

MS Clinical Care *Connection*

Management of Bladder Dysfunction

Winter 2014

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Free mobile app for MS healthcare professionals made possible by Bayer HealthCare and Questcor Pharmaceuticals, Inc.:

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Common in MS even as a first symptom and affecting approximately 80% of patients ([Holland N 2009](#), [Crayton et al 2004](#)), bladder dysfunction may provoke severe complications including urinary tract infections, urosepsis and upper urinary tract damage ([de Seze et al 2007](#)). Despite the high prevalence and negative impact on quality of life, bladder symptoms are [under reported](#), [under evaluated and under treated](#) ([Denys et al 2014](#)). [Bladder changes in MS](#) vary:

- + the most common is detrusor overactivity (spastic bladder or failure to store), which produces symptoms of urgency and frequency and may cause urge incontinence
- + detrusor-sphincter dyssynergia (DSD) (combined dysfunction) causes urgency, frequency and incontinence, as well as difficulty emptying the bladder, double voiding and urinary tract infections
- + underactive or areflexic bladder (failure to empty) thought to be due at least in part to sacral damage with symptoms of overflow incontinence, incomplete emptying, urgency and UTIs ([DasGupta & Fowler 2003](#)).

Assessment and Treatment

Careful assessment with attention to medical and psychological complications is necessary at every visit to identify problems, avoid complications and determine the correct course of treatment, including the potential need for formal urological evaluation. Addressing mobility issues, fluid intake and medication adjustments may be first steps in managing bladder symptoms.

- + Detrusor overactivity, with low post-void residual (PVR) is usually treated with antimuscarinic medications.
- + Recent studies of pelvic floor physical therapy have indicated positive results in MS ([Lucio et al 2011](#)).
- + Transcutaneous posterior tibial nerve stimulation has also been found to be useful in MS ([Gaspard et al 2014](#), [deSeze et al 2011](#)).
- + Botulinum toxin, currently approved for overactive bladder, has been used successfully in MS patients ([Khan et al 2011](#), [Mehnert et al 2010](#), [Schulte-Baukloh H et al 2006](#)).
- + An implanted sacral nerve modulator is also an option for some patients ([Tubaro et al 2012](#)).
- + In patients with high PVR associated with underactive bladder or DSD, clean intermittent catheterization is often a first line intervention. Indwelling catheters, which increase the risk of infection and structural damage, are not considered to be a first choice for patients with high PVR.
- + Other more invasive [surgical interventions](#) are also possible, but only after

more conservative measures have been used.

Update: Affordable Care Act

Open Enrollment for 2015 health insurance coverage through the Affordable Care Act Marketplace (www.healthcare.gov) continues until 02/15/15. This is the only time of year that most people can compare their options, apply for coverage and tax subsidies, and enroll in a plan. It is also the only time that current Marketplace enrollees may switch plans. For additional information, visit our website, or call 1-800-344-4867.



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