

Rethinking the approach to evaluation and management of overactive bladder

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Clinical phenotype refers to a set of observable attributes that permits the grouping of individuals with common characteristics. This allows grouping of patients into distinct “clinical presentations” for a particular disease, syndrome, or symptom complex.¹ The utility of such groupings may be to guide evaluation, yield clinically meaningful predictions of treatment outcomes, or predict prognosis.

Clinical phenotyping of patients has been successfully applied to the evaluation and treatment of numerous conditions. The efficacy of treatments in distinct presentations of overactive bladder (OAB) are characterized by significant variability, which is not surprising due to the marked heterogeneity of this condition. In this study, the authors define phenotypes not based on patient reported symptoms, but rather on clinical and physiological measures of 24-hour and maximum voided volume, uroflow, and residual urine to define eighteen distinct clinical OAB phenotypes.²

Clinical phenotypes, while being artificial constructs, may allow streamlined evaluation and treatment of patients with OAB. The American Urological Association/Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (AUA/SUFU) Guidelines on non-neurogenic OAB diagnosis and treatment, while providing an algorithm for management of OAB, stresses the need for better OAB stratification in future research.³

Symptom based phenotyping of OAB has not been clinically useful, nor has the commonly used classification dichotomy of OAB-wet and OAB-dry. This retrospective study has weaknesses as pointed out by the authors, but a validated phenotype classification of OAB based on objective clinical and physiologic measures that guides treatment would clearly enhance our care of our patients with OAB. □

References

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