

OAB

OVERACTIVE BLADDER

WORRIED YOU'LL NEVER FIND RELIEF?

Take heart: Peggy and Rebecca found freedom from OAB, and so can you!

UNDERSTAND
YOUR
TREATMENT
OPTIONS p. 7

Partner with your HEALTHCARE TEAM

Tools, trackers
and worksheets
that help you get
the best care

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COMPLIMENTS OF YOUR HEALTHCARE PROVIDER



OAB OVERACTIVE BLADDER



Don't let OAB keep you from an active life!

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Take control of your OAB and get back to the life you love

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Guide to OAB goes interactive!

Watch videos to learn more and get insider tips! Just look for the Actable icon, shown right. Here's how it works:



- 1. Download Actable.** Search for the **FREE Actable app** in the app store on your smartphone or tablet.
- 2. Launch Actable.** Click the icon to start the app on your device.
- 3. Scan.** Frame the page with the icon using your smartphone or tablet, and watch videos, slide shows and more!

Special thanks to our medical reviewers:

Elizabeth R. Mueller, MD, MSME, FACS
Associate Professor, Female Pelvic Medicine and Reconstructive Surgery, Departments of Urology and Obstetrics/Gynecology, Loyola University, Chicago Stritch School of Medicine

Leslie M. Rickey, MD, MPH
Assistant Professor, Female Pelvic Medicine and Reconstructive Surgery, Departments of Urology and Obstetrics, Gynecology & Reproductive Sciences, Yale School of Medicine



As the leader in Female Pelvic Medicine and Reconstructive Surgery, AUGS promotes the highest quality patient care through excellence in education, research and advocacy.

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start your *journey*

Regain your freedom

...and get back to the life you **LOVE!**



80% of people with OAB enjoy long-lasting relief thanks to a combined treatment plan that includes behavioral and medical approaches.

These days, Janiece says "Sure!" when her girlfriends invite her to the theater. Sitting calmly through a meeting? No problem. And making it through her twice-weekly Zumba class is a cinch.

But believe it or not, just nine months ago, all those ordinary activities were out of reach for the 45-year-old, a sales rep for a restaurant-supply company. That's because she is one of the 33 million Americans with overactive bladder, which is marked by the sudden strong urge to urinate.

"It got to the point where I was worried about making it from one of my restaurant clients to the next—and they're all pretty much within a 20-mile radius!" says Janiece.

So what made the difference? Partnering with her healthcare team to find the treatment that works for her. Unlike many women who fail to report OAB to their physicians, Janiece realized her symptoms weren't normal and talked to her gynecologist about it. "I knew this was not something I needed to put up with forever," she says.

The good news

Fortunately, as Janiece discovered, healthcare providers now have more tools than ever for helping people cope with OAB. In fact, the vast majority of those who seek help for OAB find effective relief—though it may take some trial and error. ▶

Janiece is a perfect example: When medication didn't put a stop to her workday bathroom runs, she got a referral from her gynecologist to a urogynecologist, a physician who specializes in pelvic floor disorders. Janiece was relieved to be able to talk about her nagging symptoms and comforted to hear that she had plenty more options to consider.

Ultimately, her urogynecologist recommended a nonsurgical treatment. It could be performed right there in her office, and Janiece's sudden urges to urinate should soon diminish. (For treatment information, see "3 Steps to Relief," beginning on page 7.)

In fact, a little more than a week after the procedure, Janiece's frantic bathroom runs had all but disap-

peared—and she was thrilled to be able to sit through an entire meeting at work and drive from one client to another without having to stop.

What about you?

Have you already taken the step of opening up to your healthcare provider about your OAB symptoms—things like urinating more than seven or eight times a day, waking up at least twice a night to go to the bathroom, feeling like you have to go even if you just went and leaking urine despite trying your best to hold it in?

Have you tried lifestyle strategies like Kegels and bladder training? Possibly even

taken medication without finding relief—or worse, experiencing bothersome side effects like constipation and dry mouth? If so, you may be feeling frustrated or worried that you'll *never* regain bladder control!

Take heart: This guide is filled with information that can help you better understand your treatment options. It also features tools and worksheets that can help you work more productively with your healthcare team. And take inspiration from the stories of

other women like Janiece, who are no longer living life between bathroom visits! There's every reason to believe you will follow in their footsteps. 🏃‍♀️

Good reason to get help:
Untreated OAB has been linked to recurrent falls and fractures!



Is your OAB treatment all it could be?

Answer the questions below and review with your healthcare provider to determine the effectiveness of your current OAB treatment plan.

1. What current medical treatment, if any, are you using (or have you tried) to control your overactive bladder?

2. Which self-help measures are you using to reduce your need to urinate?
 cutting my fluid intake
 avoiding coffee or potential "trigger foods"
 Kegel exercises for my pelvic floor muscles
3. Are you still experiencing strong, sudden urges to urinate?
 yes no
If yes, how many a day? _____
4. Does urine leakage continue to be a problem? yes no
5. If you were wearing pads or diapers to catch leaks prior to starting treatment, are you still using them? yes no
If yes, how many a day? _____
6. How many times a night, if any, are you waking up to urinate? _____
7. Please check any of the treatment side effects you have experienced:
 dry mouth
 constipation
 itchiness or skin rash
 sleepiness
 dizziness
 blurred vision
8. On a scale from 1 (poor) to 10 (excellent), how satisfied are you with your current treatment? _____



Your OAB care team

These professionals can help you cope with the symptoms of overactive bladder (OAB).

- **UROGYNECOLOGIST:** a surgeon trained in urology or obstetrics/gynecology who specializes in the care of women with pelvic floor dysfunction, including incontinence.
- **UROLOGIST:** specializes in disorders of the male and female urinary tract.
- **GYNECOLOGIST:** specializes in women's health, including care of reproductive organs and treatment of urinary tract problems.
- **NURSE, NURSE PRACTITIONER (NP) OR PHYSICIAN ASSISTANT (PA):** assists the specialist in your care, runs tests used to evaluate your bladder function and answers your questions.
- **PHYSICAL THERAPIST:** specializes in pelvic floor disorders and can teach you exercises that may help reduce your OAB symptoms.

about your symptoms. He or she will also ask about any medications you're on and events that may have led to your symptoms. ("If someone has pain, that's not OAB," says Dr. Rickey.)

A physical exam (including a pelvic exam for women and a prostate exam for men) can help identify what might be causing your overactive bladder. And a urine sample will help rule out conditions such as a urinary tract infection.

In some cases, your healthcare provider may order other tests. And he or she may ask you to keep a bladder diary (see page 6) to learn more about how your bladder problems affect you.

STEP 3:
Know your options

"OAB is a chronic condition like high blood pressure," says Dr. Rickey. "It requires getting involved in your treatment,

following through on all of the behavior modifications that your healthcare provider recommends and being invested in good long-term management of your symptoms."

Also, ask your doctor how brand-new guidelines issued by the American Urological Association might affect your treatment plan as you consider the following options:

Behavioral therapy,

also referred to as lifestyle changes or behavior modification, includes bladder training, pelvic floor muscle exercise, fluid management and dietary modification.

• **How it works:** Various ways. For example, bladder training (or timed voiding) can help you extend the time you can go between toilet breaks and can help build up your bladder control. Kegel exercises can help strengthen

muscles of the pelvic floor. (For tips on performing Kegel exercises correctly, see page 17.) Fluid management and dietary modification can help you avoid or limit the foods and beverages that irritate your bladder and contribute to your symptoms.

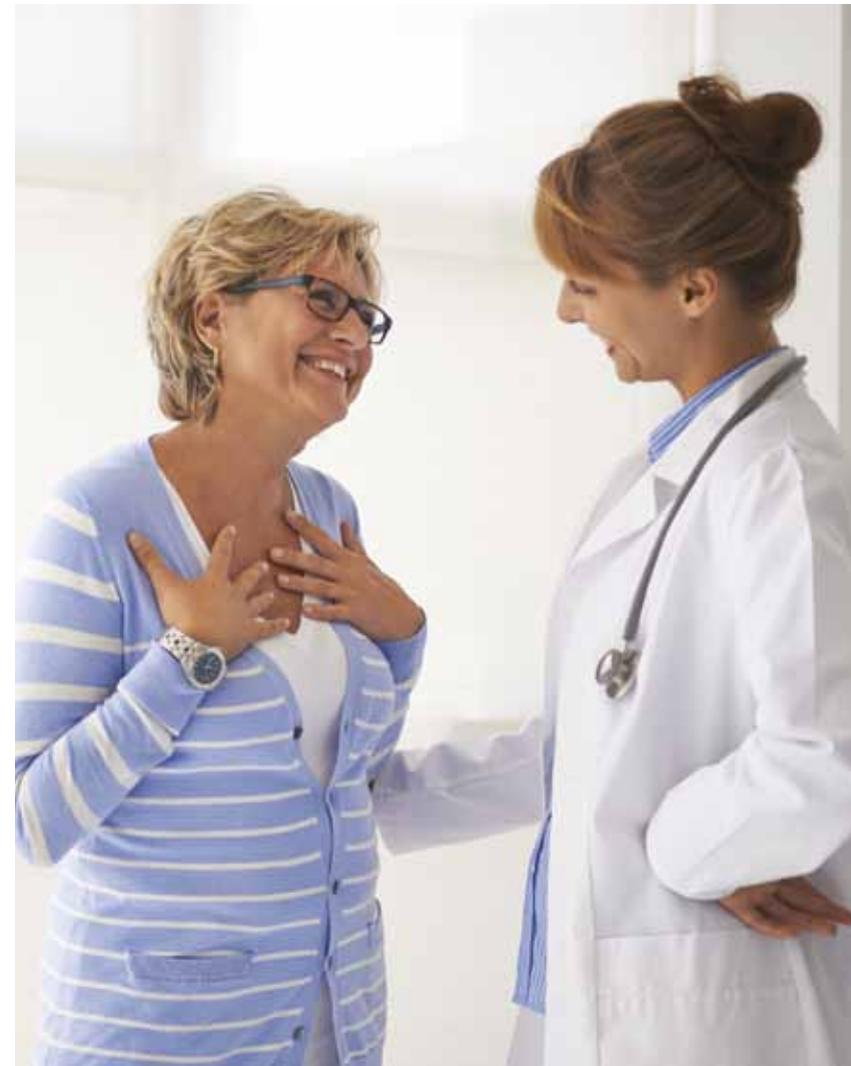
• **It might be right for you if:** You have recently been diagnosed with OAB or your OAB is not bothersome.
• **Good to know:** Behavioral therapies may be combined with medication. Physical therapists specializing in pelvic floor disorders can help you perform Kegels and other exercises that can improve your bladder control.

Medication

• **How it works:** Medications either block nerve signals related to bladder muscle contractions or improve the bladder's ability to store urine, which can reduce the urge to urinate and help control leakage.
• **It might be right for you if:** Behavioral strategies alone don't adequately relieve your OAB symptoms. *Note:* OAB medications are not right for patients who are frail, who have certain medical conditions, such as glaucoma and uncontrolled high blood pressure, or who are taking certain medications, such as blood thinners. Check with your healthcare provider.

Transdermal patch

• **How it works:** Puts medication into your body through the skin, relaxing bladder muscles and improving your ability to control urination.
• **It might be right for you if:** You don't like taking pills.



Neuromodulation therapy

• **How it works:** Delivers electrical impulses to nerves that can improve your bladder control. In sacral nerve stimulation (SNS), an outpatient procedure, a small battery is placed under the skin in the lower back. Electrical impulses stimulate the nerves and improve bladder control. Peripheral tibial nerve stimulation (PTNS) also uses electrical impulses; a small needle electrode is placed near the ankle for 12 weekly treatments.

• **It might be right for you if:** Medication and behavioral therapy haven't worked for you or you cannot tolerate medications and you have severe OAB.

OnabotulinumtoxinA

• **How it works:** A small dose of this medicine is injected into the bladder to decrease overactivity.
• **It might be right for you if:** Other medications and behavioral therapy have not provided adequate symptom relief. 

Your OAB treatment path

Discussion of medical history, physical exam and urine test

Diagnosis

Lifestyle changes, such as diet and exercise
If after 8-12 weeks, lifestyle changes prove ineffective

Oral medications or patches
If after 4-8 weeks, medications prove ineffective

Referral to a specialist, such as a urologist or urogynecologist, for reassessment and further diagnostic tests, if necessary.
If treatment goals are unmet with second-line treatments, discussion of FDA-approved third-line therapies *

- **Intradetrusor onabotulinumtoxinA**
In-office treatment in which a small dose of medication is injected into the bladder muscle
- **Sacral nerve stimulation**
Outpatient procedure in which a battery is placed below the skin in the lower back
- **Peripheral tibial nerve stimulation**
In-office treatment in which a small needle electrode is placed at the ankle

* Per American Urological Association guidelines, the choice of third-line treatment for persistent OAB symptoms depends on your goals and an understanding of the risks and benefits of each treatment option (learn more, left).

4 symptoms of OAB

If you have OAB, you may have any of these symptoms!

1. **URGENCY:** The sudden compelling desire to pass urine, which is difficult to put off.
2. **FREQUENCY:** The need to urinate more than eight times in 24 hours (although this can vary among individuals).
3. **NOCTURIA:** The need to urinate one or more times during the night.
4. **URGENCY URINARY INCONTINENCE:** The involuntary leakage of urine, associated with a sudden compelling desire to void. It's not to be confused with stress urinary incontinence; that's when coughing, sneezing, laughing, exercising or other physical activity causes urine to leak. Some people experience both types, called mixed incontinence.

“I got my quality of life back!”

Thanks to a new treatment for her bladder-control problems, Peggy's back to doing the things she loves!

The best thing about getting help for her overactive bladder? Peggy Cicero no longer has to plan for bathroom breaks. “I can walk wherever I want,” says Peggy, who loves being active. “I used to have a route where I knew there were places—like the hospital four blocks down—where I could use the bathroom. I don't have to do that anymore!”

Just as satisfying: There's no more dread of those humiliating accidents. “Before, I'd be just going along and would have no feelings that I might have to urinate. Then I'd get into the grocery store and feel, *Oh, gee whiz. I've got to go—now!* And I wouldn't make it. It was very embarrassing.”

For Peggy, that unpredictability was a constant source of worry and frustration. At times, pulling into her garage, she found herself scrambling to get into the house. “A door away from the bathroom and it was like, *Oh, my goodness!*” Too often, she didn't make it in time.

Friends suggested she wear a pad. “I tried that, but I felt, *Wait, I shouldn't have to do this.*” So she saw her gynecologist.

Good to know:
If behavioral modification and medications aren't providing adequate relief, your doctor has other options.

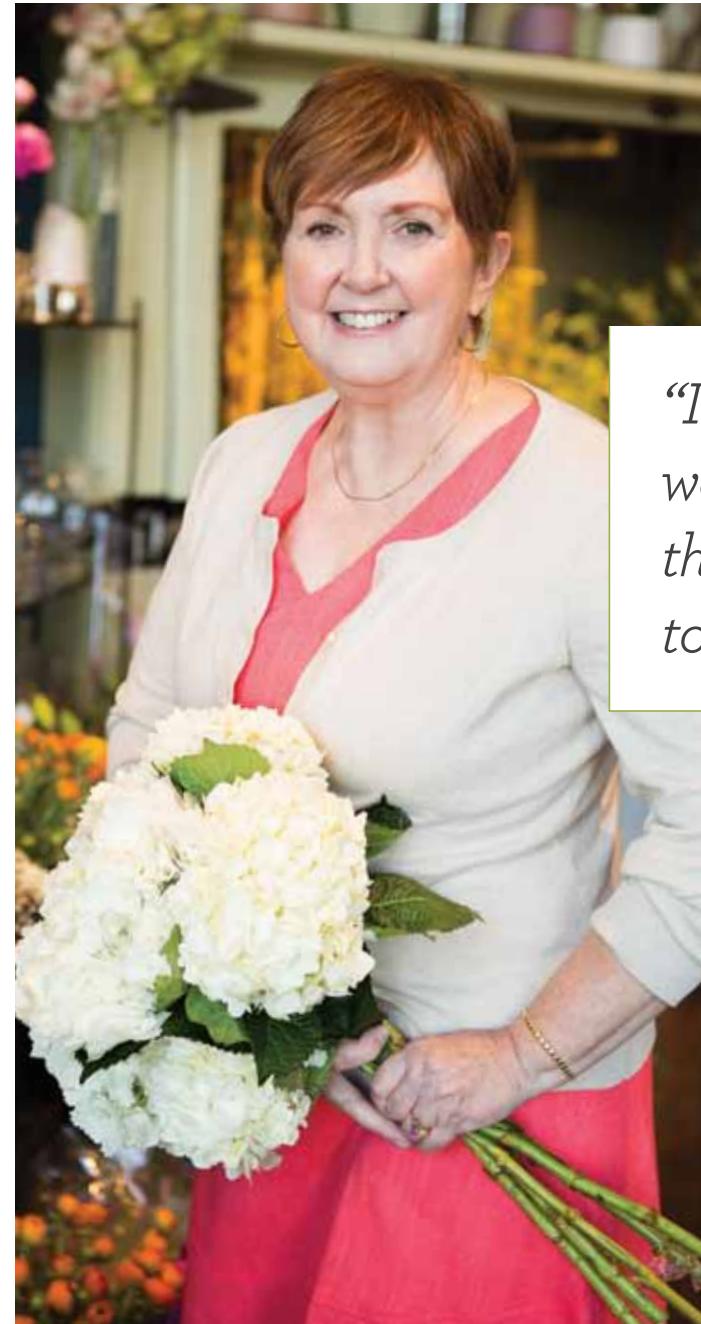
“First, I tried self-help measures”

“My gynecologist told me I had urge incontinence, or overactive bladder [OAB],” says Peggy. “She recommended I cut back on caffeine [known to be a bladder irritant that could trigger the need to urinate] and practice exercises to strengthen my pelvic floor. And if those steps didn't help, to see a urogynecologist.” So Peggy followed her gynecologist's recommendations, but the urges, the leakage—and her frustration—persisted.

“I valued my life too much to just give up!”

Peggy, who does administrative work at her Chicago suburban home, never bought the myth that the leaks and sudden urges to urinate were just part of getting older.

“I'm of the era where women just ‘put up’ with things. But you don't have to put up with OAB,” she maintains. “I value my ability to live my life without the constant worry about where there's a bathroom—or if I'd had too many fluids.”



“I'm of the era where women just ‘put up’ with things. But you don't have to put up with OAB!”

“These days, my bathroom breaks are few and far between!”

After she received the treatment, Peggy had phone consultations for six months and appointments to have her bladder measured. (The treatment has since been approved by the Food and Drug Administration.) A year after the start of the study, she returned for another checkup. Was it all worth it?

Absolutely, says Peggy. “It was phenomenal! After the treatment, the difference was night and day. I didn't have that uncontrollable urge to go anymore. And no more leaks. It was like, wow!” (The effect can last up to six months, after which you can schedule another injection.)

“I'm too young to have *those* problems!” adds Peggy. Losing control of her bladder? “It pushes the aging process. I'm too active—I do so many things. And I like my life!”

So she visited a urogynecologist, who told her about a university study testing the effectiveness of a new injectable treatment for OAB. Resolved to get back her quality of life, Peggy quickly signed up.

“Yes, it's an injection, but the doctor applies a numbing medication before the procedure begins,” says Peggy. “I did feel a bit of discomfort, but I just took a pain reliever afterward, and I felt fine within a couple of hours.”

Frustrated with your Overactive Bladder (OAB) medication not working? Can't handle the side effects?

BOTOX[®] treats adults with the OAB symptoms of leaking, going too often, and the strong sudden need to go. Ask your urologist or urogynecologist if BOTOX[®] can help calm your bladder.

CALM YOUR BLADDER

In clinical trials, by week 12, adults using BOTOX[®] reduced their average number of daily accidents by about half.

As your symptoms return, talk to your doctor about retreatment. Prescription BOTOX[®] treatment is covered by most insurance plans.*

Change your approach, find a BOTOX[®] urology specialist in your area at BOTOXOAB.COM

IMPORTANT SAFETY INFORMATION (Continued)

Tell your doctor about all your muscle or nerve conditions such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including severe dysphagia (difficulty swallowing) and respiratory compromise (difficulty breathing) from typical doses of BOTOX[®] (onabotulinumtoxinA).

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles, such as trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence (symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever); have problems emptying your bladder on your own and are being treated for urinary incontinence; are pregnant or plan to become pregnant (it is not known if BOTOX[®] can harm your unborn baby); are breastfeeding or plan to breastfeed (it is not known if BOTOX[®] passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal products. Using BOTOX[®] with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX[®] in the past.**

Especially tell your doctor if you: have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc[®], Dysport[®], or Xeomin[®] in the past (be sure your doctor knows exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take antiplatelets (aspirin-like products) or anticoagulants (blood thinners).

Other side effects of BOTOX[®] include: dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes. In people being treated for urinary incontinence other side effects include: urinary tract infection, painful urination, and/or inability to empty your bladder on your own. If you have difficulty fully emptying your bladder after receiving BOTOX[®], you may need to use disposable self-catheters to empty your bladder up to a few times each day until your bladder is able to start emptying again.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please refer to full Medication Guide including Boxed Warning on the following pages.

BOTOX[®] (onabotulinumtoxinA) is a prescription medicine that is injected into the bladder muscle and used to treat overactive bladder symptoms such as a strong need to urinate with leaking or wetting accidents (urge urinary incontinence), a strong need to urinate right away (urgency), and urinating often (frequency) in adults 18 years and older when another type of medicine (anticholinergic) does not work well enough or cannot be taken.

IMPORTANT SAFETY INFORMATION

BOTOX[®] may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX[®]:

- **Problems swallowing, speaking, or breathing**, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months
- **Spread of toxin effects.** The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice (dysphonia), trouble saying words clearly (dysarthria), loss of bladder control, trouble breathing, trouble swallowing. **If this happens, do not drive a car, operate machinery, or do other dangerous activities**

Do not take BOTOX[®] if you: are allergic to any of the ingredients in BOTOX[®] (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc[®] (rimabotulinumtoxinB), Dysport[®] (abobotulinumtoxinA), or Xeomin[®] (incobotulinumtoxinA); have a skin infection at the planned injection site.

Do not take BOTOX[®] for the treatment of urinary incontinence if you: have a urinary tract infection (UTI) or cannot empty your bladder on your own and are not routinely catheterizing.

Due to the risk of urinary retention (not being able to empty the bladder), only patients who are willing and able to initiate catheterization post-treatment, if required, should be considered for treatment.

In clinical trials, 36 of the 552 patients had to self-catheterize for urinary retention following treatment with BOTOX[®] compared to 2 of the 542 patients treated with placebo.

Patients with diabetes mellitus treated with BOTOX[®] were more likely to develop urinary retention than non-diabetics.

The dose of BOTOX[®] is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported. These reactions include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you experience any such symptoms; further injection of BOTOX[®] should be discontinued.

Please see additional Important Safety Information on adjacent page.

MEDICATION GUIDE

BOTOX® and BOTOX® Cosmetic (Boe-tox) (onabotulinumtoxinA) for Injection

Read the Medication Guide that comes with **BOTOX** or **BOTOX Cosmetic** before you start using it and each time it is given to you. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. You should share this information with your family members and caregivers.

What is the most important information I should know about BOTOX and BOTOX Cosmetic?

BOTOX and BOTOX Cosmetic may cause serious side effects that can be life threatening, including:

- **Problems breathing or swallowing**
- **Spread of toxin effects**

These problems can happen hours, days, to weeks after an injection of BOTOX or BOTOX Cosmetic. Call your doctor or get medical help right away if you have any of these problems after treatment with BOTOX or BOTOX Cosmetic:

1. Problems swallowing, speaking, or breathing. These problems can happen hours, days, to weeks after an injection of BOTOX or BOTOX Cosmetic usually because the muscles that you use to breathe and swallow can become weak after the injection. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with **BOTOX** or **BOTOX Cosmetic**.

• People with certain breathing problems may need to use muscles in their neck to help them breathe. These people may be at greater risk for serious breathing problems with **BOTOX** or **BOTOX Cosmetic**.

• Swallowing problems may last for several months. People who cannot swallow well may need a feeding tube to receive food and water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving **BOTOX** or **BOTOX Cosmetic** have the highest risk of getting these problems.

2. Spread of toxin effects. In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include:

- loss of strength and muscle weakness all over the body

- double vision
- blurred vision and drooping eyelids
- hoarseness or change or loss of voice (dysphonia)
- trouble saying words clearly (dysarthria)
- loss of bladder control
- trouble breathing
- trouble swallowing

These symptoms can happen hours, days, to weeks after you receive an injection of **BOTOX** or **BOTOX Cosmetic**.

These problems could make it unsafe for you to drive a car or do other dangerous activities. See “What should I avoid while receiving **BOTOX** or **BOTOX Cosmetic?**”

There has not been a confirmed serious case of spread of toxin effect away from the injection site when **BOTOX** has been used at the recommended dose to treat chronic migraine, severe underarm sweating, blepharospasm, or strabismus, or when **BOTOX Cosmetic** has been used at the recommended dose to treat frown lines and/or crow’s feet lines.

What are BOTOX and BOTOX Cosmetic?

BOTOX is a prescription medicine that is injected into muscles and used:

- to treat overactive bladder symptoms such as a strong need to urinate with leaking or wetting accidents (urge urinary incontinence), a strong need to urinate right away (urgency), and urinating often (frequency) in adults when another type of medicine (anticholinergic) does not work well enough or cannot be taken.
- to treat leakage of urine (incontinence) in adults with overactive bladder due to neurologic disease when another type of medicine (anticholinergic) does not work well enough or cannot be taken.
- to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day.
- to treat increased muscle stiffness in elbow, wrist, and finger muscles in adults with upper limb spasticity.
- to treat the abnormal head position and neck pain that happens with cervical dystonia (CD) in adults.
- to treat certain types of eye muscle problems (strabismus) or abnormal spasm of the eyelids (blepharospasm) in people 12 years and older.

BOTOX is also injected into the skin to treat the symptoms of severe underarm sweating (severe primary axillary hyperhidrosis) when medicines used on the skin (topical) do not work well enough.

BOTOX Cosmetic is a prescription medicine that is injected into muscles and used to improve the look of moderate to severe frown lines between the eyebrows (glabellar lines) in adults for a short period of time (temporary).

BOTOX Cosmetic is a prescription medicine that is injected into the area around the side of the eyes to improve the look of crow’s feet lines in adults for a short period of time (temporary).

You may receive treatment for frown lines and crow’s feet lines at the same time.

It is not known whether **BOTOX** is safe or effective in people younger than:

- 18 years of age for treatment of urinary incontinence
- 18 years of age for treatment of chronic migraine
- 18 years of age for treatment of spasticity
- 16 years of age for treatment of cervical dystonia
- 18 years of age for treatment of hyperhidrosis
- 12 years of age for treatment of strabismus or blepharospasm

BOTOX Cosmetic is not recommended for use in children younger than 18 years of age.

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective to prevent headaches in people with migraine who have 14 or fewer headache days each month (episodic migraine).

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective for other types of muscle spasms or for severe sweating anywhere other than your armpits.

Who should not take BOTOX or BOTOX Cosmetic?

Do not take **BOTOX** or **BOTOX Cosmetic** if you:

- are allergic to any of the ingredients in **BOTOX** or **BOTOX Cosmetic**. See the end of this Medication Guide for a list of ingredients in **BOTOX** and **BOTOX Cosmetic**.
- had an allergic reaction to any other botulinum toxin product such as *Myobloc*®, *Dysport*®, or *Xeomin*®
- have a skin infection at the planned injection site
- are being treated for urinary incontinence and have a urinary tract infection (UTI)
- are being treated for urinary incontinence and find that you cannot empty your bladder on your own (only applies to people who are not routinely catheterizing)

What should I tell my doctor before taking BOTOX or BOTOX Cosmetic?

Tell your doctor about all your medical conditions, including if you:

- have a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig’s disease], myasthenia gravis or Lambert-Eaton syndrome). See “What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic?**”
- have allergies to any botulinum toxin product
- had any side effect from any botulinum toxin product in the past
- have or have had a breathing problem, such as asthma or emphysema
- have or have had swallowing problems
- have or have had bleeding problems
- have plans to have surgery
- had surgery on your face
- have weakness of your forehead muscles, such as trouble raising your eyebrows
- have drooping eyelids
- have any other change in the way your face normally looks
- have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever.
- have problems emptying your bladder on your own and are being treated for urinary incontinence
- are pregnant or plan to become pregnant. It is not known if **BOTOX** or **BOTOX Cosmetic** can harm your unborn baby.
- are breast-feeding or plan to breastfeed. It is not known if **BOTOX** or **BOTOX Cosmetic** passes into breast milk.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal products. Using **BOTOX** or **BOTOX Cosmetic** with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX or BOTOX Cosmetic in the past.**

Especially tell your doctor if you:

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin, such as *Myobloc*® (rimabotulinumtoxinB), *Dysport*® (abobotulinumtoxinA), or *Xeomin*® (incobotulinumtoxinA) in the past. Be sure your doctor knows exactly which product you received.
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine

- take a sleep medicine
 - take anti-platelets (aspirin-like products) and/or anti-coagulants (blood thinners)
- Ask your doctor if you are not sure if your medicine is one that is listed above.** Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take BOTOX or BOTOX Cosmetic?

- **BOTOX** or **BOTOX Cosmetic** is an injection that your doctor will give you.
- **BOTOX** is injected into your affected muscles, skin, or bladder.
- **BOTOX Cosmetic** is injected into your affected muscles.
- Your doctor may change your dose of **BOTOX** or **BOTOX Cosmetic**, until you and your doctor find the best dose for you.
- Your doctor will tell you how often you will receive your dose of **BOTOX** or **BOTOX Cosmetic** injections.

What should I avoid while taking BOTOX or BOTOX Cosmetic?

BOTOX and **BOTOX Cosmetic** may cause loss of strength or general muscle weakness, or vision problems within hours to weeks of taking **BOTOX** or **BOTOX Cosmetic**. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.** See “What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic?**”

What are the possible side effects of BOTOX and BOTOX Cosmetic?

BOTOX and BOTOX Cosmetic can cause serious side effects. See “What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic?**”

Other side effects of BOTOX and BOTOX Cosmetic include:

- dry mouth
- discomfort or pain at the injection site
- tiredness
- headache
- neck pain
- eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.
- urinary tract infection in people being treated for urinary incontinence
- painful urination in people being treated for urinary incontinence
- inability to empty your bladder on your own and are being treated for urinary incontinence. If you have difficulty fully emptying your bladder after getting **BOTOX**, you may need

to use disposable self-catheters to empty your bladder up to a few times each day until your bladder is able to start emptying again.

• allergic reactions. Symptoms of an allergic reaction to **BOTOX** or **BOTOX Cosmetic** may include: itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint.

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of **BOTOX** and **BOTOX Cosmetic**. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about BOTOX and BOTOX Cosmetic:

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about **BOTOX** and **BOTOX Cosmetic**. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about **BOTOX** and **BOTOX Cosmetic** that is written for healthcare professionals.

What are the ingredients in BOTOX and BOTOX Cosmetic?

Active ingredient: botulinum toxin type A
Inactive ingredients: human albumin and sodium chloride

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Manufactured by: Allergan Pharmaceuticals Ireland a subsidiary of: Allergan, Inc. 2525 Dupont Dr. Irvine, CA 92612

Revised: 09/2013

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Patented. See: www.allergan.com/products/patent_notices



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Little ways to *make every day easier*

make sure to empty my bladder completely. I try not to drink anything. And, during the night, when I feel the urge to go, I tell myself, *No, I'm going to hold it longer.* And I do!”

That self-talk works in the daytime, too, she adds. “I used to go to the bathroom—then have to go again immediately after. I started to try to hold on a bit longer. You’d be surprised—you can train yourself!”

What also helped, says Rebecca: “I made myself aware of my OAB triggers. Certain beverages especially make me want to go more. Like coffee, which I refuse to give up. And beer, which I love.” Good news for Rebecca—she hasn’t had to give up either. She’s just gotten savvier about when and how much. For example: “I know not to drink coffee before I take the long train ride into New York City from home,” she says. “But I will enjoy a cup when I get there!”

OAB ruin Rebecca’s life? No way! “I go to the gym all the time. I’m on the go. I’m a strong, viable woman,” she says proudly. “My life is just beginning. I’m not going down without fighting this one!”

Here are more tips and strategies that put you on top of your OAB!

Stay comfortably hydrated.

Curbing your fluid intake may sound like a good idea when you’re constantly running to the bathroom to urinate, but limiting fluid too much could end up working against you. Without enough fluid, urine becomes concentrated and irritates the bladder. To strike the right balance, urologist Leslie M. Rickey,

MD, recommends sipping slowly throughout the day—about 4 to 5 ounces an hour. A large fluid intake all at once may flare or trigger urinary urgency.

Did you know? If your urine is light yellow, you’re adequately hydrated!

ID culprit meds.

Make sure your healthcare provider knows about any medications you are taking. Some, including blood pressure medications and antidepressants, can stimulate your urge to urinate. Your healthcare provider may be able to ease any OAB symptoms brought on by meds by suggesting a different schedule or prescribing a new drug altogether. (**Important!** Never stop taking any medication on your own!)

Don’t ditch coffee—without an experiment.

You may not have to give up your morning joe. To find out for sure, try this: Have your normal cup or two and then note if you need to urinate continually for the next three hours. If the answer is yes, try cutting down to see if there’s a difference. Try it for a week and adjust your intake, says Dr. Rickey.



Try an elimination diet!

Chocolate, cocoa, tea, soda, alcohol, spicy foods, highly acidic foods (citrus fruits, tomatoes and tomato-based products) and foods containing the artificial sweetener aspartame can irritate the bladder and aggravate OAB symptoms.

But before you ban them all for good, try an elimination diet. Here’s how: Remove all these culprits from your diet for a week. Then reintroduce them one at a time. Give them each a few days, and see how they affect your bladder control.

Get help for “key-in-lock” syndrome!

If you’re seized with the urge to urinate the moment you get home—just when you put your key in the lock—you know it can be frustrating. But you may be able to cut down on that daily anxiety. Ask anyone who’s home to be on the alert for signs you’ve returned—the sound of your car pulling into the driveway or an elevator door opening if you’re in an apartment—and open or unlock the door so you can breeze right in!



Double-void to stave off urges.

Urinate once. Wait. Then urinate again seconds later, and see if you can pass a little more. Double-voiding can help you avoid overwhelming urges!

Drop 5% to 10%.

If you’re carrying excess pounds, trimming just 5% to 10% of your body weight can reduce your OAB symptoms. That’s according to a study in *Obstetrics & Gynecology*, and it supports the findings of previous studies showing that even a small weight loss can improve symptoms of OAB. 



Kegel newbie? Here’s help!

Done properly and consistently, Kegel exercises can help you strengthen your pelvic floor muscles for better bladder control. Stephanie Riley Hahn, a physical therapist specializing in pelvic floor disorders and co-author of the book, *A Woman’s Guide to Pelvic Health*, offers a few tips:

- Unless you’re already a Kegel pro, forget performing them while you’re at a traffic light. Do them in the privacy of your home, when you won’t be distracted.
- Lie on your back; it’s easier than being upright and having to fight gravity.
- Contract your pelvic floor muscles to “pull” your pelvic floor in and up. If this is difficult, try performing the movement on your side.
- Make sure you’re not tensing your butt or thighs, or pushing your abdomen out.
- Hold the contraction, then release. Over time, work up to 10 repetitions with a goal of holding contractions for 10 seconds.
- If you need help locating where your pelvic floor muscles are, ask your healthcare provider to refer you to a specialist in women’s pelvic health.

Learn more about pelvic anatomy. Scan and watch! Directions on p. 2



OAB? It sure can be frustrating...embarrassing...and just plain annoying! But by refusing to accept anything less than the quality of life you deserve, you can discover the treatment and strategies that will put an end to the stress.

Take our cover model, Rebecca, who calls herself an OAB “expert.” Unable to get a proper night’s sleep—she’d make as many as 10 bathroom runs—Rebecca changed her bedtime routine. “Now before I go to bed, I

What's stopping you from *getting help*?

Don't let shame or misinformation put up roadblocks to relief!

If you just can't bring yourself to tell your healthcare provider about your uncontrollable urges to urinate—or, good grief, the times you've actually wet your pants because you couldn't make it to a toilet in time—consider this: The more you reveal about your symptoms, the better able he or she will be to identify the therapy that could give you more pleasant, symptom-free days ahead. So if any of these common roadblocks are standing in *your way*, find out how to remove them and rediscover your freedom!

ROADBLOCK:

“My OAB is just a part of aging—something I'll have to accept.”

OAB may occur more often in older adults, but that doesn't mean you have to accept symptoms that damage your quality of life. Consider that leaving OAB untreated can cause people to become housebound and depressed. If you also get up frequently at night to go to the bathroom, it can leave you exhausted and without energy, which can limit your activities.

REMOVE IT BY: Saying you want your quality of life back.

If you have other medical conditions and/or are taking other medications, you may want to ask about OAB treatment options that do not involve pills—or make sure the pills you do take won't result in adverse interactions, worsen medical problems you already have or cause intolerable side effects.

ROADBLOCK:

“The only answer for my OAB is surgery (and I don't want that).”

Surgery is not the only answer. In fact, OAB symptoms can be successfully treated without your having to leave your healthcare provider's office. Just so you know, surgeries and procedures used to treat stress incontinence (leaking urine when you cough, sneeze, run or laugh) are not necessarily effective or recommended for urge incontinence (leaking urine following a sudden, strong urge to urinate).

REMOVE IT BY: Knowing the options.

Make sure you know exactly what kind of incontinence you have, so that when you're thinking about treatment options, you know what's viable. If you're not willing to have surgery, let your healthcare provider know. He or she can advise you about alternatives and less invasive procedures.

ROADBLOCK:

“There is no effective treatment for OAB—I'll have to wear diapers.”

“There *are* effective treatments,” says urologist Leslie M. Rickey, MD. But you might not hear about them all at your first appointment. “I'll suggest a therapy and say, ‘Give this a try. If it doesn't work, we'll discuss plan B,’” says Dr. Rickey. The American Urological Association (AUA) provides guidelines for physicians on treatments ranging from dietary modifications to medications, surgery and other procedures. See more on pages 7-9.

REMOVE IT BY: Being open to possibilities.

Finding the right treatment for you can take trial and error, so partner with your healthcare team—and be patient. Your doctor will want to determine an effective treatment plan for you, so make sure you stay involved with managing your condition. And if one therapy doesn't bring relief, don't despair. Keep working to find the strategy that will.

ROADBLOCK:

“I leak sometimes—but a medical condition? I don't think so!”

Leaks. Strong urges to urinate—a little too often and at the worst possible times. Have you simply gotten used to putting up with the inconvenience and embarrassment of your OAB symptoms? Fact is, OAB can stealthily rob you of your quality of life over the years, so you may end up unaware that you have a condition that can be helped by treatment. That's unfortunate, because by turning a “blind eye” to your symptoms you deprive yourself of relief that could make life a whole lot easier and more enjoyable.

REMOVE IT BY: Assessing yourself!

Fill out the self-assessment tool on page 5 and share it with your healthcare team. Your answers can help your doctor understand your symptoms better. ▶



you & your **healthcare team**

ROADBLOCK:

“I can handle this on my own.”

Self-help measures can help, but they're not likely to put a stop to all your OAB symptoms. That's because they can't address the problem of defective nerves that lead to unwanted bladder contractions. What's more, you may end up wasting your time (if you don't know how to do pelvic floor exercises properly) or even worsening your symptoms by trying “too hard”—say, by overly restricting fluids or by visiting the bathroom too frequently. A medical professional can advise you.

REMOVE IT BY: Asking the right questions.

Talk to your healthcare provider about the lifestyle changes that could help—ask for detailed instructions. Then ask, “Will these ease my symptoms? What else can I try, and how likely is that to help me?”

ROADBLOCK:

“My doctor will be shocked/ disgusted—OAB is too embarrassing to discuss.”

First of all, you're not alone. Since millions of Americans have OAB, your healthcare provider has very likely heard it all before. Second, medical professionals who specialize in urinary tract and pelvic floor disorders have been trained to treat the very issues that are bothering you.

REMOVE IT BY: Dropping a hint.

“If you feel shy discussing personal matters, ask your doctor: ‘Do you have any information about urinary leakage?’” suggests Elizabeth R. Mueller, MD, associate professor at Loyola University's Stritch School of Medicine. “If your doctor doesn't tune into that clue, simply say: ‘I am having problems with urine leakage. Who should I talk to about this?’”

One survey showed women with OAB symptoms waited an average of 6.5 years between their first symptoms and getting a diagnosis!



When new moms are feeling boxed in by occasional constipation, they turn to what's in this box.



COLACE® CAPSULES

The #1 doctor and pharmacist recommended stool softener brand.

Please read full product label before use. If pregnant or nursing, please consult with your doctor before use.

The joy of having a baby is very often accompanied by the discomfort of occasional constipation. It's at times like these many new moms turn to Colace® Capsules. Stimulant-free Colace alleviates the need to strain, making relief easy and comfortable. Because life shouldn't stop when constipation starts.

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O+A

OAB confusion—clarified!



Normal or not?

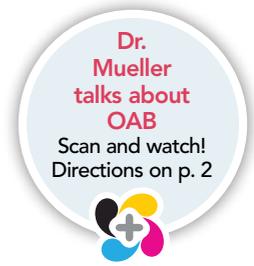
Q I frequently have these overwhelming urges to go to the bathroom; sometimes, I'll even leak. So far, I've just been dealing with it. How will I know when to see a doctor?

A Women's pelvic floor issues, like urinary incontinence, are often "life-altering" not "life-threatening" and for that reason women are confused about if and when to seek treatment. Do you find yourself limiting the clothes you wear? Have you stopped participating in activities? If you feel your bladder is running your life—for some women that could just be when they have to wear a mini-pad—get some help!

OAB or SUI?

Q Often when I sneeze, cough or run, I leak urine. My doctor says this is stress urinary incontinence (SUI), not overactive bladder. Just to be safe, I wear a panty liner every day. Would any OAB treatments help me?

A Women who leak urine when they are running, coughing, bending over or lifting something heavy usually have stress urinary incontinence. Stress incontinence results from sphincter damage that may have occurred during delivery, back injury or from aging. Urgency incontinence is the leakage symptom associated with OAB, in which the bladder wall squeezes when it shouldn't. This results in the



urinary sphincter relaxing (just like it does when you urinate), which brings on a strong urge to urinate. Some treatments for OAB, like physical therapy, which can improve a woman's pelvic floor strength, may also help women with stress incontinence. But the treatments for OAB that target the bladder muscle and calm the bladder usually have no impact on stress incontinence symptoms because they don't affect the urinary sphincter.

Don't delay!

Q My mother has become so anxious about having to go to the bathroom all the time that I can't get her to leave the house. I've told her there are things that can be done but she refuses to listen. How can I convince her to see the doctor?

A Many women believe that the only thing that can help them is surgery or invasive procedures. That is not true. And delaying getting treatment can actually make symptoms worse—for instance, if she's coping by going to the bathroom every 40 minutes. Encourage your mom to get information from a urologist or urogynecologist who specializes in the field of female pelvic medicine and reconstructive surgery. They are board-certified specialists who can offer a range of treatments to help women with incontinence.

OUR EXPERT
 Elizabeth R. Mueller, MD, MSME, FACS, Associate Professor, Division and Fellowship Director, Female Pelvic Medicine and Reconstructive Surgery, Departments of Urology and Obstetrics/Gynecology, Loyola University, Chicago Stritch School of Medicine

You're not alone



Pelvic Floor Disorders affect 1 in 3 women.

Nearly 20 million women in the US are affected by OAB. The American Urogynecologic Society (AUGS) is here to provide a connection with other patients and providers as well as information to help you.

VoicesforPFD.org ▶ Visit this website to connect with other women and find helpful resources about PFDs.



▶ **Bladder TrakHer:** Free App available on iTunes. A useful tool to track bladder voiding, bladder diary, medication reminders and more.

▶ **Pelvic Floor Dialogues** Sign-up for this quarterly e-newsletter to read about the latest research and resources available.



Visit www.voicesforpfd.org to learn more.

Get started by asking these questions.



Good communication is the key to effective treatment for overactive bladder (OAB).

1. Could my strong urinary urges and leaking be OAB? _____
2. Could my symptoms indicate another condition? _____
3. How will you diagnose me? Are there tests you will use? _____

4. What treatment do you recommend and why? _____
5. What are the risks and benefits of this treatment? _____

6. Are there side effects? If so, what can I do to minimize them? _____
7. When can I expect to see an improvement in my symptoms? _____
8. Where can I read more about my condition? _____
9. Are there lifestyle changes you can recommend to ease my symptoms? _____

10. When should I come back to see you? _____

Resources you need!



American Urogynecologic Society (AUGS) Founded in 1979, AUGS (aug.org) is the premier non-profit organization representing more than 1,700 members, including physicians, nurse practitioners, physical therapists, nurses and healthcare professionals, as well as researchers, all dedicated to treating female pelvic floor disorders such as OAB, incontinence and pelvic organ prolapse.



Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU)
SUFU is committed to the advancement of Urology through research and education in urodynamics, neurourology, and male and female pelvic floor dysfunction and reconstructive surgery. SUFU promotes interdisciplinary dialogue, development of young scientists, and the pursuit of scientific excellence to optimize medical care.



Society of Urologic Nurses and Associates (SUNA)
As a professional community of urologic nurses and associates, SUNA (suna.org) is committed to enriching the professional lives of our members and improving the health of our patients and their families, through education, research and evidence-based clinical practice.

→ VISIT HealthMonitor.com/OABResources to access these helpful organizations and others!