

THE CONTROL STUDY BETWEEN AMITRIPTYLINE AND PREGABALIN FOR BLADDER PAIN SYNDROME.

Hypothesis / aims of study

Pregabalin is one of standard medicines for choric pain. There have been a few papers of pregabalin for bladder pain syndrome(BPS). Amitriptyline is one of standard medicines for BPS. Therefore the control study between amitriptyline and pregabalin was performed for bladder pain syndrome.

Study design, materials and methods

The subjects were 57 patients who suffered from BPS. The Patients of BPS were defined by lower abdominal discomforts after treatments of both antibacterial agents and antimuscarinic agents. They had amitriptyline or pregabalin alternatively.

The average age of pregabalin group(n=30) is 55.4±13.8. The average age of amitriptyline prgroup(n=27) is 56.0±13.8. The dose of pregabalin was increased from 25mg to 150mg during 2 month. The dose of amitriptyline was increased from 10mg to 30mg during 2 month.

Results

The number of patients who did not come clinic since first consultation were 3 in the pregabalin group and 4 in the amitriptyline group .The number of patients who did not continue to have drugs by side effect were 6 in the pregabalin group (continue rate 77%) and 8 the amitriptyline group(continue rate 65%). The change pre and after treatment by pregabalin was from 4.81±2.52 to3.25±2.88 and by amitriptyline was from 4.87±2.45to2.2±2.30 by pain scale. There was no statistic significant difference with them. Although there were statistic significance for reducing of pain ,urgency and pollakisuria between pregabarin and amitriptyline with O'Leary and Sant IC questionnaire.(Table.1) Regarding side effects, there were dizziness, drowsiness, nausea ,loss of concentration, palpitation, weight gain in pregabarin group. There were 4 of drowsiness, continuing of pain, dizziness, disturbance of taste, constipation in amitriptyline group.

Interpretation of results

The rate of continuing pregabalin may be better than that of amitriptyline. The other side if the patients can have drugs, amitriptyline may be effective more than pregabalin for BPS symptoms.

Concluding message

BPS patients can have pregabalin more than amitriptyline at initial treatment stage.

Table.1:The results of O'Leary and Sant IC questionnaire

	S1	S2	S3	S4	P1	P2	P3	P4
	urgency	pollakisuria	nocturia	pain	pollakiuria	nocturia	urgency	pain
Pregabarin (n=21)								
Pr(average)	0.96 ±1.14	2.86 ±1.48	1.89 ±1.40	2.73 ±1.21	2.39 ±1.34	2.07 ±1.46	1.36 ±1.28	2.61 ±1.26
post (average)	1.47 ±2.33	2.07 ±1.53	1.4 ±1.24	2.33 ±1.62	1.87 ±1.46	1.2 ±1.08	1.07 ±1.16	2.07 ±1.67
Amitriptiline (n=15)								
pre(average)	1.1 ±1.42	2.85 ±1.70	1.81 ±1.54	3.47 ±0.99	2.29 ±1.54	1.96 ±1.63	1.7 ±1.62	3.07 ±1.11
post(average)	0.65 ±0.76	1.18 ±0.88	1.18 ±1.34	1.4 ±1.26	1.06 ±0.90	0.71 ±0.92	0.8 ±0.88	1.12 ±1.11
P Value	0.043	0.11	0.5	0.018	0.068	0.35	0.42	0.035

Disclosures

Funding: No funding and grant **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Medical Corporation LEADING GIRLS Ethics Committee **Helsinki:** Yes **Informed Consent:** Yes