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EDITORIAL

CURE-UAB: shedding light on the underactive bladder syndrome

Michael B. Chancellor · Ananias Diokno

If you know of or have a relationship with anyone struggling with underactive bladder (UAB), you're aware of the incessant suffering they endure. The primary management solution of UAB is catheterization (both self-catheterization and indwelling catheterization), and this "solution" results in pain; infection, which can lead to hospitalization; embarrassment; early admission into nursing homes; and a severe reduction in quality of life. Underactive bladder is a life altering condition that dramatically effects a patient's and his or her family's lives.

Underactive bladder is considered a chronic, complex and debilitating disease which affects the urinary bladder with serious consequences. Patients with an underactive bladder can hold unusually large amounts of urine but have a diminished sense of when the bladder is full and are unable to contract the muscles sufficiently and as forcefully as it should. The result is the incomplete emptying of the bladder.

Underactive bladder is closely related to detrusor underactivity (DU), which is anurodynamic based diagnosis. Diseases such as diabetes and heart disease, or conditions that cause peripheral nerve damage are well known culprits. And although many others are known, scientists have been unable to yet create a working pathogenesis, let alone a standardized clinical definition.

A population-based survey study by Valente et al., in this issue highlighted the levels of prevalence and awareness of underactive bladder in the general population. The survey revealed that 23 % of the public (54 % men; 46 % women) reported having "a problem emptying the bladder completely" yet only 11 % had ever heard of UAB.

M. B. Chancellor (✉) · A. Diokno
Beaumont Health System, Royal Oak, MI, USA
e-mail: Michael.Chancellor@beaumont.edu

The light shed by this study only confirmed previously held beliefs of the world's leading urologists: UAB is a prevalent condition lacking standard definition, appropriate research, and effective treatment options.UAB requires increased research to determine the true burden of the disease and develop improved treatment options; in addition, public education on UAB is necessary to increase awareness and promote improved clinical care.

These needs were the impetus to the First International Congress of Urologic Research and Education on Aging Under Active Bladder (CURE-UAB). The congress united world renown urologists, geriatricians, nurses, and research scientists to establish a definition of UAB, disseminate UAB research finding, promote collaborations, and enhance understanding and awareness for UAB. This international gathered brought experts from the USA, India, Australia, South Korea, Japan, England, and the Netherlands. The program featured 14 presentations over the 1.5 day event in the following broad topic areas: Epidemiology and Symptoms of the Aging UAB, Science of UAB, Care and Education of UAB, and New Therapies. To enhance audience participation and collaboration in establishing a consensus on UAB, these topics were also featured in Working Group panel discussions that have led to publications related to the broad topic areas.

Congress of Urologic Research and Education on Aging Under Active Bladder has been a pivotal first-step in creating a better understanding on the basic pathophysiology, etiology, diagnosis, and management of UAB. With multiple publications resulting from the congress, the findings of CURE-UAB will be disseminated to the medical community, thus creating more awareness of UAB and the hardships associated with the condition. It is our hope that this awareness will be the catalyst to generating public interest in this condition resulting in funding for UAB research and, ultimately, a cure for this life-altering condition.