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PAINFUL BLADDER SYNDROME ASSOCIATED WITH SEXUAL DYSFUNCTION MAY LEAD TO SUICIDE ATTEMPTS

Hypothesis / aims of study

The main complaints that PBS patients present are: unbearable pain in the bladder, lower abdominal and pelvic area; urgency and frequent voiding (up to 200 times a day) that often leads to a disturbance in sleeping patterns and psychological distress; and dispareunia that impacts severely on the patient's social and sexual life. The sum of the aforementioned symptoms may provoke suicidal thoughts in the patients.

Study design, materials and methods

80 PBS female patients, (with a mean age of 48.5), were being observed at our clinic from 2008 till 2010. The O'Leary-Sant Interstitial Cystitis Symptom Index (ICSI) and Visual Analog Scale (VAS) bladder pain were performed to assess interstitial cystitis severity. The Pittsburgh Sleep Quality Index (PSQI) and Hospital Anxiety and Depression Scale (HADS) were used to evaluate quality of sleep and depression levels, respectively. All of the patients who were sexually active at the time (15 of 80, 18.75%) took a Female Sexual Distress Scale (FSDS) and a Female Sexual Function Index (FSFI).

Results

32 patients had claimed a medium score while the other 48 achieved the maximum score possible on the O'Leary-Sant Interstitial Cystitis Symptom Index (>12) and >7/10 on a visual analogue scale for average pelvic pain. Mean PSQI global score was 9.5 +/- 4.2 (range: 1-19); 87.3% of subjects had difficulty sleeping (PSQI > 5). Patients that were sexually active had a maximum score on the FSDS and the minimum possible indexes on all the subcategories of the FSFI questionnaire (17.0 + /-2.). Among all of the PBS patients, 4 had attempted suicide. All 4 patients had previously claimed the maximum possible scores on the ICSI and VAS. None of said patients were seen by a psychiatrist during their stay at our clinic. Interpretation of results

The sum of the aforementioned symptoms may provoke suicidal thoughts in the patients.

Concluding message

PBS patients should be assessed for sexual dysfunction and given adequate treatment. PBS patients suffering from extreme pain and sexual dysfunction have a relatively high risk of attempting suicide (up to 5%). Such patients should not only be treated by urologists, but should also be assessed and receive treatment from a psychiatrist, as well as a consultation and adequate treatment from a sexual therapist.

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Was informed consent obtained from the patients?	Yes	