

CHILDHOOD SEXUAL TRAUMA MORE PREVALENT IN PATIENTS WITH OVERACTIVE BLADDER

Hypothesis / aims of study

A history of childhood trauma is prevalent in adult syndromes such as interstitial cystitis/bladder pain syndrome (IC/BPS). Although some symptoms overlap between overactive bladder (OAB) and IC/BPS, there have been no studies that investigated the relationship between OAB and childhood trauma. The objectives of this study were to: (1) assess the prevalence of childhood and recent trauma in a sample of patients with OAB, and (2) correlate their traumatic exposure with symptom patterns.

Study design, materials and methods

This IRB-approved study enrolled consented patients diagnosed with OAB (n=51) and age-matched healthy controls (n=30). Participants were given the Childhood Traumatic Events Scale (CTES) and Recent Traumatic Events Scale, assessing their exposure to the following trauma: death of a close friend or family member, major relationship upheaval, traumatic sexual exposure, non-sexual violence, or major illness or injury. Additionally, patients completed the Hospital Anxiety and Depression Scale, and Health & Symptom Questionnaire. Among OAB patients, traumatic exposure was correlated to their frequency, urgency, incontinence, mood, and pain symptoms.

Results

Childhood sexual trauma (before the age of 17) was more prevalent in patients with OAB compared to controls (29.4% vs. 6.7%, $p=0.041$). OAB patients also rated their childhood sexual trauma as more traumatic compared to controls (mean ratings of 1.7 vs. 0.4, on a rating scale from 0 to 7, $p=0.050$). There was no difference in childhood traumatic events between OAB patients and controls in the form of deaths of a family member or close friend ($p=0.24$), upheaval between parents such as divorce or separation ($p=0.087$), childhood violence ($p=0.099$), or major illness/injury ($p=0.68$). There was no difference in recent traumatic events (within the last 3 years) in any of the above categories, including recent sexual trauma (5.9% in OAB vs. 0% in controls).

Within the OAB group, there were strong correlations between higher total childhood traumatic score and more severe bladder pain ($p=0.005$, Spearman's $\rho=0.39$), worse overall pelvic discomfort ($p=0.02$, $\rho=0.33$), more severe non-urologic pain ($p=0.017$, $\rho=0.34$), worse mood ($p=0.001$, $\rho=0.45$), anxiety ($p=0.029$, $\rho=0.31$), and higher physical symptom burden ($p<0.001$, $\rho=0.52$). There was no correlation between childhood traumatic exposure and the severity of their frequency, urgency, incontinence, and depression symptoms ($p>0.05$).

Interpretation of results

Compared to controls, OAB patients are more likely to report a history of childhood sexual trauma. However, there was no difference in exposure to other types of childhood (non-sexual) trauma or recent trauma. OAB patients who experienced childhood trauma have worse pain symptoms, mood and anxiety. However, they did not report worse frequency, urgency, urinary incontinence, and depressive symptoms.

Concluding message

Exposure to childhood sexual trauma is common among OAB patients (up to 30% of patients). OAB patients who experienced childhood trauma have worse pain symptoms. However, their OAB symptoms are not worse than those without exposure to trauma.

Disclosures

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Subjects: HUMAN **Ethics Committee:** IRB, Washington University **Helsinki:** Yes **Informed Consent:** Yes