

PAIN CHARACTERISTICS OF WOMEN WITH INTERSTITIAL CYSTITIS (IC)

Hypothesis / aims of study

Pain related to Interstitial Cystitis (IC) may at times be difficult to distinguish from other causes of chronic pelvic pain. Since we lack definitive diagnostic tools for IC and diagnosis is generally made after exclusion of other conditions, elucidation of the pain characteristics of IC is important. The aim of the study is to examine the unique aspects of pain from IC.

Study design, materials and methods

Seventy six women with a diagnosis of IC were seen during a pilot project, the Women's Pelvic Health Centre, between 2001-2003. All women completed REB approved pain intake questionnaires at home, which were reviewed by the nurse practitioner at first consultation.

Results

Median age was 44 years (range 21 to 78). Mean O'Leary Sant symptom score was 11.6 (range 2-20) and problem index was 10.4 (range 1-16). Pain was reported as none (3), mild (6), discomforting (25), distressing (18), horrible (10), excruciating (6), and not stated (8). The pain had been present prior to intake for 6-12 months (1), 1-2 years (9), >2 years (13), and >5 years (42). The onset was gradual in most, being sudden in 25 with triggers recognized as: stress (6), urinary tract infections (5), pregnancy (2), traumatic intercourse (3), hysterectomy (1), abortion (1), Barium enema (1), yoga/kegel exercises (2), motor vehicle accident (1), and oral contraceptive pill (1). IC pain worsened with: a full bladder (61), stress (51), diet triggers (45), intercourse (33), menses (28), walking (25), urination (20), tight clothing (19), bowel movement (17), exercise (17), cold weather (16), and orgasm (6). Self help strategies improving pain were: emptying bladder (50), heat (45), lying down (30), diet modification (29), massage (26), bowel movement (23), ice (12), and meditation (12). Pain medications used before consultation included: NSAIDs (37), Tylenol (22), codeine (13), short acting narcotics (6), and long acting narcotics (4). The pain from IC was the most important health issue for 34. Pain impacted in the following areas (mean score /10): recreation (6.9), social activity (5.2), occupation (5.0), sexual behaviour (5.0), self care (5.0), family/home responsibilities (4.3), and life support (2.0). Previous treatments for IC were felt to have accelerated pain in 12 and possibly in 24. Only 24 felt they were likely or very likely to get better. Pain maps were useful to discriminate women with IC alone vs those with co-morbidities such as fibromyalgia.

Interpretation of results

Pain associated with IC is usually longstanding and gradual. Precipitating and exacerbating factors can be deciphered by some patients. Pain maps are useful diagnostically.

Concluding message

Pain from IC can be severe and disabling with predictable characteristics that can potentially aid diagnosis. Women with IC are complex with many physical and psychological co-morbidities that urologists alone are not equipped to manage. A multidisciplinary approach, addressing these co-morbidities, is required for optimal care.

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HUMAN SUBJECTS: This study did not need ethical approval because not required. but followed the Declaration of Helsinki Informed consent was obtained from the patients.