

Overactive Bladder Revisited

Effective communication requires a lexicon that is clearly understood by all interested parties. It is essential that when I use a word it means exactly the same thing to me as it does to you. When I was a child, there was no such word as "ain't." It was not in the dictionary and no educated person was supposed to use that word. But lots of people used the word and everyone knew what it meant. Now, "ain't" is a word. It means, "am not" and it can be found in the dictionary. Many people still do not approve of "ain't;" many parents don't allow their children to use it, but everyone still knows what it means. In simple terms, words are defined by their usage.

I applaud the ICS for its efforts on creating a standardized vocabulary [Abrams et al., 2002; Van Kerrebroeck et al., 2002]. However, I question the precision with which they define some things. For example, everyone who reads this journal knows what the word overactive bladder means. But when I use those words, they don't mean exactly the same thing to me as they do to the people who authored the Standardisation of Terminology Reports.

Overactive bladder is defined by the ICS [Abrams et al., 2002] as urinary "urgency, with or without urge incontinence, usually with frequency and nocturia." I agree with that, but they add the caveat "if there is no proven infection or other obvious pathology." That means, I think, that if a patient with overactive bladder does have other pathology such as BPH, urethral obstruction, sphincteric incontinence, neurogenic bladder and pelvic organ prolapse (as many do), then he or she does not have overactive bladder. That does not make any sense to me. Overactive bladder describes symptoms, not conditions. A patient with a headache has a headache whether the pain is idiopathic or due to a brain tumor. So too, should a patient have overactive bladder whether or not there is associated BPH or infection.

You might think I am being pedantic or too semantic. What's wrong with being too precise in defining the meaning of a word? First, if you restrict the meaning of a word, it's necessary to define other words to take the place of the restricted word. That's the problem with the term overactive bladder. As it stands there is no word to substitute for it when there is "proven pathology."

Second, in certain countries where doctors actually get paid for their services, they are required to record the proper diagnostic code on a form to get paid. In the United States of America, if you check off the wrong code on a Medicare form, you've actually committed a felony and could go to jail (I'm serious). If there is no word to describe the condition, there is nothing to check off and you can't get paid.

Finally, too restrictive a definition can stifle research and innovation. For example, the current definition of nocturia requires that the patient be asleep before and after each void and the standardization document [Van Kerrebroeck et al., 2002] recognizes that some patients are awakened by an urge to void and others awaken for other reasons and then void. From a research standpoint, this requires the development of validated instruments that make these distinctions. None are forthcoming and anyone who does research in nocturia can attest how difficult it is to make these distinctions. For the present time this stifles nocturia research because some regulatory agencies (with which I have been personally involved) demand that the definitions of the ICS be strictly adhered to.

For the time being, I'm not supposed to use the word OAB the way I want: but, I ain't gonna abide by the definition of OAB which excludes those with "other obvious pathology." As for as I am concerned, if a man with BPH complains of urinary frequency and urgency and voids in small volumes, he has an overactive bladder.

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