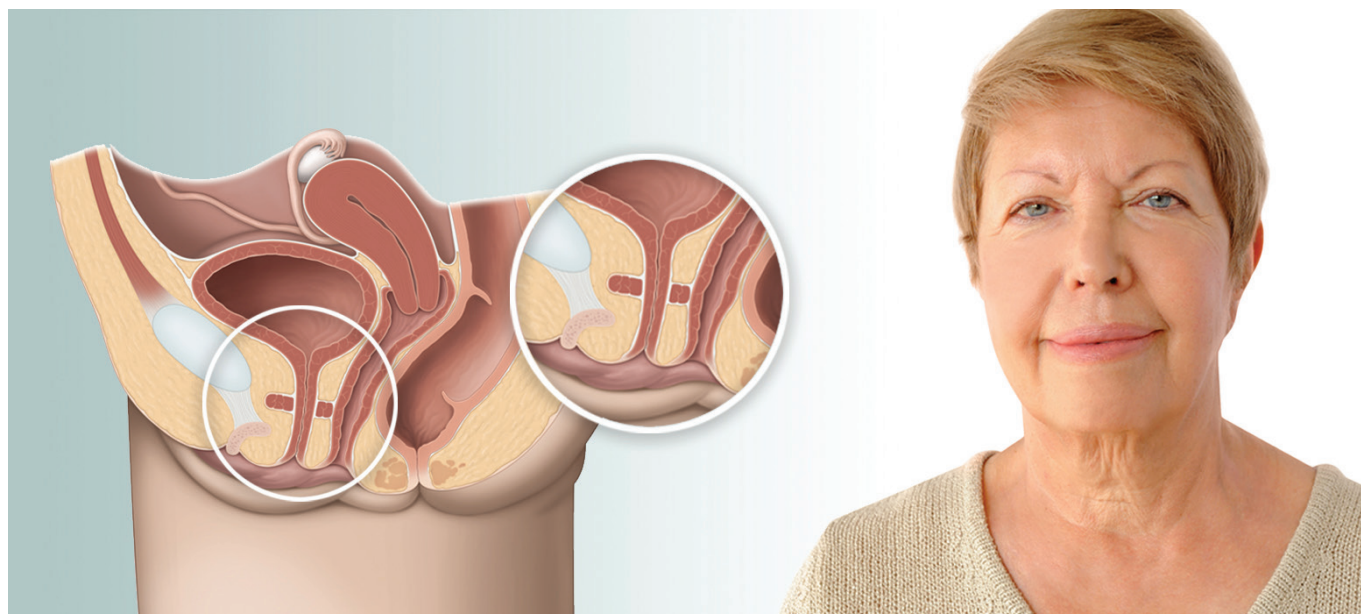




Basic Information on Nocturia

The underlined terms are listed in the glossary.

What is nocturia?

Nocturia is waking up one or more times during the night because of the need to urinate.

This means that if you wake up during the night — for instance because you are thirsty, hear noises, worry, or feel pain — and you decide to visit the toilet in the meantime, you do not have nocturia. You also do not suffer from nocturia if you go to the toilet first thing in the morning.

Waking up once in a while to urinate is common and is generally not very bothersome. However, if you regularly wake up two or more times a night, it can affect your quality of life and general health. The more times you wake up each night, the more it impacts your wellbeing.

Nocturia disrupts your sleep and may cause you to be more tired than usual during the day. This can make it

difficult to concentrate at work and carry out your daily activities. Your lower energy levels could also affect your social life.

How common is nocturia?

Nocturia affects both men and women, and becomes more common as you grow older. In adults under 30, more women than men suffer from nocturia while over the age of 50, it affects men more often. Over the age of 60, the chances of suffering from nocturia rapidly increase for men and women alike.



Go Online

This information leaflet contains basic information on nocturia. If you want to read more in-depth information, visit our website: <http://patients.uroweb.org/>

Diagnosis of nocturia

Your doctor may order a series of tests to understand what causes your symptoms. This is called a diagnosis. The diagnosis of nocturia is relatively simple, but understanding the underlying causes is much more complex. This is because nocturia may be a symptom of other medical conditions.

First, the doctor or nurse will take your medical history and do a physical examination. If needed, other tests will be performed.

Bladder diary

Your doctor may ask you to keep a bladder diary. Here you can note down how much you drink, how often you urinate, and how much urine you produce. The bladder diary is important because it helps your doctor to understand your symptoms better.

Download a bladder diary at our website:
<http://patients.uroweb.org>

Treatment for nocturia

Your doctor may suggest treatment to improve your symptoms. This section describes different treatments. Together with your doctor you can decide which approach is best for you.

Factors which influence this decision include:

- Your medical history
- Any other medication you are taking
- Drugs available in your country
- Your personal preferences and values

Treatment options include:

- Over-the-counter supplements
- Muscarinic receptor antagonists (MRAs)
- Loop diuretics
- Desmopressin
- Prostate medication and surgery

Lifestyle advice for nocturia

Nocturia is usually bothersome and can have a negative impact on your quality of life. It disrupts your sleep and may cause you to be more tired than usual during the day.

General lifestyle changes can help manage your symptoms and improve your quality of life:

- Maintain a good sleep routine: go to bed and wake up around the same time 7 days a week and avoid taking naps during the day. Stay in bed as long as you need to be alert and active the next day. If you stay in bed too long or too short, the quality of your sleep may diminish. Sleep in an environment which is free from disturbing light and noise, and has a comfortable temperature
- Drink less in the late afternoon and evening to avoid getting up at night to urinate
- Drink at least 1-1.5 litre every day and discuss with your doctor if you can drink more
- Reduce alcohol and caffeine, because they may increase urine production and irritate the bladder. Remember that even drinks marked as decaffeinated, such as tea, coffee or soft drinks, may have some caffeine
- Avoid eating large meals shortly before you go to sleep. Also, certain foods can worsen nocturia. It may be helpful to reduce chocolate and spicy foods, especially in the evenings
- Avoid smoking because nicotine is a stimulant and can affect your sleep
- If recommended by your doctor, encourage yourself to “hold it” longer when you feel the urgency to urinate. This will train your bladder to keep more urine so that you will urinate less often
- Reduce swelling in your ankles and legs. During the day, water in your body may flow down to your legs, causing swelling. This condition is called peripheral oedema. When you lie down, or elevate your legs for several hours, the fluid returns to the kidneys. Your body will then get rid of it when you urinate. If this happens at night,

it causes nocturia. Lying down or elevating your legs in the afternoon may allow you more hours of uninterrupted sleep

Living with nocturia

Nocturia is a major problem for many adults. It is defined as waking up one or more times per night to urinate. It can last for a long time and there is no simple cure. Different people cope differently with their symptoms and the possible side effects of treatment. The impact of nocturia on your life should not be underestimated.

Quality of life involves both physical and psychological health. It is important not only to feel healthy but also to feel free of the psychological pressure of living with nocturia.

There are many ways to keep the symptoms under control. They should not stop you from being happy in your relationships and participating in the social, cultural, and economic life of your community. Read about changes in your habits which may improve your nocturia in the section Lifestyle advice for nocturia.

Nocturia can have a negative effect on your personal relationships. It can be difficult to feel attractive and confident when you do not always feel in control of your body. Do not be embarrassed to seek help if your symptoms bother you: consult your family doctor, general practitioner, or a urologist.

Some questions to ask your doctor

Although EAU Patient Information is relevant to most people with nocturia, you may have questions which are specific to your individual situation. Your doctor is the person to answer these questions. It can be helpful to prepare a list of questions before you go and see your doctor. Examples of questions you may want to ask are:

- Why have I developed this problem?
- What will happen in the next months and years if I choose not to have any treatment?
- What will happen in the next months and years if I do choose to have treatment?
- Which treatment option do you recommend for me?
- What can I expect from that treatment?
- What are the possible side effects or risks of this treatment?
- How long do I need to be treated for?

Glossary

Benign prostatic enlargement (BPE)	An enlargement of the prostate related to hormonal changes with age.
Bladder	Organ that collects urine from the kidneys (<i>see also</i> Kidneys).
Kidneys	Two bean-shaped organs in the back of the abdomen that filter the blood and produce urine.
LUTS	Lower urinary tract symptoms. A term used for the collection of symptoms which can point to a number of diseases affecting the urinary tract.
Nocturnal polyuria	When the kidneys overproduce urine at night.
Obstructive sleep apnoea	Repetitive pauses in breathing during sleep, despite the effort to breathe, commonly paired with snoring.
Overactive Bladder Symptoms (OAB)	A collection of urinary storage symptoms, including urgency, incontinence, frequency and nocturia.
Peripheral oedema	Oedema means swelling. Peripheral oedema refers specifically to swelling of the ankles and legs.
Primary polydipsia	The sensation that your mouth is dry which leads you to drink too much.
Prostate	The gland which produces the fluid which carries semen. It is located in the male lower urinary tract, under the bladder and around the urethra.
Transurethral resection of the prostate (TURP)	TURP is a standard surgery to treat benign prostatic enlargement (BPE). A part of the prostate is removed to improve the symptoms without making an incision in your lower abdomen. This type of surgery is known as minimally invasive treatment (<i>see also</i> minimally invasive procedure).
Urethra	The tube which carries urine from the bladder and out of the body.
Urgency	The sudden need to urinate which is difficult to postpone.
Urinary incontinence	Involuntary loss of urine.

This information was updated in January 2014.

This leaflet is part of EAU Patient Information on Nocturia. It contains general information about nocturia. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider.

This information was produced by the European Association of Urology (EAU). The content of this leaflet is in line with the EAU Guidelines.

You can find this and other information on urological diseases at our website: <http://patients.uroweb.org>

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