



**National  
Multiple Sclerosis  
Society**

**MS Learn Online  
Feature Presentation  
Managing Symptoms: Bladder Dysfunction  
Nancy Holland, Ed.D, RN, MSCN**

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**Tom>>** Hi, I'm Tom Kimball

**Tracey>>** And I'm Tracey Kimball. Bladder dysfunction can be a very embarrassing issue, and for many is difficult to discuss. The fact is, bladder dysfunction occurs in 80% of people with MS, and for many, it can be managed successfully.

**Tom>>** And certainly MS is not the only reason someone may have bladder dysfunction. Medical correspondent Rick Somers spoke with Dr. Nancy Holland, Vice President of Clinical Programs with the National MS Society about this issue. To begin with, if you're experiencing bladder dysfunction, how do you know whether it's caused by MS, or some other issue?

>>**Nancy Holland:** Yes. Yes, bladder dysfunction is very common in MS. About 80% of people will experience some bladder problems at some time during the course of their disease.

>>**Rick Somers:** So, it's not just me getting older, as somebody who is in my late forties; it may be MS-related, it may not be, and that's why I should see a urologist.

>>**Nancy Holland:** Well, yes. The first person to see is the -- to talk to is your neurologist, because he or she will have some sense about the differences between MS bladder dysfunction and other kinds of bladder problems. The kinds of symptoms you experience in MS tend to be a little bit different than the ones that you experience because of age. There is urgency, frequency, waking up at night, having difficulty initiating the stream of urine, and sometimes bladder infections also can occur.

>> **Rick Somers:** Give us a snapshot of how a healthy bladder works.

>>**Nancy Holland:** Okay. The bladder -- the best way to talk about the bladder is to think of a balloon. It's an elastic muscle, really, that fills with urine. As it fills, the bladder, called the detrusor muscle, gradually stretches and increases in size with urine. Then the other important muscle is the sphincter. The sphincter is the gatekeeper. That's what contracts when the urine is being held inside the bladder. And then when a person is in an appropriate place, you voluntarily release that sphincter in order to let the urine flow out.

>> **Rick Somers:** So, explain somewhat how somebody dealing with MS might have those muscles or nerves triggered.

>>**Nancy Holland:** Okay. The symptoms I mentioned have to do with dysfunction of those two muscles. When the bladder, or detrusor muscle, is overactive, the symptoms of urgency, frequency, waking up at night can occur. Sometimes the sphincter does not relax properly. In order for normal urination to occur, the bladder needs to press down, to push the urine out, at the same time that the sphincter opens to let the urine out. Now, in MS, there can sometimes be incoordination between these two things, where the bladder is pushing down but the sphincter is not opening sufficiently to let all the urine out.

>> **Rick Somers:** So, when a bladder is dysfunctional, what essentially is going wrong?

>> **Nancy Holland:** Well, it's really the damage in the central nervous system, the brain and spinal cord is reflected in these two muscles not working properly. And it can be either the bladder itself being, like I said, overly active, which causes symptoms, urgency, frequency, waking up at night. It can be that the sphincter doesn't open much at all, in which case the bladder can continue to fill with urine and not empty. And it can be incoordination of the two muscles during emptying.

>> **Rick Somers:** I think you mentioned before that 80%, which seems to me is an incredibly high number, of MS patients deal with some type of bladder dysfunction. What are some of the techniques that are available to help us manage better?

>> **Nancy Holland:** Well, the good news is that these symptoms can be managed almost always in a very satisfactory manner. Symptoms are certainly distressing, they interfere with social activities, they interfere with employment, intimacy, and if untreated can lead to serious complications, such as involvement of the kidneys, generalized infection called sepsis. But it's really good to be able to reassure people that these symptoms can be managed. Be sure to talk to your doctor or other healthcare provider and make sure that they get evaluated, and that you follow the treatment recommendations, because they really are very amenable to the management techniques.

What is done, there are two types of bladder problems, emptying dysfunction and storage dysfunction. And in the emptying dysfunction, that's where we spoke about the detrusor muscle being overly active and pushing the urine out when there is not very much urine in the bladder. And that's treated with medication, a category generally called anticholinergic. And this medication relaxes that

bladder muscle so that it's able -- the bladder is able to fill and hold more urine before you experience the urge to urinate.

The other type of dysfunction, emptying dysfunction, is where that bladder muscle either is weak itself and not able to push the urine out very well, or that sphincter is tight and doesn't relax sufficiently to let the urine out. So, the end result is that you're not emptying the bladder completely, and this is important because the urine that's in the bladder can precipitate a urinary tract infection. The urine sits there, bacteria can multiply, and also tiny particles in the urine that normally get flushed right out can precipitate and form stones.

This kind of problem is generally treated by intermittent catheterization, which is scary to people when you first mention it, because it does involve passing a thin plastic tube through the urinary opening into the bladder. In fact, it's very simple to do, it's not painful or even uncomfortable, and it takes about a minute when a person is used to doing it. It's just done anywhere, in a toilet in a stall or in the toilet at home. And people generally are so pleased with the results that they pretty quickly get over the fear of the procedure.

And the other thing is that bladder symptoms tend to clear up if they're treated early on. And so by emptying the bladder on a regular basis with a catheter, after a few weeks or months, sometimes the bladder returns to normal, and because it's been emptied on a regular basis, the bladder is not stretched out. If you leave the bladder always extended with too much urine, it's like the balloon we spoke about earlier on, it tends to get stretched out, and then when the relapse is over, it won't go back to normal. But if you take care of the bladder and empty the bladder when it needs to, when the relapse has passed, the bladder will often go back to its normal function.

**Tracey>>** Dr Holland's explanation of the bladder, and the symptoms that can occur with MS was helpful. I appreciated some of the management strategies she shared as well.

**Tom>>** Another issue that shares a similar stigma is bowel dysfunction. If you want to hear what Dr. Holland has to say about that problem, just click on the program title right next to the video screen. See you then.