

MEASUREMENT OF URINARY AND NON URINARY SYMPTOMS IN INTERSTITIAL CYSTITIS PATIENTS

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INTRODUCTION & OBJECTIVES: Interstitial cystitis (IC) patients may have an increased incidence of other conditions, such as irritable bowel syndrome, allergies or rheumatological disorders. In order to provide an answer to the question whether IC patients do or do not indiscriminately report high scores for various somatic symptoms, we compared University of Wisconsin scores for 30 IC female patients and 25 ages matched female controls.

MATERIAL & METHODS: A total of 30 female patients with interstitial cystitis and 25 healthy age matched female controls were recruited for the study. All patients had to meet the symptom criteria established by the National Institute for Diabetes and Digestive and Kidney Diseases. Each patient completed a University of Wisconsin symptom scale, after translation (WICS). All patients underwent cystoscopy under anaesthesia with bladder distension, and in 25 the potassium sensitivity test was performed for diagnostic and therapeutic purposes. Each patient completed a University of Wisconsin symptom scale, after translation (WICS).

RESULTS: In the IC group median score was not 0 for only two of the reference symptoms: abdominal cramps and dizziness. All urinary symptoms were significantly increased in IC patients compared to controls. In the control group, the median value of urinary symptoms was 0. The duration of the disease was then related to IC symptoms in the patient group. Among the bladder-related symptoms, a good correlation was found for several specific symptoms and urinary symptoms as a whole. A correlation could be found between a positive potassium sensitivity test and burning bladder sensation, and pelvic discomfort. The scale used seems to capture symptoms specific to IC, since patients with diagnosed IC had much higher scores on the IC symptoms than the comparison group, but they did not have higher scores on the control symptoms.

CONCLUSIONS: In Interstitial cystitis patients and age matched controls the first group had significantly higher scores for the 7 urinary symptoms, which supports the conclusion that IC patients do not indiscriminately report high scores for different somatic and general complaints. The positive correlation between the duration of disease and the group of 7 urinary symptoms supports the view that the clinical course of the disease is progressive in terms of subjective bladder-related symptoms referred from patients.