

## Glossary<sup>1-4</sup>

**Abdominal Pressure:** pressure surrounding the bladder. It is estimated from rectal, vaginal or less commonly, from extraperitoneal pressure or a bowel stoma. The simultaneous measurement of abdominal pressure is essential for the interpretation of the intravesical pressure trace.

**BPH:** Benign prostatic hypertrophy. The benign proliferation of the prostatic stroma and epithelium. Prostatic hyperplasia that interferes with urinary flow is called benign prostatic obstruction, and is often accompanied by LUTS. BPH is the term typically used to refer to the complex of symptoms experienced as the result of prostate hyperplasia.

**Bladder outlet obstruction:** generic term for obstruction during voiding and characterized by increased detrusor pressure and reduced urine flow rate.

**Bladder Sensation:** five categories, defined by taking patient history:

-Normal: individual is aware of bladder filling and increasing sensation up to a strong desire to void.

-Increased: individual feels an early and persistent desire to void.

-Reduced: individual is aware of bladder filling but does not feel a definite desire to void.

-Absent: the individual reports no sensation of bladder filling or desire to void.

-Non-specific: individual reports not specific bladder sensation but may perceive bladder filling as abdominal fullness, vegetative symptoms, or spasticity. Nonspecific symptoms are frequently seen in neurological patients, particularly with spinal cord trauma, and malformations of the spinal cord.

**Continuous (urinary) incontinence:** complaint of continuous involuntary loss of urine.

**Detrusor Pressure:** the component of intravesical pressure that is created by forces in the bladder wall (passive and active). It is estimated by subtracting abdominal pressure from intravesical pressure.

**Detrusor Overactivity:** involuntary detrusor contractions during the filling phase which may be spontaneous or provoked. Detrusor Overactivity Incontinence is incontinence due to involuntary detrusor contractions.

-Neurogenic detrusor overactivity: when there is a relevant neurological condition. This term replaces “detrusor hyperreflexia”.

-Idiopathic detrusor overactivity: when there is no defined cause. This term replaces “detrusor instability”.

**Enuresis:** means any involuntary loss of urine. If it is used to denote incontinence during sleep, it should always be qualified with the adjective “nocturnal”.

**Increased daytime urinary frequency:** complaint that micturition occurs more frequently during waking hours than previously deemed normal.

**Insensible (urinary) incontinence:** complaint of urinary incontinence where the person has been unaware of how it occurred.

**Intravesical pressure:** the pressure within the bladder.

**LUTD (Lower Urinary Tract Dysfunction):** This term typically refers to *signs* (not symptoms) observed by physicians to verify symptoms and quantify them. An example: observation of leakage on coughing, validated quality of life questionnaires, pad tests, frequency volume chart observations.

**LUTS (Lower Urinary Tract Symptoms):** a non-specific, general term to refer to any combination of urinary *symptoms*. Symptoms are the subjective indicator of disease or change in condition as perceived by the patient or caregiver. It can refer to those symptoms primarily associated with overactive bladder (frequency, urgency, and nocturia), as well as storage and/or voiding disturbances common among aging men. LUTS can be divided into storage symptoms, voiding symptoms and postmicturition symptoms.

**Mixed (urinary) incontinence:** Two or more of any type of incontinence.

-Women sometimes have involuntary loss of urine associated with urgency and also with effort or physical exertion or on sneezing or coughing. Typically the term “mixed” incontinence refers to women with this condition.

-Men can have involuntary loss of urine associated with overflow due to blockage of urine flow from enlarged prostate and urgency.

**Nocturia:** complaint of interruption of sleep one or more times because of the need to micturate. Each void is preceded and followed by sleep.

**Nocturnal enuresis:** complaint of involuntary urinary loss of urine which occurs during sleep.

**Normal micturition:** seven episodes of micturition during waking hours has been deemed at the upper limit of normal, though it may be higher in some populations. (Fitzgerald 2003)

**Overactive bladder (OAB, urgency) syndrome:** urinary urgency, usually accompanied by frequency and nocturia, with or without urinary incontinence, in the absence of urinary tract infection or other obvious pathology. The term OAB refers to a symptom complex.

**Postural (urinary) incontinence:** complaint of involuntary loss of urine associated with change of body position, e.g. rising from a seated or lying position.

**Storage Symptoms:** experienced during the storage phase of the bladder and include daytime frequency and nocturia.

**Stress (urinary) incontinence:** complaint of involuntary loss of urine on *effort* or physical exertion (e.g. Sporting activities), or on sneezing or coughing. N.B. “activity-related incontinence” might be preferred in some languages to avoid confusion with psychological stress.

**Urethral Function Terminology:**

-Normal urethral closure: maintains a positive urethral closure pressure during bladder filling, even in the presence of increased abdominal pressure, although it may be overcome by detrusor overactivity.

-Incompetent urethral closure: allows leaking of urine in the absence of a detrusor contraction.

-Urethral relaxation incontinence: leakage due to urethral relaxation in the absence of raised abdominal pressure or detrusor overactivity.

**Urgency:** complaint of a sudden, compelling desire to pass urine which is difficult to defer.

**Urgency (urinary) incontinence:** complaint of involuntary loss of urine associated with urgency.

**Urinary incontinence (symptom):** complaint of involuntary loss of urine.

**Voiding Symptoms:** are experienced during the voiding stage.

-Slow stream: perception of reduced urine flow.

-Splitting or spraying: of urine stream may be reported.

-Hesitancy: difficulty in initiating micturition resulting in delay of onset of voiding after ready to pass urine.

-Straining: muscular effort used to either initiate, maintain or improve urinary stream.

-Terminal Dribble: prolonged final part of micturition.

1. Abrams P, Cardozo L, Fall M, et al. The standardisation of terminology in lower urinary tract function: report from the standardisation sub-committee of the International Continence Society. *Urology*. 2003;61(1):37-49.
2. Fitzgerald LS, Hanlon JT, Shelton PS, et al. Reliability of a modified medication appropriateness index in ambulatory older persons. *The Annals of pharmacotherapy*. 1997;31(5):543-548.
3. Blaivas JG, Appell RA, Fantl JA, et al. Definition and classification of urinary incontinence: recommendations of the Urodynamic Society. *Neurourol Urodyn*. 1997;16(3):149-151.
4. Abrams P, Chapple C, Khoury S, Roehrborn C, de la Rosette J, International Scientific C. Evaluation and treatment of lower urinary tract symptoms in older men. *J Urol*. 2009;181(4):1779-1787.