

Overactive bladder: a new paradigm

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“I have overactive bladder,” said a patient.
“What do you mean?,” said I.
“You don’t know what overactive bladder is?,” she said incredulously. “You’re a doctor!”
“I know what I mean by OAB; I want to know what you mean.”
“I don’t have any control of my bladder.”
“What do you mean?”
“I go too often, and when my bladder gets full, if I wait too long, I can’t get to the bathroom in time and I wet myself.”
“That’s not overactive bladder.”
“What is it then?”
“I don’t know; there are no words to describe your condition.”
“Wow, is it that rare?”
“No, it is actually one of the most common conditions that I see.”
“So why don’t you know what it is?”
“I do know what it is, I just don’t know what to call it. I used to call it OAB, but they told me I couldn’t use that term any more.”
“Why can’t you use it?”
“Sudden,” I said. “You didn’t say that you got a sudden desire to pass urine that is difficult to defer.”
“OK, so let’s say it’s sudden (it’s not). Can we call it OAB now? Can you treat me now.”
“Sure. As long as it’s sudden.”

“But ‘desire?’ I don’t ever get a desire to urinate. Frankly, considering how often I go, I’d be quite happy to never urinate again if I could. Would that be harmful?”

Urinary urgency is the most bothersome of lower urinary tract symptoms and it is the cornerstone of the diagnosis of overactive bladder (OAB), but the definitions of urinary urgency and that of OAB have been the source of considerable controversy and, in my opinion, are much too restrictive.

The International Continence Society (ICS) defines urgency as “...the complaint of a sudden compelling desire to pass urine, which is difficult to defer” [1], but as noted by the patient above and corroborated in research studies, amongst patients who complain of urgency, most of their “urgency” voids are not preceded by a “sudden” sensation. Rather, the uncomfortable need to void that they experience can be graded and it is only the most severe form of urgency that is of sudden onset. The Urgency Perception Score (UPS) [2], for example, grades urgency on a scale of 0 to 4, but only grade 4 on this scale corresponds to the ICS definition of urgency. Yet grades 2 and 3 are considered to be “urgency” by the patients who participated in the study validating the UPS.

Further, the ICS considers urgency to always be a pathologic symptom, different from the normal sensation that leads a person to void [3]. They say it is like a light switch—either on or off. So says the ICS Standardisation Sub-Committee. But not our patients! Two thirds of my patients said that their “urgency” was an intensification of the normal urge to void, not a different sensation and not like a light switch [4]. Like the patient above they said the normal sensation becomes urgency “if I wait too long.”

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So, I propose that the definition of urgency be changed to read:

... a compelling sensation of the need to pass urine, which is difficult or uncomfortable to defer.

What about the definition of OAB? The ICS states that “*Urgency*, with or without urge incontinence, usually with frequency and nocturia...can be described as the overactive bladder syndrome... These symptom combinations are suggestive of urodynamically demonstrable detrusor overactivity, but can be due to other forms of urethro-vesical dysfunction. These terms can be used if there is no proven infection or other obvious pathology” [1].

But OAB is not a syndrome, it is a symptom complex. A syndrome is a group of symptoms that together are characteristic of a specific disorder or disease, e.g., Down’s syndrome (trisomy 21). A symptom complex is a group of symptoms that commonly occur together and require evaluation to determine the diagnosis.

That there is a differential diagnosis of OAB and remediable conditions causing the symptoms is unquestioned. For example, in men with prostatic obstruction and women with sphincteric incontinence or pelvic organ prolapse, OAB symptoms are alleviated in many or most patients after surgical correction of the respective conditions. Two recent studies showed that OAB is truly idiopathic in only about 5% of men [5] and 23% of women [6].

For all these reasons, I recommend that the definition of OAB be changed to read something like:

Overactive bladder is a symptom complex comprised of urinary urgency with or without other symptoms such as urinary frequency, nocturia, urge incontinence and lower urinary tract pain (whatever that is).

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