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INTERSTITIAL CYSTITIS SYMPTOM INDEX/PROBLEM INDEX: WHICH SCORE IS MORE PREDICTIVE TO PAINFUL BLADDER SYNDROME/INTERSTITIAL CYSTITIS?

Aims of study
The prevalence of painful bladder syndrome/interstitial cystitis (PBS/IC) appears to vary based of the diagnostic score studied. This may be in part related to the tools and scoring used to categorize patients with PBS/IC. To find and to manage PBS/IC at earlier stage may be one way to manage the overactive bladder syndrome or other urologic problems in older women. The primary purpose of this study was to compare group differences by IC Symptom Index (ICSI) cut-off score 4 to 7 based on the reported diagnostic scores. Secondary purpose was to combine ICSI and ICPI scores and compare to risk scores for IC.

Study design, materials and methods
Study design**:** The design of this study was a descriptive survey.
Materials and Methods: Women were recruited 298 elderly women via postings on bulletin board at 3 elderly welfare centers. Subjects needed 10 people per one item. Therefore at least 80 people needed for ICSI/ICPI 8-item tool. The Korean version[(1)] based on the ICSI / ICPI was used. The English version of ICSI / ICPI was tested their reliability and validity by the developer and other researchers. The participants were asked for about their symptoms during the past month (ICSI) and the problems arising from each of these four symptoms (ICPI). The ICSI/ICPI scores were summed from scores on the 4 questions respectively. The total ICSI score ranges from 0 to 20 and ICPI score from 0 to 16. The ICSI-K and ICPI-K reliabilities when developed were Cronbach's alpha .830; .620 in ICSI-K, and .809 in ICPI-K [1)]. Analysis was accomplished by other researcher's classification [(2)(3)].

Results
In this study ICSI score was significantly higher in women with symptoms compatible with a diagnosis of PBS/IC as compared to those without symptoms. The prevalence rate of IC/PBS in a sample of 298 community living Korean women was 161(54%) with a cut-off score ≥4, 130(43.6%) with a cut-off score ≥5 and 84(28.2%) with a ICSI cut-off score ≥7 (Table 1). In the view of the risk for IC, 40(12.8%) of subject had a moderate and high risk.

Interpretation of results
The lower the cut-off score is, the more prevalent in IC is. It may be efficient to use the cut-off score ≥4 to find the potential patient with PBS/IC. To get a treatment group considered risk for IC, we have better to use a ICSI cut-off score ≥7 or higher than the cut-off score ≥4 or 5.

Concluding message
Using the tool for IC scanning is efficient at community level if the cut-off score is evaluated as valid. This research suggests that a ICSI cut-off score ≥7 is useful to fine the patients for treatment of IC.

Key word: Painful Bladder Syndrome/IC

Table 1. Variance of the prevalence by other researcher's classification of ICSI score

Researcher	Guided score	Prevalence in this research f(%)
A) Classification with ICSI score [(2)]		
None	0	23(7.7)
Mild	0<score<5	145(48.7)
Diagnosed as IC	score≥ 5	130(43.6)
B) Classification with ICSI score [(3)]		
None	0-3	137(46.0)
Mild	4-6	77(25.8)
Moderate	7-11	63(21.1)
Severe	12-20	21(7.1)
C) Classification by sum of ICSI and ICPI score [(3)]		
No risk for IC	0-6	168(56.4)
Minimal risk for IC	7-13	90(30.2)
Moderate risk for IC	14-23	32(10.7)
High risk for IC	24-36	8(2.7)

References
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Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**