

THE USE OF QUETIAPINE FUMARATE EXTENDED RELEASE IN THE TREATMENT OF BLADDER PAINFUL SYNDROME WITH NONUROLOGICAL ASSOCIATED FACTORS: PRELIMINARY RESULTS.

Hypothesis / aims of study

Nonurological associated somatic syndromes (NUASS) represent important clinical characteristics of bladder painful syndrome (BPS)⁽¹⁾. Quetiapine fumarate is an antidepressant/atypical antipsychotic with serotonergic, noradrenergic, and dopaminergic effects, which exhibits analgesic properties⁽²⁾⁽³⁾. We evaluated the efficacy and safety of Quetiapine extended release (XR) on pain symptoms in BPS patients with NUASS.

Study design, materials and methods

Seven patients were included in this exploratory, open label study. Quetiapine XR was administered orally for 8 weeks, once daily, starting at a dosage of 50 mg/day for the first 2 days then titrated up to 150 mg/day. The primary outcome was the mean change from baseline to week 8 on Visual Analog Scale (VAS) on pain. Secondary outcomes included the mean change from baseline on VAS measures of urgency, and on Interstitial Cystitis Symptom score (ICSI).

Results

All patients presented with tension headache, 5 with low back pain, and 3 with irritable bowel syndrome and vulvodynia. A median of 4 (range, 2-6) UPOINT domain was recorded, with the neurologic/systemic phenotype affected in all patients. At baseline, mean VAS on pain and on urgency were 7.7 (5-9) and 7.00 (5.75-8.5) respectively and mean \pm SD ICSI was 13.2 \pm 3.6. Eight weeks after, mean pain score fell to 4.2 (2.6-6.3), urgency score to 4.4 (2-7), and ICSI to 7.5 (2-12). Quetiapine XR was generally well tolerated.

Interpretation of results

Quetiapine XR has been shown to be effective in improving pain, urgency and ICSI scores, in a short term follow up. As Quetiapine is an antagonist at α -2-adrenergic receptor and binds to the D2 dopamine receptor, both of which are implicated in pain signaling, it can be effective in controlling neuropathy and neural upregulation.

Concluding message

This study is the first to demonstrate that pain, urgency and ICSI score are significantly improved with Quetiapine XR in patients with BPS.

References

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Disclosures

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