

THE IMPORTANCE OF BIO-PSYCHOLOGICAL CARE IN WOMEN WITH INTERSTITIAL CYSTITIS / BLADDER PAIN SYNDROME (IC/BPS) WHO HAVE CHILD ABUSE EXPERIENCE AND PSYCHIATRIC DYSFUNCTION

Hypothesis / aims of study

IC/BPS is a chronic disease of uncertain etiology that is characterized by urgency, frequency, and suprapubic pain related to bladder filling. Early stressful experience, such as childhood sexual maltreatment, has been considered as an environment risk factor for IC/PBS. However, some reported higher incidence of child sexual abuse; others observed higher incidence of physical and emotional abuse. The measurement issue may affect the prevalence rates estimated. It also hampers the evaluation of the role of this environmental factor in IC/BPS and its impacts on the symptoms manifestation and psychiatric functions. Applying a standardized instrument, we re-examine the prevalence of a broad range of potentially traumatizing events in women with IC/BPS. Furthermore, we investigate their effects on the symptoms severity of IC/BPS and psychiatric symptoms including negative effects (anxiety and depression) and trauma-related symptoms (dissociation).

Study design, materials and methods

This was a prospective case control study. Of 74 female patients who were compatible with the NIDDK criteria were included and 201 Taiwanese college students who were selected randomly served as controls. All of IC/BPS patients were assessed by cystoscopic hydrodistension and all of them have different severity of glomerulations. Standardized self-report instruments, Chinese Brief Betrayal-Trauma Survey (BBTS) questionnaire was used to measure the prevalence of diverse potentially traumatic experiences in childhood. The BBTS differentiates the high and low levels of social impacts, in terms of betrayal, of those interpersonal traumas. Three self-report instruments, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Traumatiform Dissociation Questionnaire (TDQ) and Somatoform Dissociation Questionnaire (SDQ) were administered for the psychiatric functions. These data were analysed using Pearson correlation.

Results

Patient demographics show the average age being 40.34 years (+/- 9.6). The prevalence of physical attack and emotional maltreatment by someone close to the patients showed 17% and 26% compared to control groups, 9% and 12% respectively. A higher proportion of patients with IC/PBS reported a history of emotional and physical abuse than controls ($P < 0.001$) (Table 1). The total prevalence of high betrayal trauma in patients with IC/BPS significant increased compared to control group (38% v 25%, $P < 0.05$). There is no difference in urological symptoms between admitted or denied interpersonal trauma except psychological profiles (Table 2). Correlation analysis and t value showed positive correlation between PUF score and somatoform dissociation ($P < 0.05$). Correlation analysis with simple and multiple regression coefficients and t value showed positive correlation between depression and high betrayal trauma, 4.01 (+/-4.45). There was no association between traumatic experience and anxiety and somatoform dissociation.

Interpretation of results

Our result showed that women with IC/PBS endorsed higher incidences on various traumatic experiences except for sexual maltreatment in childhood. Moreover, positive correlation between female patients with interstitial cystitis with a history of abuse and depression was also noted.

Concluding message

Our results imply us that single treatment could not achieved expectation of patients due to complicated psychological troubles. Mutidisciplinary approach and multimodal therapy should be considered for holistic care in IC/PBS patients.

Table 1 Prevalence of potentially traumatizing events

	Women with IC/PBS (N = 72)	Female Undergraduates (N = 201)
High betrayal Trauma		
Witnessing people being attacked	15%	6%
Witnessing people attacking others	17%	7%
Physical maltreatment	17%	9%
Sexual maltreatment	8%	5%
Emotional maltreatment	26%	12%
Low betrayal trauma		
Natural disaster	21%	11%
Traffic accident	21%	12%
Witnessing people being attacked	13%	12%
Physical attack	10%	12%
Sexual maltreatment	7%	6%

Table 2 The severity of IC/PBS symptoms and psychiatric functions in women with IC/PBS who admitted and who denied childhood interpersonal trauma

	Admit interpersonal trauma (n = 31)	Deny interpersonal trauma (n = 41)	Group comparisons	
	M ± SD	M±SD	T	P-value
Symptoms				
Pain	5.54 ± 3.00	6.23 ± 3.41	0.75	0.39
Urgency	5.75 ± 1.99	5.79 ± 2.44	0.01	0.94
PUF	19.41 ± 5.33	19.13 ± 6.01	0.04	0.85
ICSI	11.67 ± 3.69	12.41 ± 3.40	0.71	0.40
ICPI	11.00 ± 3.13	10.97 ± 2.99	0.00	0.97
Psychiatric function				
BAI	14.71 ± 10.24	10.19 ± 7.56	4.65	0.03
BDI	21.82 ± 11.62	14.32 ± 9.77	8.74	<0.01
TDQ	37.56 ± 13.56	30.19 ± 5.87	9.73	<0.01
SDQ	31.74 ± 8.75	27.63 ± 5.51	5.74	0.02

Disclosures

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Informed Consent: Yes