

## WHAT WE TALK ABOUT WHEN WE TALK ABOUT URGENCY: A SURVEY OF USAGE OF ICS STANDARDISED TERMINOLOGY

### Hypothesis / aims of study

The ICS Standardisation Committee produced its first report on standardised terminology 32 years ago, aiming to facilitate communication and comparison of results [1]. The lists of approved, discouraged and obsolete terms have become increasingly complex over time, and underwent substantial revision in 2002 [2,3]. This study aimed to assess awareness, understanding, and agreement with current standardised definitions among members of the British Society of Urogynaecologists (BSUG).

### Study design, materials and methods

The study used an email questionnaire distributed to all 248 members of BSUG in January 2008, with a reminder questionnaire in March 2008. The BSUG membership is principally composed of consultant urogynaecologists with the remainder made up of trainees and general obstetrics and gynaecology consultants with a special interest in urogynaecology. The questionnaire used a mix of multiple choice items, Likert scales, and open question formats to assess: rates of awareness of a list of standard, obsolete and discouraged terms; rates of usage of these same terms in either clinical or research practice; levels of agreement with different aspects of the standardised definition of urinary urgency; and the terminology used in clinical history taking by members to elicit urgency as a symptom. A mixed descriptive quantitative and thematic qualitative approach was used to analyse the data.

### Results

52 usable responses were received, giving a response rate of 21.0%. 88.4% of responders claimed to use ICS terminology in their clinical practice. No single member was able to correctly identify all items from a list of 20 terms as either current or obsolete. Members were however familiar with the most prominent items of outdated terminology. 78.8% recognised that "detrusor instability" was obsolete, with only 21.1% continuing to use it in practice. 80.7% were aware that "genuine stress incontinence" was obsolete, although 26.9% were still using it. Other items of obsolete or discouraged terminology were more problematic. A majority of members believed that "vulvodinia", "dysuria", and "overflow incontinence", were all standardised terms, with a large majority continuing to use these terms in practice. Only 9.6% of members were aware of the approved term "urethral relaxation incontinence". 51.9% of members believed that the proposed term "urgency incontinence" was already accepted standardised terminology. Members were divided as to whether urinary urgency was necessarily a sudden sensation, whether it had to be associated with a fear of leakage, and whether it was a kind of pain. A majority of members believed however that it was not necessarily a pathological symptom (Figure 1). As expected, a wide variety of questions were used in clinical history taking to elicit the symptom of urgency. Only a small minority used the actual word "urgency". Common concepts used to evoke urgency for patients included a sense of desperation, a need to rush, or being unable to defer voiding. Representative examples included: "Do you ever have a feeling that you have to pass water NOW, so that you have to rush to the toilet?", "Do you ever find that you desperately need to rush to the toilet?", and "When your bladder is full, do you have to rush to the toilet or can you hang on?" In further free text responses members expressed a range of views including: strong support for standardisation; a need for simple terms that would be appropriate for both patients and primary care physicians; and finally persistent confusion about past and current terminology.

### Interpretation of results

The response rate for the survey is low, and the results cannot therefore claim to be representative of the BSUG membership as a whole. Nonetheless it is clear that BSUG members, who are already a highly selected group of English speaking physicians, specialising in continence, have only a tenuous grasp of all current ICS terminology. While some revisions of the Standardisation Committee, such as replacing "genuine stress incontinence" with "urodynamic stress incontinence", have been accepted, other recent changes have not been disseminated. The ideas embodied in the standardised definition of urgency remain controversial, and have not had an impact on urogynaecologists' communication with patients.

### Concluding message

Members of BSUG have a limited familiarity with ICS standardised terminology, and persist with a number of obsolete terms. Agreement with the definition of urgency is mixed. In order to achieve its aims the Standardisation Committee needs to further disseminate its recommendations.

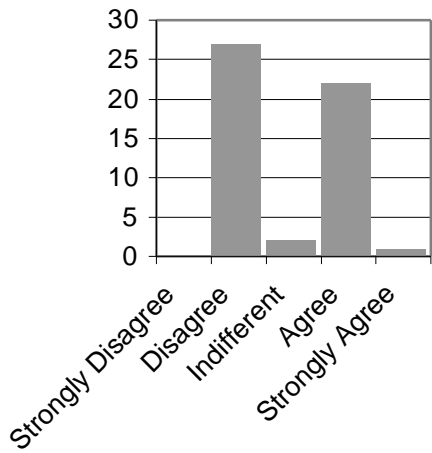
### References

1. Br J Urol (1976) 48 ; 39-42
2. Neurourol Urodyn (2002) 21 ; 167-178
3. Neurourol Urodyn (2002) 21 ; 179-183

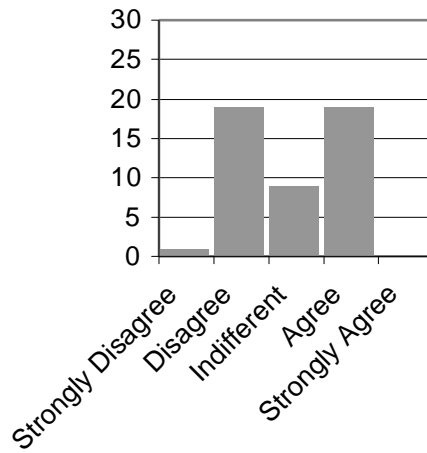
Figure 1: Levels of agreement with statements about urinary urgency

Urgency is always a sudden sensation

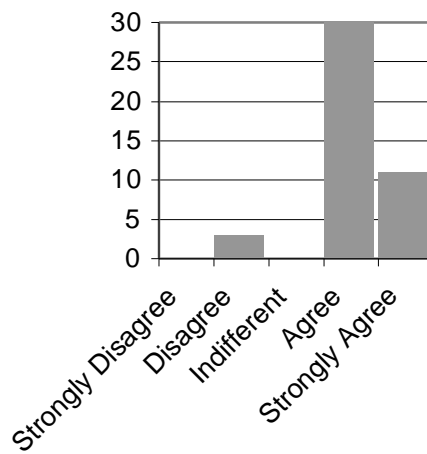
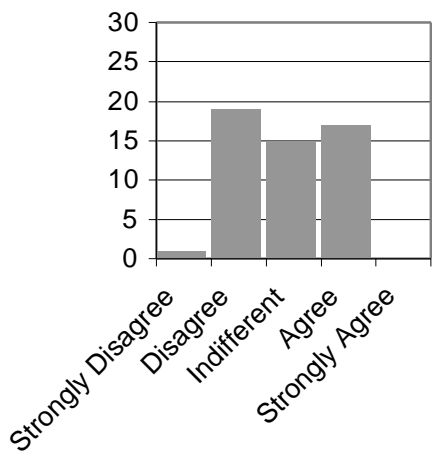
Urgency is always associated with a fear of leakage



Urgency is felt as a kind of pain



Urgency can occur in people without any bladder problems



<b>Specify source of funding or grant</b>	<b>Nil</b>
<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>Yes</b>
<b>Specify Name of Ethics Committee</b>	<b>King's College Hospital Research Ethics Committee</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>