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Title (type in
CAPITAL
LETTERS)**URODYNAMIC FINDINGS IN PATIENTS WITH A
DIAGNOSIS OF FIBROMYALGIA**

Aims of Study: Fibromyalgia (FM) is a rheumatologic syndrome of unclear etiology manifested by diffuse myalgia and point tenderness. The condition has been associated with urethral syndrome, and shares demographic and symptomatic characteristics of several other chronic pain syndromes including interstitial cystitis. This study was designed to examine urodynamic parameters in patients with FM and symptoms of voiding dysfunction.

Methods: Thirty-five patients (33 female, 2 male) with an established diagnosis of FM who underwent urodynamic evaluation for complaints of voiding dysfunction were reviewed. Demographic and clinical data including age at the time of urodynamics, voiding symptomatology, physical exam findings, and significant past medical, neurological, and surgical history were obtained from a detailed review of patient records. Urodynamic data obtained for each patient included volume at first sensation, volume at first desire, total bladder capacity, voided volume, peak flow rate, urethral opening pressure, detrusor pressure at maximum flow, and post void residual volume. American Urological Association (AUA) Symptom Index scores, presence of detrusor instability, stress urinary incontinence, detrusor compliance, and sensory changes were also noted. Urodynamic results were compared with published normative data for historical control subjects.

Results: The median age was 51 years (range 32-82). The median AUA Symptom Index score was 21 (range 3-31). Urodynamic parameters were similar compared to historical controls with the exception of first desire to void which was reduced at 222 mL (350 mL control). Detrusor instability was documented in 42.9% of FM patients, and 51.4% had stress urinary incontinence. Increased detrusor compliance was observed in 12.1% of FM patients. Bladder sensation was normal in 53.3%, increased in 13.3% and decreased in 33.3% of FM patients.

Conclusions: These results are very similar to reported urodynamic findings for patients with interstitial cystitis. This suggests that the voiding dysfunction observed in patients with interstitial cystitis and fibromyalgia may share a common etiology.