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Title: PAIN CHARACTERISTICS IN FEMALE INTERSTITIAL CYSTITIS PATIENTS: IS THERE A COMMON PATTERN?

Aims of Study:

The diagnosis of Interstitial Cystitis (IC) is based on a symptom complex that includes urinary frequency, urgency, and suprapubic pain as well as on excluding conditions other than IC that can produce similar presenting complaints. Although pain is an integral and important component in the diagnosis of IC, its characteristics have not been thoroughly studied. We present our attempt at characterization of pain symptoms in female IC patients.

Methods:

A pain questionnaire based on the DeGowin's attributes of pain mnemonic of P-QRS-T (Palliation-Provocation, Quality, Region, Severity, and Temporal characteristics) (1) was face-validated by 3 urologists and 2 consultants at the Interstitial Cystitis Association (ICA). The pain and a quality of life short-form questionnaire, the SF-36, were sent to 1100 female members of the ICA (age 20-85 years, mean 55.2) who self-reported previous diagnosis of IC. Associations between variables were assessed with Spearman rank-correlation coefficients. Significance was assessed using two-tailed test and $p < 0.05$.

Results: Of the 198 responders (18% response rate), 25 patients reported no pain while 173 patients reported some degree of pain as part as their symptoms. Pain characteristics in the 173 patients are described below.

Provocation-Palliation-

<u>Pain related to:</u>	<u>Quality of pain</u>	<u>Region</u>	<u>Severity</u>	
Urination	49.0%	Throbbing 23.7%	Abdominal 67.2%	Mild 30.9%
Sexual intercourse	30.8%	Sharp 25.8%	Perineal 44.4%	Moderate 45.8%
	Dull 37.9%	Other 7.1%	Severe 23.2%	

Daily pain lasted a few minutes in 19.1%, a few hours in 25.8%, and from 12 hours to a full day in 55.0% of the patients. Pain severity and duration were highly correlated ($p < 0.000001$ - $p < .05$) with all indexes of the SF-36 quality of life questionnaire including physical and social functioning, vitality, and general health perceptions.

Conclusions:

Pain, a prevalent symptom among female IC-diagnosed patients, has a major impact on patient's quality of life. Pain manifestations are diverse and no common pattern can serve as a marker or an IC-characteristic pain. Differences in pain qualities may represent different disease processes and etiologic factors.

References:

(1) History and the medical record, *in*: DeGowin's Diagnostic Examination, McGraw-Hill, 7th Edition, USA 2000.

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None