

Why are we getting the AUB classification all wrong?

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The term Abnormal Uterine Bleeding (AUB) embraces a group of symptoms, which, around the globe, impact women's quality of life and cause them to seek medical assistance. The previous assembly of poor definitions, confusing terminologies and lack of classification led to a global initiative to (i) refine language used to describe uterine bleeding complaints, and (ii) to develop a logical classification system of the underlying causes. The latter is now gaining recognition as the Federation Internationale de Gynécologie d'Obstétrique (FIGO) classification of AUB for non-pregnant women of reproductive age: PALM COEIN (Munro et al 2011).

Critical to the accurate classification of AUB in the reproductive years, is a detailed menstrual history to identify the features of the abnormal bleeding – frequency, regularity, duration, volume, and intermenstrual bleeding – that themselves provide clues to the potential contributors to the clinical problem at hand. With this clinical foundation, appropriate laboratory and uterine imaging techniques are performed to classify the bleeding by one or more of the PALM-COEIN categories.

Much has been achieved since the initial publication of the new definitions and descriptions for uterine bleeding in 2007 (Fraser et al 2007), and PALM COEIN classification in 2011 (Munro et al 2011) to disseminate and share this initiative. It was always designed to be “work in progress” and to provide the opportunity for further refinement. FIGO has endorsed and encouraged use of these two systems - new terminologies and definitions (Fraser et al 2016) and the detailed classification: PALM-COEIN (Munro et al 2011; Madhra et al 2014; Munro 2016).

The use of the two systems requires a co-ordinated approach to securing a comprehensive menstrual history, utilising simple laboratory investigations and appropriate imaging techniques. Thus as momentum gathers this harmonised

approach should facilitate clinical care and enhance phenotyping of our patients. As a consequence we should secure optimal clinical diagnoses and treatment, along with the goal of multicentre patient-centred research endeavours to facilitate delivery to our patients of optimal care for each individual woman afflicted with what is often a debilitating complaint.

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