

Practical Mandarin Terminology for Lower Urinary Tract Symptoms in Taiwan

Gin-Den Chen, M.D.¹, Chia-Yao Lin, M.S.², Yi-Ching Chen, M.S.³, Soo-Cheen Ng, M.D.¹

Department of Obstetrics and Gynecology¹, Chung Shan Medical University Hospital, Taichung, Taiwan; General Affairs Department², Chung Shan Medical University Hospital, Taichung, Taiwan; School of Physical Therapy³, Chung Shan Medical University, Taichung, Taiwan

INTRODUCTION

Two years ago Dr. Richard Carmona, who wrote in the August (2006) issue of the *Journal of General Internal Medicine*, revealed that millions of people in the US are unable to adequately understand basic health information. He deduced that poor understanding of basic health information can result in grave and poor consequences of people's health as well as an increase in medical costs of medical care. Many national studies in the past decades have found that health literacy is remarkably low, with more than 90 million Americans unable to adequately understand basic health information [1-3]. Because doctors fail to speak to patients in plain English (or Spanish or Chinese or any other language) and fail to make sure that patients understand what they are told, the patients cannot follow the treatment plan they are given and they do not understand the reasons for the plan. The studies have also shown that the obstacles of poor health literacy affect people of all ages, races, income, and educational levels [1]. Some researchers have found that poor health literacy, which is especially prevalent among the elderly, results in poor adherence to prescription instructions, infrequent use of preventive medical services, increases hospitalizations, and worse control of chronic diseases [4-6].

As for the health literacy condition in Taiwan, current health literacy is similar to that in the US, but it is even more confusing and disorderly. Since Taiwan is a multi-cultural and multi-language country, the Taiwanese population is becoming more diverse. The cultural gap and linguistic barrier may cause an adverse effect on the communication between medical professionals and patients. Currently, health literacy in Taiwan has been derived from the native Taiwanese language, traditional Chinese medicine, literal translations from the Japanese Empire, as well as literal or figurative translations from modern western medical science. This chaotic 'jargon' in health literacy causes a barrier or even a chasm between professional care-providers and patients in Taiwan. Furthermore, these divergent cultural and linguistic origins of medical terminology might also impede communication between physicians and patients.

As an urogynecologist and a female urologist in Taiwan, we have encountered a lot of poor definitions of terminology used by our patients in our daily practices. The terminology used by our patients for describing their symptoms, as we described in the above paragraph, may be bizarre, misused or even misleading causing a barrier in mu-

tual understanding between physicians and patients when trying to get medical help. The chaotic condition of medical terminology used by patients, nurses, care-providers, and physicians results in poor mutual understanding and communication with each other. The patients do not clearly understand their diagnoses and find it difficult to adhere to the doctor's prescriptions. Care-givers such as nurses are unable to adequately instruct patients about health education and behavioral modifications. It also causes ineffective communication between care-givers and investigators, and even worse, hinders the publication of research in Mandarin literature.

In this article, the standardization of terminology of lower urinary tract function determined by the Standardization sub-committee of the International Continence Society in 2002 [7,8] has been translated to Mandarin in two versions by people of different educational backgrounds, one being a layperson and the other a medical professional. We provide bi-linguistic (Mandarin and English) medical jargon of lower urinary tract function and their medical definitions in the following table for comparison to make them easier to read and understand. We are struggling to promote knowledge of the lower urinary tract function and the symptoms of lower urinary tract dysfunction for the community population, and we are trying to build a consensus in our medical community who are limited in their English proficiency. Further, we consider this task as an investment into our future, to try to overcome the communication barrier and achieve quality health care. The draft version of Mandarin terminology of lower urinary tract function will be published in the *Journal of Incontinence and Pelvic Floor Dysfunction* and will also be posted on the official website of the Taiwan Continence Society (TCS) in 2008. We hope that our readers feel free to give us suggestions and feedback by writing a letter to the editor or contact us via the TCS home page after publication. The TCS will organize a guideline committee and build a consensus of all the information and feedback given by the readers and from responses to the TCS website in late 2008. Hopefully, the final version of this task may improve the mutual understanding between providers and patients for achieving a satisfactory health care outcome as well as facilitate communication among patients, clinicians, caregivers, and investigators of lower urinary tract symptoms in Taiwan in the future.

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Address correspondence to: Dr. Gin-Den Chen, Department of Obstetrics and Gynecology, Chung Shan Medical University Hospital, 110, Section 1, Jianguo North Road, Taichung, 402, Taiwan

E-mail: gdchentw@hotmail.com

Updated terminology and definitions of female lower urinary tract function approved by the International Continence Society and two Mandarin versions (draft)

New Terms (after 2002)	Descriptions
Symptoms a. 症狀	Subjective indicator of a disease or change in condition as perceived by the patient, care or partner and may lead him/her to seek help from health care professionals. a. 當病人或照顧者覺得有恙、或者覺得病情有不一樣的狀況時，會進一步尋找專業的醫療照顧。 b. 當患者覺得不舒服或病情有變化時，能尋求專業的醫療協助。
Signs a. 癥象	Observed by physician including simple means, to verify symptoms and quantify them. a. 醫師透過簡單方式來觀察、區分和測量各種不同症狀。 b. 醫師透過問診判斷患者的症狀。
Urodynamic observations a. 尿動力學之觀察 b. 尿動力學檢測	Observations made during urodynamic studies. a. 執行尿動力學所做的觀察。 b. 尿動力學檢測。 # Prior reports: condition was defined by urodynamics.
Conditions a. 狀況	Presence of urodynamic observations associated with characteristic symptoms or signs and/or urodynamic evidence of relevant pathological process. a. 可在尿動力學的檢查中，觀察病人特定的症狀或癥象，或病理上尿動力學的證據。 b. 透過尿動力學檢測結果，進一步判斷患者的病理症候。
1.1 Storage symptoms	
Increased daytime frequency a. 白天(活動期間、即非睡眠時間)小便次數增加 b. 日間排尿次數增加	Complaint by the patient who considers that he/she voids too often by day. Individuals tend to define normative experiences based on their own environments (i.e. patient's perception). a. 病人主述白天(活動期間、即非睡眠時間)小便次數過多。 每個人傾向依自身的經驗(感受)定出一個應該的正常小便經驗(次數)。 b. 患者自述日間排尿次數偏多。 患者依主觀認知判斷正常的小便次數。
Daytime frequency a. 白天(活動期間、非睡眠時間)頻尿 b. 日間排尿次數	The number of voids recorded during waking hours and includes the last void before sleep and the first void after waking and rising in the morning. a. 白天的頻尿包括清醒時的小便次數、睡覺前的最後一次小便和起床的第一次小便。 b. 日間排尿次數計算應包含起床的第一次、清醒時的次數以及睡前的最後一次。
Nocturia a. 夜尿	Has to wake at night one or more times to void. Voids that occur after the individual has gone to bed, but before he/she has gone to sleep; and voids which occur in the early morning which prevent the individual from getting back to sleep. a. 入睡後因尿急起床一次以上。 病人睡前已有小便，但入睡(睡)後又起身小便；清早時發生小便，而之後無法再入睡。 b. 夜尿指入睡後起身解尿一次以上。 患者在睡前已有解尿，但入睡後又起身解尿；清早解尿後無法再入睡。
Urgency a. 尿急(急尿)	A sudden compelling desire to pass urine, which is difficult to defer. a. 突然有強烈的排尿欲望，而且忍不住的感覺。 b. 突然有強烈的尿意，且無法憋尿。
Urinary incontinence a. 尿失禁	Any involuntary leakage of urine. a. 任何不自主的漏尿。 b. 指任何不自主的漏尿。 # Not applicable in infants and small children. (不適用於嬰孩跟小朋友)
Stress urinary incontinence	Involuntary leakage on effort or exertion, or on sneezing or coughing.

a. 應力性尿失禁 (壓力性尿失禁)	a. 當漏尿發生在出力、運動、打噴嚏、咳嗽時。 b. 指在出力、運動、打噴嚏、咳嗽時發生漏尿。
Urge urinary incontinence a. 尿急性尿失禁	Involuntary leakage (of urine) accompanied by or immediately preceded by urgency. a. 尿急憋不住伴隨不自主的漏尿。 b. 因尿急憋不住而引發的漏尿。
Mixed urinary incontinence a. 混合性尿失禁	Involuntary leakage of urine associate with urgency and also with exertion, effort, sneezing or coughing. a. 不自主的漏尿的原因有尿急，也會因為出力、運動、打噴嚏、咳嗽而出現漏尿的現象。 b. 漏尿的原因包含有尿急或因出力、運動、打噴嚏、咳嗽而引起的漏尿。
Enuresis a. 遺尿 b. 漏尿	Any involuntary loss of urine. a. 任何情況的漏尿(流尿)。 b. 任何非自主的漏尿。
Nocturnal enuresis a. 夜間(睡眠時間)的遺尿 b. 夜間漏尿	Loss of urine occurring when it is during sleep. a. 遺尿發生在睡覺時。 b. 睡眠時發生漏尿。
Continuous urinary incontinence a. 連續性遺尿 b. 持續性尿失禁	Continuous leakage of urine. a. 無論任何情況都在漏尿。 b. 持續性尿失禁。
Other types of urinary incontinence a. 其他情況之漏尿 b. 非持續性尿失禁	May be situational. a. 有情境性的漏尿。(必須標示情境的漏尿) b. 在特定情境下尿失禁。
Bladder sensation a. 膀胱的感覺 b. 膀胱的感覺	Normal: the individual is aware of bladder filling and increasing sensation up to a strong desire to void. a. 正常：個人(體)能意識到其膀胱有尿液的感覺，與尿意漸增直到去上廁所。 b. 正常：個體能意識到有尿意，與尿意漸增直到解尿。 Increased: the patient feels an early and persistent desire to void. a. 增加(增強)：病人提早和持續感覺到尿意。 b. 敏感：個體可提早且持續感覺到尿意。 Reduced: the individual is aware of bladder filling but does not feel a definite desire to void. a. 減少(減弱)：個人(體)能意識到其膀胱有尿液的感覺，卻不能明確判斷何時要小便(不能明確感覺到尿意)。 b. 退化：個體能意識到有尿意，卻不能明確判斷是否急迫。 Absent: the individual reports no sensation of bladder filling or urge to void. a. 缺乏：個體缺乏對膀胱的知覺及欲排尿感。 b. 萎縮：個體對膀胱沒有知覺、無法感受尿意。 Non-Specific: the individual reports no specific bladder sensation, but may perceive bladder filling as abdominal fullness, vegetative symptoms or spasticity. a. 無特定的：個體主述沒有特定對膀胱的知覺，但他(她)可感受到腹腔有膨脹、緊繃或痙攣的感覺。 b. 非特定：個體對膀胱沒有知覺，但可感到腹腔膨脹、緊繃或痙攣。

1.2 Voiding symptoms Experienced during the voiding phase

Symptom syndromes suggestive of lower urinary tract dysfunction (LUTD)

Slow stream a. 尿柱(尿流)緩慢	The individual as he or she perception of reduced urine flow, usually compared to previous performance or in comparison to others. a. 個體通常和過去的經驗及與他人相比，覺得她(他)的尿柱(尿流)速度變慢。
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b. 尿流緩慢

b. 患者依自身經驗或與他人相較，認為自身的尿流緩慢。

Splitting or spraying

a. 尿柱(尿流)分岔或噴灑

b. 尿流分岔或噴灑

Descriptions of urine stream.

a. 尿柱(尿流)之型態描述。

b. 患者自述尿流型態。

Intermittent stream

(Intermittency)

a. 間歇性尿流(中斷性尿流)

b. 尿流間斷(排尿中斷)

An individual describes urine flow, which stops and starts, on one or more occasions during micturition.

a. 個體描述在解尿過程中，尿流有斷斷續續的現象。

b. 患者自述解尿過程中尿流斷斷續續。

Hesitancy

a. 猶豫性解尿

b. 遲滯性排尿

Difficulty in initiating micturition resulting in a delay in the onset of voiding after the individual is ready to pass urine.

a. 個體已準備好排尿，但在一開始解尿時有延遲(困難)排尿的現象。

b. 患者在一切就緒準備解尿時有停頓的現象。

Straining

a. 用力解尿

b. 解尿困難

Muscular effort is used to either initiate, maintain or improve the urinary stream.

a. 藉由肌肉用力的幫助，來做解尿、維持尿流及使尿流速增快。

b. 患者在解尿過程中需靠肌肉張力才能順利解尿、維持尿流或使其加速。

Terminal dribble

a. 尿末滴尿

b. 尿末滴尿

A prolonged final part of micturition, when the flow has slowed to a trickle/dribble.

a. 解尿的末段過長，尿流(尿柱)呈滴狀的情況。

b. 尿液較多或解尿時間較長時，在解尿後段發生有尿流量減少或滴尿的情形。

1.3 Post micturition symptoms Those experienced immediately after micturition.

Feeling of incomplete emptying

a. 殘尿感

b. 殘尿感

A self-explanatory term for a feeling experienced by the individual after passing urine.

a. 病人對解完尿的描述。

b. 解尿後患者自身的感受 - 感覺還有尿意。

Post micturition dribble

a. 尿後滴尿

b. 尿後漏尿

The involuntary loss of urine immediately after he or she has finished passing urine, usually after leaving the toilet in men, or after rising from the toilet in women.

a. 病人在解完尿之後發生的不自主漏尿，通常此時男性已離開小便斗、女性已從馬桶起身。

b. 患者在解尿之後發生的不自主漏尿，通常發生在離開小便斗或已從馬桶起身後。

Symptom syndromes suggestive of lower urinary tract dysfunction (LUTD)

Urgency

a. 尿急

With or without urge incontinence, usually with frequency and nocturia.

a. 患者可或不可憋忍的尿意，通常伴隨著次數和夜尿的問題。

Signs suggestive of LUTD during physical examination

Urinary incontinence

a. 尿失禁

b. 尿失禁

Urine leakage seen during examination.

a. 檢查時漏尿。

b. 在檢查時患者發生有漏尿的情形。

Stress urinary incontinence

a. 應力性尿失禁

(壓力性尿失禁)

b. 應力性尿失禁

The observation of involuntary leakage from the urethra, synchronous with exertion/effort, or sneezing or coughing.

a. 在尿道觀察到的不自主漏尿，同時伴隨出力、運動、打噴嚏或咳嗽。

b. 患者用力、打噴嚏或咳嗽的同時在尿道發生不自主的漏尿情形。

Extra-urethral incontinence

a. 異位性漏尿

The observation of urine leakage through channels other than the urethra.

a. 在尿道以外的管道發生漏尿。

b. 患者在尿道以外的部份發生漏尿。

Uncategorized incontinence

The observation of involuntary leakage that cannot be classified into one of the above categories on the basis of signs and symptoms.

- a. 未分類漏尿
a. 無法依上述分類的癥象和症狀做分類的不自主漏尿。
b. 其餘無法分類的非自主性漏尿。
- Detrusor overactivity incontinence**
a. 逼(迫)尿肌過動型尿失禁
Incontinence due to an involuntary detrusor contraction.
When normal sensation is present urgency is likely to be experienced just before the leakage episode.
a. 逼尿肌不自主的收縮造成尿失禁。
漏尿前事先有感覺到尿急。
b. 逼尿肌過動型尿失禁
b. 逼尿肌不自主的收縮造成尿失禁。
漏尿前會感覺到尿急。
- Incompetent urethral closure mechanism**
a. 尿道閉鎖不全機制
Leakage of urine in the absence of a detrusor contraction during filling cystometry.
a. 在尿動力學的檢查下，逼尿肌沒有收縮的情況下漏尿。
b. 尿道閉鎖不全
b. 在膀胱壓力檢測下因逼尿肌沒有收縮而導致漏尿。
- Urethral relaxation incontinence**
a. 尿道鬆弛型尿失禁
Leakage due to urethral relaxation in the absence of raised abdominal pressure or detrusor overactivity.
a. 因缺乏腹腔壓或逼尿肌的過動，使尿道放鬆的漏尿。
b. 尿道鬆弛型尿失禁
b. 因缺乏腹腔壓或逼尿肌的過動，使尿道放鬆的漏尿。
- Urodynamic stress incontinence**
a. 尿動力學之應力性尿失禁
The involuntary leakage of urine during increased abdominal pressure, in the absence of a detrusor contraction during filling cystometry.
a. 在尿動力學的檢查中，逼尿肌沒有收縮，在增加腹腔壓時的漏尿。
b. 尿動力學中的應力性尿失禁
b. 在尿動力學的檢查中，在增加腹腔壓時逼尿肌沒有收縮而引發的漏尿。
- Leak point pressure**
a. 漏尿的瞬間壓力
Should be qualified according to the site of pressure measurement (rectal, vaginal or intravesical) and the method by which pressure is generated (cough or valsalva).
a. 根據測量(直腸、陰道或膀胱內)的壓力大小、和壓力產生的方法(咳嗽或閉氣用力)來量化。
b. 漏尿瞬間會因測量的部位(直腸、陰道或膀胱)以及施壓的方式(咳嗽或閉氣用力)而有所不同，同時需先確立採用何種基準壓。
The baseline pressure should be specified.
基準壓需被明確訂定。
- Abdominal leak point pressure**
a. 漏尿瞬間的腹腔壓
The intravesical pressure at which urine leakage occurs due to increased abdominal pressure in the absence of a detrusor contraction.
a. 在逼尿肌的無法收縮的情況下，腹腔壓力的增加時的漏尿，此時膀胱內的壓力。
b. 腹腔的漏尿瞬間
b. 在增加腹腔壓時因逼尿肌沒有收縮而漏尿的膀胱壓。
- Detrusor leak point pressure**
a. 漏尿瞬間的逼尿肌壓力
The lowest detrusor pressure at which urine leakage occurs in the absence of either a detrusor contraction or increased abdominal pressure.
The lowest detrusor pressure at which urine leakage occurs in the absence of either a detrusor contraction or increased abdominal pressure.
a. 在逼尿肌未收縮、或腹腔壓力沒有增加時漏尿的最低逼尿肌壓力。
b. 逼尿肌的漏尿瞬間
b. 因逼尿肌未收縮或腹腔壓力沒有增加而漏尿時，最低的逼尿肌壓力。
- Bladder outlet obstruction**
a. 膀胱出口阻塞
Increased detrusor pressure and reduced urine flow rate.
a. 逼尿肌壓力增加，尿流速變慢。
b. 膀胱出口阻塞
(前列腺肥大癥候群)
b. 逼尿肌壓力增加，尿流速變慢。
- Dysfunctional voiding**
a. 解尿功能失調
(排尿功能不佳)
An intermittent and/or fluctuating flow rate due to involuntary intermittent contractions of the peri-urethral striated muscle during voiding in neurologically normal individuals.
a. 個體在神經功能正常，但因尿道周圍的橫紋肌間歇性地不自主的收縮，而使尿流速有中斷、波動的現象。
b. 解尿功能失調
(解尿功能異常)
b. 在患者神經功能正常的情况下因尿道周圍的條狀肌不自主收縮而導致的尿流不穩或間斷。

Detrusor sphincter dyssynergia

a. 逼尿肌、擴約肌共濟失調

A detrusor contraction concurrent with an involuntary contraction of the urethral and/or peri-urethral striated muscle. Occasionally, flow may be prevented altogether.

- a. 逼尿肌收縮的同時，尿道和(或)尿道旁的橫紋肌產生不自主的收縮。有時候也會一起阻礙到尿流。
b. 逼尿肌收縮時，尿道和(或)尿道旁的條狀肌同時不自主收縮。有時會完全無法排尿。

Non-relaxing urethral sphincter obstruction

a. 尿道擴約肌無法放鬆

b. 尿道擴約肌無法放鬆

Occurs in individuals with a neurological lesion and is characterized by a non-relaxing, obstructing urethra resulting in reduced urine flow.

- a. 個體因神經的損傷無法放鬆，阻塞尿道使尿流減少。
b. 患者因神經的損傷、尿道擴約肌無法放鬆導致尿流減少、無法順利排尿。

Acute retention of urine

a. 急性尿液滯留

b. 急性尿滯留

A painful, palpable or percussable bladder, when the patient is unable to pass any urine.

- a. 病患無法排尿，膀胱有疼痛感、且摸得出來或有水體晃動感。
b. 患者完全無法排尿，膀胱疼痛，透過觸診或叩診可輕易辨別膀胱腫脹。

Chronic retention of urine

a. 慢性尿液滯留

b. 慢性尿滯留

A non-painful bladder, which remains palpable or percussable after the patient has passed urine. Such patients may be incontinent.

- a. 膀胱沒有疼痛，但病人排尿後仍摸得出來、或仍有水體晃動的感覺。有些病患可能會漏尿。
b. 患者膀胱不會疼痛；但排尿後觸診或叩診仍可輕易辨別膀胱腫脹。部份患者可能伴隨尿失禁。

a. Mandarin version a

b. Mandarin version b

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