

ANTIMUSCARINIC TREATMENT FOR THE PERSISTENT URINARY FREQUENCY IN INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME PATIENTS WITH IMPROVED PAIN

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Hypothesis / aims of study

To assess clinical factors related to persistent urinary frequency and efficacy of antimuscarinic treatment in interstitial cystitis/bladder pain syndrome patients (IC/BPS).

Study design, materials and methods

IC/BPS patients complaining of persistent urinary frequency even though their pain improved were evaluated. Before initial conventional treatment, each patient filled a 3-day voiding diary and completed some symptom questionnaires. After 3 months of conventional treatment, patients who showed an improvement in pain were divided into two groups: groups 1 (persistent urinary frequency) and 2 (improved urinary frequency). By comparing these groups, clinical features were identified to predict persistent urinary frequency. The efficacy of antimuscarinic treatment was also evaluated for group 1 patients.

Results

Totally, 171 patients were diagnosed with IC/BPS. After conventional treatment, 72 patients (42.1%) showed improvement in pain but had persistent urinary frequency (group 1), and 60 (35.0%) showed improvement in pain and frequency at 3 months (group 2), 39 (22.8%) did not show improvement in pain. Although maximal flow rate, voided volume, and maximal bladder capacity were significantly lower in group 1 than in group 2 patients, frequency was more severe. Antimuscarinic agents were given to 30 patients in group 1 patients; of these, 20 presented with treatment failure and 10 showed a mild response.

Interpretation of results

Almost 40% IC/BPS patients show persistent frequency, but antimuscarinic treatment can not treat them effectively.

Concluding message

IC/BPS patients with a low voided volume, maximal flow rate, decreased maximal bladder capacity and severe urinary frequency had a persistent frequency even though their pain improved. Our results suggest that antimuscarinic treatment is not effective in such patients.

Figure 1. Flow-chart for patient selection

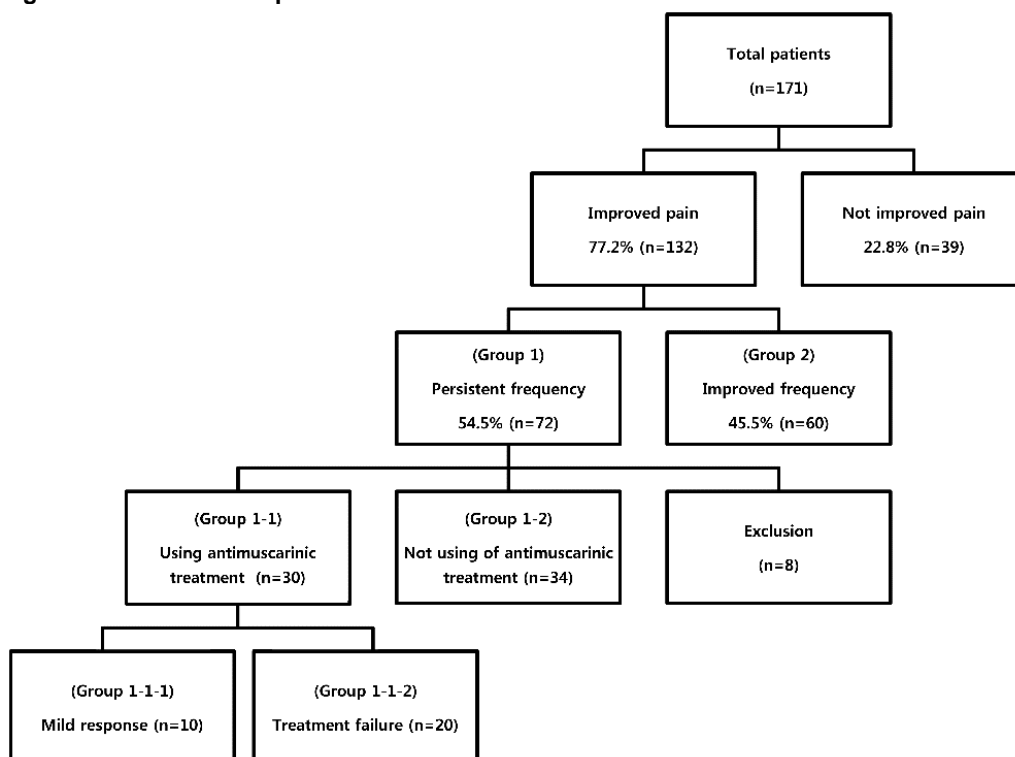
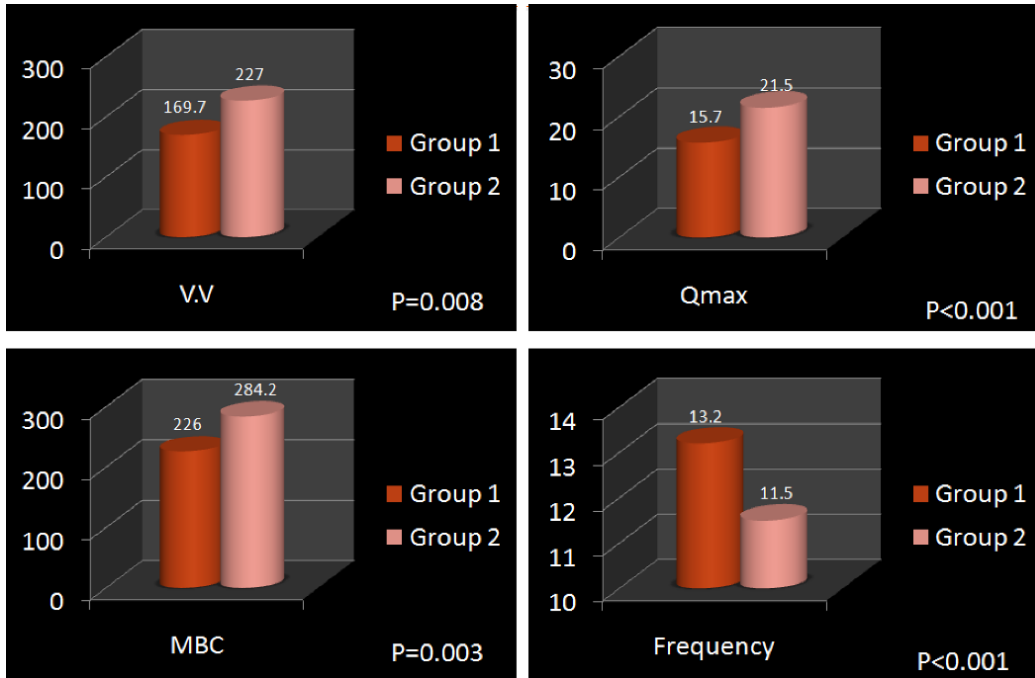


Figure 2. Baseline poor voiding functions in patients with persistent frequency



Disclosures

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