

TREATMENT OUTCOME IN PSYCHOLOGICAL PROFILE OF INTERSTITIAL CYSTITIS PATIENTS

Hypothesis / aims of study

Many patients with interstitial cystitis (IC) have significant depression, as indicated in literatures and shown by our previous study. 85% of our IC patients have depression. We further found that all our IC patients have varying degree of anxiety. Reports on treatment outcome in IC patients typically focus on the improvement in somatic symptoms. The effect of treatments on psychological aspect of IC patients has not been reported in the past. This study investigates the psychological outcome in IC patients by comparing the degree of depression and anxiety before and after treatments.

Study design, materials and methods

A total of 19 patients with interstitial cystitis were enrolled in this study. Interstitial cystitis was diagnosed based on NIDDK criteria. All patients completed a structured interview on depression (17-item Hamilton Rating Scale for Depression) and anxiety symptoms (14-item Hamilton Rating Scale for Anxiety) by a same interviewer at initial diagnosis and more than one year after treatments. They also completed questionnaires on symptom severity including pain and urge (visual analog scale 1-10) and O'Leary-Sant symptom index. All received cystoscopic hydrodistension under general anesthesia. Medication, including oral pentosan polysulfate, was used as needed. The changes following treatment were compared with those before using Wilcoxon Signed Ranks test.

Results

Pain severity after treatment was significantly less than that at diagnosis (4.68 vs 2.26, $P = 0.001$). But there is no significant improvement in visual analog scale of urge sensation by the treatments. O'Leary-Sant symptom (12.6 vs 8.9, $P < 0.05$) and bother index (11.2 vs 8.3, $p < 0.05$) were significantly decreased after treatment. The average depression symptom score at diagnosis was 14.8 and was 12.4 after treatment. The average anxiety score was 17.4 at diagnosis and was 14.4 after treatment. Although the mean depression and anxiety scores were numerically reduced after treatments, the reduction was not statistically significant ($P = 0.14$ and $P = 0.12$, respectively). Only 15.8% (3 of 19) patients had their depression and anxiety symptom scores reduced by more than 50%.

Interpretation of results

Mean psychological profile of IC patients was not significantly improved even after statistically significant symptomatic improvement. Most patients still have significant depression and anxiety. Although pain severity has been significantly reduced, persisted urinary urge may continue to put them anxious and depressed. The acknowledgment of chronic and difficult-to-cure nature of the disease could also lead them to be pessimistic.

Concluding message

Although current IC treatments achieve symptomatic improvements, most patients are not sufficiently satisfied, remaining depressed and anxious. Advanced supports on psychological aspects of IC patients is required for better treatment outcome.

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HUMAN SUBJECTS: This study did not need ethical approval because The information is obtained from our routine clinical evaluations and treatments. but followed the Declaration of Helsinki Informed consent was not obtained from the patients.