"is it mind? - is it body? - is it bladder? - is it real?"
Workshop 41
August 24, 2010, 14.00-17.00

Time	Time	Topic	Speaker
14.00	14.15	Pain and Pain Perception	Ragi Doggweiler
14.15	14.50	CPPS (IC/PBS, chronic Prostatitis) possible etiologies, treatment approaches, (traditional and alternative) biopsychosocial implications in their experience	Kristene Whitmore & Ragi Doggweiler
14.50	15.30	IBS etiology, possible etiologies, treatments options biopsychosocial implications in his experience	Alain Watier
15.30	16.00	Break	
16.00	16.40	Endometriosis , possible etiologies, treatments options, biopsychosocial implications in his experience	Fred Howard
16.40	17.00	Sexual dysfunction as a result of CPPS and how it can precipitate worsening of symptoms	Kristene Whitmore

Aims of course/workshop

Discuss importance of multimodal approach in the treatment of patients diagnosed with chronic pelvic pain syndrome.
Evaluate pelvic pain as an "elimination problem".
Considering not only the symptoms as guidelines to treatment but also considering the patient as a whole in the environment s/he is living and functioning.
Present the use of alternative treatments
Taylor a personalized treatment for each patient

Educational Objectives

All speakers are experts in the treatment of chronic pelvic pain. We bring longstanding experience of clinicians in urology, gynecology and gastroenterology that treat many patients diagnosed with chronic pelvic pain. We are not offering a treatment protocol. We are offering a different approach to obtain an accurate diagnosis and perception of the patient. We give guidelines on how to tailor an efficacious treatment for each single patient. Medicine is an art much more than pure science.

Pain and Pain Perception

Pain is not a simple alarm message arriving at the cerebral cortex like a radio signal exciting a beeper. Rather, sensory messaging binds inextricable to complex associations that embedded in the personal and social context and imbue it with meaning. The perception of a chronic pain patient involves a constellation of unpleasant bodily awareness sensations, beliefs about one's health and physical status, fears and uncertainty, and interpretation of the vocational, family, and others social implications of possible disease

Interstitial cystitis/BPS Chronic Prostatitis/CPPS

Irritative voiding symptoms (urgency frequency, intermittency, dysuria and nocturia) and often pain increasing with filling that may reduce with or after micturition.
The presence of constant irritative voiding symptoms affects employment status, sexuality, leisure activities, sleep and daily living. IC/BPS and CP/CPPS patients demonstrate a quality of life similar to patients suffering from sever congestive heart failure or diabetes mellitus. Often there is association with IBS, chronic sinusitis, TMJ, autoimmune disease and other chronic pain syndromes.
The etiology is still poorly understood. Occult infections have been mentioned but never could be proven. Damage to bladder surface has been proposed. Trauma in the pelvis has an implication; be it traumatic injury, surgery or dysfunction of the pelvic floor muscles. Neurogenic inflammation is described in the pathogenesis of IC and may well be involved in the development of CP. No treatment protocol has proven to be satisfying. Alpha blocker, muscle relaxants, antidepressants and analgesics have been used. Further lifestyle changes, heat and physical therapy are used and often helpful. Study with elevated dose of pentosan polysulfate sodium gave some positive results. Instillations with heparinoid solutions have been of benefit for some patients. Neuromodulation has been found helpful in selected patients. Alternative approaches have been helpful in selected patients.

Endometriosis , possible etiologies, treatments options, biopsychosocial implications in his experience

Endometriosis remains a challenging disease. Accurate diagnosis currently requires surgically-obtained biopsies. Clinical and visual diagnoses are not accurate. Pain is an inconsistent finding, but epidemiological evidence strongly supports endometriosis as a cause of pelvic pain. There is evidence that endometriosis can cause pain not only by nociceptive mechanisms, but also by inflammatory and neuropathic mechanisms. There is evidence that neurological mechanisms lead to the development of other pain generating syndromes, both visceral and somatic, in women with endometriosis-associated pelvic pain. Current treatments are surgical and medical, and are directed only to nociceptive pain. Future evaluations need to include treatments for inflammatory and neuropathic pain, as well.

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