

Promoting Good Bladder Health



You wake up with burning, pressure and lower abdominal pain. You are convinced that another bladder infection has set in, and because this is the third one in three months, you ask your doctor what can be done. Dutifully, a prescription is written, and you walk out the office with the typical instructions: drink lots of fluids and use proper hygiene. Certainly, there has to be more.

Urinary tract infections (UTIs) are known to increase with age. As a matter of fact, an adolescent female has a 1-2% annual risk of a bladder infection, while a eighty year old has a 25%+ annual risk of a UTI. Aside from age, urinary retention, incomplete bladder emptying and obstruction are all known causes of bladder infections. Even the drugs that you are taking for other health reasons can sometimes increase the risk of urinary track infections. Obviously, things such as indwelling bladder catheters lead to bladder infections. So common is this phenomenon that Medicare has considered not paying for these types of infections when people are already hospitalized. Less known risk factors that lead to UTIs include pelvic organ prolapse, which can obstruct bladder emptying and neurological problems that impede bladder contractility.

Fortunately, the bladder is not defenseless. An acid urine (low pH) that has a high urea content provides a good defense against bacteria. The simple act of voiding provides a fresh environment, washing out bacteria that may have traveled up the urethra (tube linking the bladder to the outside.) However, some bacteria can be helpful. This is the theory behind the current probiotic movement, which believes in giving your body the bacteria that normally should reside there. Sometimes powerful antibiotics can cure the infection, but wipe out or kill the normal, "good" bacteria. This leads to the growth

of the unhealthy bacteria and the potential for recurrent bladder and vaginal infections. There are a number of dairy products advertising probiotic features and some health food stores sell capsules filled with these probiotic bacteria. Unfortunately, as you consume these good bacteria, the body may react with some bloating and abdominal discomfort within the first week. As a result, many people think this is a sign that the probiotics are bad for them and unnecessarily stop taking them. Unless lactose intolerant, I suggest to my patients that they take some form of milk or yogurt with live cultures on a daily basis (4-6 ounces a day).

As society would have it, a number of wives tales are out there about what to do when you think you have a UTI. The only one with scientific merit is cranberry juice. This has an anti-adhesive mechanism that prevents bacteria from attaching to the cell wall (bladder wall,) preventing infection. Even better news is that it tends to help those women with recurrent bladder infections. It not only works in the bladder, but may reduce some stomach and mouth infections as well. It's best to use as prevention, since once the bacteria attach, infection is more likely to follow. This assumes that you are not hospitalized and have a normal immune system.

If begun early enough, hydration (drinking lots of fluids) and taking something that decreases the symptoms (phenazopyridine, generic for pyridium or proidium) can clear some infections within two to three days. Those wanting faster relief may want antibiotics. Nitrofurantoin (macrochantin, macrobid) will specifically target the bladder without much in the way of systemic side effects (no nausea, diarrhea or vaginitis.) More commonly prescribed trimethoprim/sulfa (Bactrim, Septra), ampicillin and doxycycline are more broad coverage but tend to cause both

bowel problems and vaginal infections. Quinolones, like ciprofloxacin (Cipro), are considered big guns for infections that do not respond to the commonly prescribed antibiotics.

What about recurrent bladder infections or infections that never seem to clear? Patients that have true culture positive recurrent bladder infections should have more vigorous testing. This may include cystoscopy (looking into the bladder with a lighted tube) and an intravenous pyelogram (an x-ray test.) Your doctor should talk to you about these items. Those patients who have culture negative results (recurrent symptoms, but no bacteria grown from cultures) pose different problems. A growing body of evidence suggests these patients may have interstitial cystitis (IC.) This is a problem with bladder permeability that causes symptoms that mimic a bladder infection (pain, urgency and frequency,) when there is no infection present. To date, there is only one approved drug to treat this problem and unfortunately, patients have to be on medication for months prior to seeing any improvement, and only 70% of patients get relief. Talk to your doctor if you believe you have this problem.

As you can see, good bladder health can be a cloudy issue. Proper identification, diagnosis and treatment may come from your doctor only after establishing a history about the reoccurring bladder problems. Keeping your own medical journal of health issues may also help you and your doctor recognize if there is a pattern forming. The best advice as always, is to keep your body hydrated, make sure you have on dry under garments and use the proper hygiene when bathing and using the restroom. Hope that helps clear things up!

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