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STRATIFICATION OF PATIENTS WITH BLADDER PAIN SYNDROME ACCORDING TO THE CHARACTERISTICS OF SYMPTOMS

Hypothesis / aims of study

Painful bladder syndrome doesn't have any pathognomonic clinical, urodynamic, cystoscopic, histological characteristics and that is why it is a diagnosis of "exceptions". It is necessary to rule out other diseases with the similar clinical manifestations. Currently there is no generally accepted system for assessing the severity of symptoms of BPS which would be based on objective indicators.

The aim of the study was to find the possibility of stratification of patients with BPS depending the severity of disease symptoms.

Study design, materials and methods

There were 53 women with BPS, mean age was $58,4 \pm 6,6$ years under the observation in the clinic of urology of Pavlov State Medical University. The mean duration of disease was $8,6 \pm 3,4$ years. All patients had been carried out a comprehensive urological examination. There were excluded other possible causes of pain in the bladder. All patients were interviewed using questionnaires "Scale symptoms of pelvic pain, imperative, frequent urination» (Pelvic pain and urgency / frequency patient symptom score, PUF) and visual analogue pain scale (VAS). Also all patients completed voiding diary for 3 days.

Results

The analysis of the questionnaire results of the patients using a five-point visual analog scale divided the patients according to the intensity symptoms of BPS into three groups. Patients in Group 1 (n = 4; 7.5%), pain intensity was 1 or 2 points, the patients in group 2 (n = 33; 62.3%) pain intensity was 3 or 4 points and patients in group 3 (n = 16; 30, 2%) pain intensity was 5 points. According to the diary of urination 37 (69.8%) women had frequent urination, urgency urination had 25 (47.2%) patients and in 10 (18.9%) had urge incontinence. The degree of irritative symptoms in patients was assessed using the formula S = 2 × A + B + 1 * (Kuzmin I.V, 2007), S is the sum of points, A is the frequency of urination for 3 days, B is mandatory frequency urges for 3 days* and 1 is added if the patient has urge incontinence. According to this formula 1st (light) the severity of the irritative symptoms are diagnosed in 62 and less points, 2nd (moderate) degree of severity diagnosed from 63 to 80 points, 3rd (severe) degree of severity was diagnosed in more than 80 points. Among the observed patients with BPS with 1st degree of irritative symptoms was detected in 5 (9.4%) women, 2nd degree in 41 (77.4%) women and 3 rd degree in 7 (13, 2%) women.

Interpretation of results

After the analysis of BPS symptoms we divided three degrees of pain intensity (B1, B2 and B3) and irritative symptoms (M1, M2 and M3). We divided the patients into three groups depending on the variants of combinations of clinical manifestations of BPS. The 1st group included 4 (7.6%) patients with symptomatic B1 and M <3, the second group (n = 29; 54.7%) B2 and M <3, the third group (n = 20; 37.7%) B3 and any M or M3 in any patients B. Answers the questions in PUF questionnaire were significantly different in patients with isolated groups. In group 1 the score was 11.8 ± 5.1 , in the 2nd $- 16.6 \pm 5.4$ and 3 rd $- 24.5 \pm 8.7$.

Concluding message

The proposed system of stratification of patients with BPS corresponds to the severity of the main clinical manifestations of BPS. The possibility of using this clinical application of the BPS symptoms system needs the further research.

Disclosures

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