

THE EFFECT OF A SHORT COURSE OF ORAL PREDNISOLONE THERAPY IN PATIENTS WITH BLADDER PAIN SYNDROME WHO SHOWED TRANSIENT FLUCTUATING WORSENING PAIN AS FLARE SYMPTOMS ALTHOUGH HAVING LOW DOSE TRIPLE THERAPY

Hypothesis / aims of study

The effect of triple therapy with gabapentin, amitriptyline, and NSAIDs (non-steroidal anti-inflammatory drugs) are efficacious for chronic bladder pain syndrome/interstitial cystitis (BPS/IC), However, while these treatments, because of a variety of reasons, some transient fluctuating worsening of pain flare symptoms and findings can be seen.

Here, we assessed the validity of our observational experience that a short course of oral prednisolone therapy might be of value in the management of flare symptoms of BPS/IC.

Study design, materials and methods

Between May 2007 and May 2012, 7 women (mean age, 61.5 years; range, 44.8-75.4 years) with BPS/IC who showed transient fluctuating worsening pain as flare symptoms although having low dose triple therapy were included to receive a 1 to 3 month course of oral prednisolone 10 mg. The outcome measures used were the IC symptom scales (ICSS, O'Leary-Sant Interstitial Cystitis Symptom Index) and Visual Analog Scale (VAS), which were completed at baseline and after treatment.

Results

At both baseline and after prednisolone treatment, respectively, there was statistically significant differences in the ICSS symptom, VAS score ($P < 0.05$ by Wilcoxon signed rank test). the pre-treatment IC symptom index (ICSI), IC problem index (ICPI), VAS scores were 16.7 ± 2.2 , 13.7 ± 2.3 , 8.1 ± 1.5 (mean \pm SD), and the post-treatment scores were 4.9 ± 2.3 , 4.3 ± 1.1 , 2.5 ± 0.9 (mean \pm SD), respectively.

Interpretation of results

Compared to before treatment, the ICSI, ICPI, VAS scores improved after the treatment by 71.7%, 69.6%, 69.1% respectively. Low dose triple therapy with prednisolone caused no significant adverse effects.

Concluding message

in patients with BPS/IC who showed transient fluctuating worsening pain as flare symptoms although having low dose triple therapy, a short course of oral prednisolone therapy was sufficiently effective. However, large-scale studies should be performed to verify our findings.

References

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Disclosures

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