at all					I am bothered a great deal
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5
	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? – Please let us know how your symptoms (urgency, frequency, urine leakage, and waking at night) have changed your life. Are your symptoms: (Please check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Keeping you from getting a good night's sleep? <input type="checkbox"/> Causing you to stay home more than you would like? <input type="checkbox"/> Keeping you from social activities or entertainment (movies, concerts, etc.)? <input type="checkbox"/> Causing you to exercise (walking, sports, etc.) less or limit your physical activity? <input type="checkbox"/> Causing problems with friends or loved ones <input type="checkbox"/> Keeping you from traveling, taking trips, or using public transit? <input type="checkbox"/> Making you plan trips around your knowledge of public restrooms? <input type="checkbox"/> Causing problems at work? <input type="checkbox"/> Other ways your symptoms have changed your life: <hr/> <hr/>						
Score the "bother" questions (1b, 2b, 3b, 4b, 5b & 6b) separately. Do not add them together.						

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Even if you have mild symptoms, if they bother you enough to change your life, you and your health care professional should discuss what treatment options are available to you.

Instructions – How do I use this Quiz?

Read this list of questions and answer them. Then bring your completed quiz to your next visit with your health care professional. This can be an easy way to start talking about your symptoms. The questions will help measure which Overactive Bladder (OAB) symptoms you have and how much your symptoms bother you. The better your health care professional knows the level and impact of your symptoms, the better he or she can help you manage them.

Scoring – What do my results mean?

For “Symptom Questions” (1 through 5):

Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms).

What your total “Symptom” score means:

The higher your score for questions 1-5 are, the more severe your OAB symptoms are. However, if your score for question 1 is 0, then you do not have the hallmark symptom of Overactive Bladder – strong sudden urges to urinate that you cannot ignore. The answers to the “Symptom” questions can help you and your health care professional understand which of your OAB symptoms are most severe.

For “Quality of Life” Questions (1b, 2b, 3b, 4b, 5b, & 6b):

DO NOT add your “Quality of Life” scores together. Each “Quality of Life” question is scored separately.

What your “Quality of Life” results mean:

Questions 1b, 2b, 3b, 4b, 5b, & 6b on this quiz help show how your symptoms impact your life. We hope this will help you start a discussion with your health care professional about your symptoms. Seeing how much your symptoms have changed your life can help your health care professional decide what treatment choices to offer. Even if you have mild symptoms, if they bother you enough to change your life, you and your health care professional should discuss what treatment options are available to you.

What if I have other symptoms?

Please let your health care professional know about any other symptoms you may have. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?) This will help your health care professional figure out if your symptoms could be caused by something other than OAB. It will also help them offer the treatment choices that are best for you.

Where can I find a health care professional?

If you need a health care professional, visit www.UrologyHealth.org/FindAUrologist to find a urologist near you. Choose “incontinence” as a “special interest area” to find urologists who said they are interested in helping patients who leak urine or have OAB.

ItsTimeToTalkAboutOAB.org

For more information, contact:

Urology Care Foundation™
1000 Corporate Blvd., Linthicum, Maryland 21090
1-800-828-7866, UrologyHealth.org



My Bladder Diary

Keeping a daily bladder diary will help you and your health care professional better understand your Overactive Bladder (OAB) symptoms. See instructions on the back of this page.

Date: _____

Example

Time	Drinks		Trips to the bathroom		Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?
	What kind?	How much?	How many times?	How much urine?	How much?	Yes / No	Sneezing, exercising, etc.
2-3 p.m.	soda	12 oz. can	✓✓	about 8 oz.	yes - large amount	yes	sitting at computer

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Copy this sheet to record as many days as necessary.

Bladder Diary Instructions

What is a Bladder Diary?

A bladder diary is a 24 hour recording of your liquid intake and urine output. The information recorded can be helpful to your health care provider to understand your fluid balance, urinary frequency, functional bladder capacity (how much your bladder holds in your own environment), and many other aspects important to bladder function.

When is a Bladder Diary Used?

Your health care provider may request that you complete a diary to evaluate urinary frequency, urgency or incontinence. You may also choose to complete a diary before you see the health care provider about a bladder problem. A bladder diary can point to any dietary or behavioral factors that may be contributing to your bladder symptoms.

How to Complete the Diary:

1. Begin and end the diary at the same times each day (example: begin when you wake (6 am) and end (6 am the following day).
2. Record the fluid intake to the nearest ounce. A very reasonable estimation (8 oz. cup of juice, 12 oz. coke, or 20 oz. water) is appropriate. You do not need to physically measure every fluid if you know the size of the bottle, can or cup from which you are drinking.
3. Measure urine output with either a scaled collection device that is placed beneath your toilet seat (sometimes these are obtained at your doctor's office) or by urinating into a large disposable cup that you know the volume of. Both a collection device and a cup can be rinsed in the tub or sink after use and kept next to the toilet until the diary is complete.
4. It is requested that you collect 3 days of information; however, they do not need to be consecutive days. A one day diary may not be representative of your bladder condition which is why a 3 day diary is favored.
5. Be as accurate as possible! The diaries are most useful when every intake and output in the 24 hour period is recorded.

Other Helpful Hints:

1. You may copy as many pages of the diary as necessary to complete the 3 days of recording.
2. Don't forget to bring your completed diaries back to the doctor's office at your return visit.

Talking with Your Health Care Professional about Overactive Bladder

Are you having urinary problems, but don't know what to tell your health care professional? You may have Overactive Bladder—and you aren't alone. Millions of people live with urinary problems for years without asking for help. Don't wait. Learn more about Overactive Bladder (OAB), and make an appointment with your health care professional. Then start talking!

Questions to Ask Your Health Care Professional:

- ▶ What is Overactive Bladder (OAB)?
- ▶ What causes OAB?
- ▶ Can you prevent OAB?
- ▶ Can you help me or do I need to see an incontinence specialist? If so, how can I find the right one for me?
- ▶ Will I need to have tests to find out if I have OAB?
- ▶ Would you explain each test, and why you are recommending them?
- ▶ Are there any risks from having these tests?
- ▶ What types of treatment are available for OAB?
- ▶ Are there side effects from treatment?
- ▶ What are the pros and cons of each type of treatment?
- ▶ What treatment do you recommend for me and why?
- ▶ How soon after treatment will my symptoms improve?
- ▶ What side effects should I watch out for, and when should I call you?
- ▶ What happens if the first treatment doesn't help?
- ▶ Will I need treatment for the rest of my life?
- ▶ Can you "cure" OAB?
- ▶ Are there any exercises I can do to help my symptoms?
- ▶ Do I need to see a physical therapist?
- ▶ Are there any lifestyle changes I can make that could help my symptoms?
- ▶ What are the risks of not treating OAB?
- ▶ If I don't have OAB, what other problem could be causing my symptoms, and why?
- ▶ What's my next step?

Get the facts. Get diagnosed. Take control.

ItsTimeToTalkAboutOAB.org

For more information, contact:

Urology Care Foundation™
1000 Corporate Blvd.
Linthicum, Maryland 21090
1-800-828-7866

UrologyHealth.org

For more copies of this and other materials about OAB, incontinence and other urologic conditions, visit UrologyHealth.org/Order.

the kidney cancer went into remission. However, Carl, who is obese himself, was also experiencing prostatitis (inflammation of the prostate).

In the face of all this, Carl lost his job. To take care of her family, Diane left her office to do part-time accounting work from home. At this point, Diane was the primary caretaker for three people, and she did not have time to take care of herself. “When you have others to take care of, your own health becomes less of a priority,” she explained. “I didn’t have time to exercise, cook for myself, sit down for a proper meal, or even go grocery shopping. I can’t begin to tell you how many ‘meals’ I’ve made from food in hospital vending machines. I was exhausted because I didn’t have time to sleep, and that made me even hungrier. I also think I eat more when I feel stressed, and I can certainly tell you that I was stressed. I gained about 80 pounds around that time.”

Diane developed health problems as a result of her weight gain. “It took me a while to notice them,” she said. “I was so focused on other things. I did notice sharp pains in my knees, and I had trouble catching my breath sometimes, but I just ignored it.” The change in her urologic health crept up on her gradually. A little more than a year ago, after Carl was feeling better, Diane and Carl had the opportunity to go away for a weekend together. “It was really the first time the two of us had been alone and out of the house in a very long time,” Diane remembers. The couple went for a walk, which was something they used to love to do together years before when they had the time. “The two of us really do try to exercise when we can,” Diane explained. During their hour-long walk, Diane had to stop and use the restroom every 10 to 15 minutes. “Carl pointed out how strange it was. It was bizarre, because I had never noticed it before,” Diane said. “I guess I just needed someone else to bring it to my attention. We just hadn’t focused on each other in a long time.”

Once Diane took notice, she found that she was going to the bathroom as many

as 30 or 40 times per day. “Even when I didn’t have to go, I felt the urge to go,” she explained. Diane went to see AUA member urologist Dr. Ramin, and learned that she had common symptoms of overactive bladder (OAB).

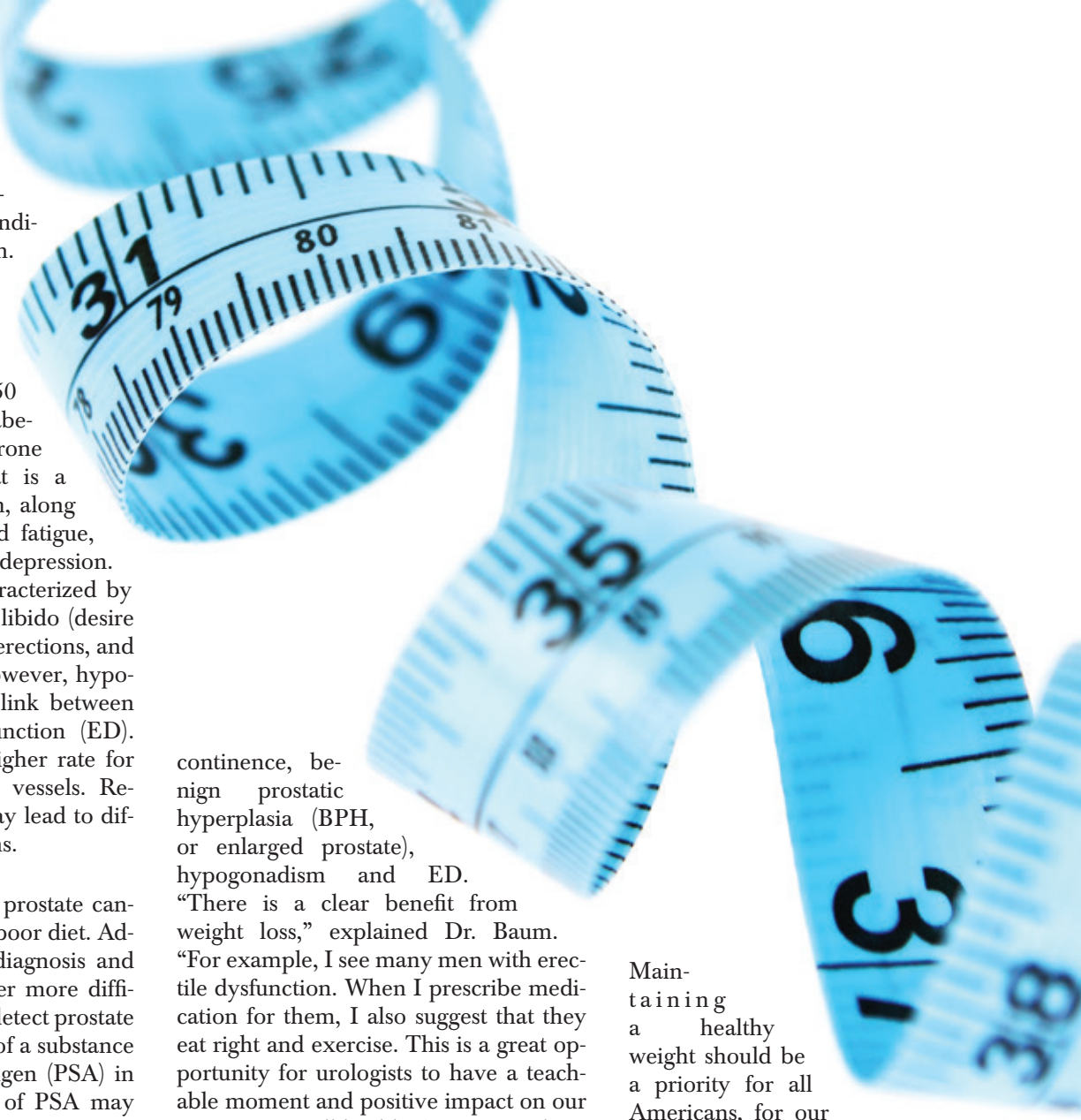
These symptoms include a strong, sudden urge to urinate that she could not ignore, as well as frequent urination. She also had some signs of a separate condition called stress urinary incontinence (SUI). People with SUI leak urine while sneezing, laughing or doing other physical activities. “Sometimes that would happen to me if I was picking up my mother,” she remembers.

What to learn more about Overactive Bladder? The Urology Care Foundation has developed a national public education campaign called *It’s Time To Talk About OAB*. See page 7 and the pull-out tool kit after page 8 or visit www.ItsTimeToTalkAboutOAB.org for more information!

Diane wasn’t sure what to expect when Dr. Ramin discussed her options. “He told me that weight loss could be a significant help, which surprised me,” she said. “I just had no idea that this kind of problem could be connected to my weight. It sort of opened my eyes a bit, and made me feel motivated to lose weight. But it was also kind of overwhelming. I knew that with my life the way it was, it would be very difficult.” Dr. Ramin encouraged Diane to add weight loss to her treatment plan. He also prescribed medication to help control the feeling of urgency. Another recommendation Dr. Ramin made to help reduce Diane’s symptoms was limiting “bladder-irritating” foods and drinks. Certain foods and drinks can irritate the bladder and make

OAB symptoms worse. These “bladder irritants” include coffee, tea, alcohol, soda and other fizzy drinks, citrus fruit and spicy foods. “This was hard to hear,” Diane said. “I tend to drink a lot of coffee and soda from vending machines to get me through the day.” Dr. Ramin also asked Diane to try “timed urination,” or going to the bathroom at certain scheduled points during the day. “I hate to say it, but I also thought this would be hard with my schedule,” Diane explained. “[I was overwhelmed by] changing my schedule, cutting out foods that are convenient for me, making time to eat right and exercise—all while being a full-time caretaker and working part-time to help support my family. It’s a huge overhaul.”

The United States as a whole may need a huge overhaul to reduce obesity and its impact on overall health. “Incontinence is not the only urologic issue that can be caused by obesity,” Dr. Ramin explained. “There are a whole range of conditions in urology alone with which obesity is either a risk factor or a direct cause.” For example, as an obese person, Carl was at a higher risk for kidney cancer than someone with a normal weight. Kidney stones also occur more frequently in obese people. According to AUA member urologist Dr. Christopher Saigal, co-principal investigator and principal investigator for the “Urologic Diseases in America 2012” Project, “There is a correlation between body mass index and kidney stones. While 11.2 percent of obese Americans have kidney stones, the rate is only 6.1 percent in normal-weight Americans. The incidence of kidney stones has risen in the United States as a whole, correlating with the national rise in obesity. The increased rate of these stones is also associated with an increased meat intake in the national diet.” Additionally, according to AUA member urologist Dr. Neil Baum, associate clinical professor of urology at Tulane Medical School and Louisiana State University Medical School, “Kidney stones can result from dehydration. Because, on average, an obese person’s body needs more water than a normal-weight body, obese people are much more likely to be dehydrated.”



Approximately 50 percent of obese men will have abnormally low levels of testosterone, a condition called hypogonadism. In line with obesity, about 40 percent of men with high blood pressure, 40 percent of men with high cholesterol levels, and 50 percent of men with diabetes will have low testosterone levels. Increased body fat is a symptom of hypogonadism, along with decreased energy and fatigue, reduced muscle mass and depression. Hypogonadism is also characterized by poor erectile function, low libido (desire for sex), weaker and fewer erections, and reduced sexual activity. However, hypogonadism is not the only link between obesity and erectile dysfunction (ED). Obese men also have a higher rate for ED due to weaker blood vessels. Reduced blood circulation may lead to difficulty in achieving erections.

Obesity is a risk factor for prostate cancer, which is also linked to poor diet. Additionally, obesity makes diagnosis and treatment of prostate cancer more difficult. The PSA test, used to detect prostate cancer, measures the level of a substance called prostate-specific antigen (PSA) in the blood. A higher level of PSA may indicate prostate cancer. (See related article, page 3.) Unfortunately, a hormone imbalance in obese males may make the PSA level reading lower than it should be. As a result, many obese men with prostate cancer are diagnosed at a later stage than their normal-weight counterparts. This can lead to worse outcomes. If an obese man has a biopsy after the PSA test, his chances of developing an infection from the biopsy are higher. After treatment for prostate cancer, obese men are more likely to develop complications. These complications can range from incontinence and erectile dysfunction to postoperative infection and deep-vein thrombosis.

If you are overweight or obese, losing weight can help prevent all of these conditions. Weight loss can also help reverse some urologic conditions, including in-

continence, benign prostatic hyperplasia (BPH, or enlarged prostate), hypogonadism and ED.

“There is a clear benefit from weight loss,” explained Dr. Baum. “For example, I see many men with erectile dysfunction. When I prescribe medication for them, I also suggest that they eat right and exercise. This is a great opportunity for urologists to have a teachable moment and positive impact on our patients’ overall health. A man may hear his whole life that he should eat right and exercise, and think to himself ‘yeah, sure, I’ll get around to that at some point.’ But when you tell him it can reverse his erectile dysfunction—that can be a great motivator. I have seen many of my patients lose weight after being given this information, and they didn’t need the ED medication anymore.”

For other urologic conditions, such as prostate cancer and kidney cancer, losing weight will not cure the cancer that has already developed, but it can slow the progression of the disease and make treatment easier. If you are in remission, losing weight can help prevent the cancer from coming back. Weight loss can also help someone who has a history of stone disease prevent recurrence of kidney stones.

Maintaining a healthy weight should be a priority for all Americans, for our urologic health and for our overall health. Despite her busy schedule, Diane has made an effort to start exercising regularly. “I fit it in when I have a moment to myself, when I’m waiting or between appointments,” she explains. She is also fitting “timed urination” into her schedule. Additionally, she has made an effort to eat a healthy diet. She now avoids “bladder-irritating” foods and brings nutritious food with her when she knows she will not be at home. Diane explained her new perspective: “I realized that if I was in the bathroom all the time, or I was too unhealthy to take care of others, I wouldn’t be any help to my family, myself or anyone else.” ♦

Urologic Diseases in America

Dr. Saigal is the co-principal investigator and principal investigator for the “Urologic Diseases in America 2012” Project. The principal investigator for the project, Mark S. Litwin, MD, MPH, like Dr. Saigal, is a Urology Care Foundation Research Scholar. Dr. Litwin is a recipient of the 2010 Foundation Distinguished Mentor Award and the 2001 AUA Gold Cystoscope Award.

The Urologic Diseases in America (UDA) Project is sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health. The goal of UDA is to increase general understanding of the burden of urologic diseases in both human and financial terms. Some of the major findings from the 2012 project are:

Treatment for urologic diseases costs the American public nearly

\$40 billion annually,

exclusive of medication costs.

Overall, kidney stones cost society more than any other urologic condition – over

\$10 billion annually.

This is followed by prostate cancer at over **\$7 billion** and female urinary tract infection at over **\$5 billion** each year.

Female urinary tract infections prompt the highest number of physician office visits per year at over

5 million,

followed by prostate cancer at over

4.5 million and benign prostatic hyperplasia at over **3 million**.

Per person, kidney cancer is the most costly urologic condition. Treating it costs nearly

\$40,000 per person annually.

This is followed by testicular cancer at over **\$33,000** per person annually and bladder cancer at nearly **\$25,000** per person annually.

The report can be downloaded for free at www.udaonline.net.

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Planned giving benefits the Urology Care Foundation and presents the opportunity for tax benefits and income for you. There are a wide variety of gift vehicles to consider, ranging from a bequest in your Will to various types of charitable trusts. Because planned giving involves your assets, philanthropic goals and family needs, we strongly suggest you consult your attorney or financial planner before entering into any planned gift. We're ready to help!

Here are some popular ways to support the Foundation's work through planned giving:

- Cash
- Bequest
- Charitable Gift Annuity
- Charitable Remainder Trust
- Charitable Lead Trust
- Retirement Accounts and Plans
- Real Estate
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The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA) and was formerly known as the AUA Foundation.



Learn more about the Foundation! Visit UrologyHealth.org to:

- Access patient information on over 140 urologic conditions
- Find free screenings and events in your community
- Discover the latest news and research in urologic health
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