Are bladder pain syndrome and overactive bladder part of one disease?


Aim

To determine whether there is an overlap between overactive bladder with nocturia and bladder pain syndrome.

Study design, materials and methods

• Recruited from St Mary’s Urogynaecology specialist clinic
• 5-day bladder diary.
• Likert scale.
• Exclusion criteria: Urinary tract infections.
• Data on urinary symptoms was collected including urgency, urge incontinence, stress incontinence, voiding dysfunction and bladder pain.
• Nocturia was defined as:
  • Under 60 years old: more than once.
  • 60 - 70 years old: more than 2 voids.
  • Over 70 years old: more than 3 voids.

Results

• N=3428
• n=1781 had overactive bladder (OAB).
• Likert scale questionnaire identified 2452 had some degree of bladder pain.
• Only 3% of overactive bladder patients had no bladder pain.
• 81% with overactive bladder felt only mild pain.
• 58% had neither OAB and no bladder pain.
• No OAB: 42% (1452/3428) just nocturia
• OAB: 64% (1145/1781) with nocturia.
• Only 5.8% (57/976) who had overactive bladder, nocturia and scored zero for pain.
• Table 1 summarises these findings.

Interpretation

• The symptom of bladder pain plays a key role in OAB.
• OAB and bladder pain are on the same spectrum of disease. This would seem reasonable as both are C nerve fibre based syndromes and they both result in frequency and urgency.
• Bladder pain plays a fundamental role in women having nocturia and overactive bladder such that 95% of women with OAB and nocturia also had bladder pain.
  • This could suggest a new subcategory of nocturia due to bladder pain.

Conclusion

Overactive bladder symptoms appear to be related to bladder pain and this could suggest a joint aetiology or a spectrum ranging from pure OAB to pure bladder pain. This may indicate the reasons for the some patients with OAB who do not respond to treatment.