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Descriptive Epidemiology of Urologic Pain Symptoms in Men and Women

Introduction and Objective: It is commonly assumed that most non-malignant urologic conditions worsen as individuals age. However, data from cross-sectional studies indicate that the prevalence of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and interstitial cystitis/painful bladder syndrome (IC/PBS) is lower with advancing age. We examined the epidemiology of symptoms suggestive of IC/PBS and CP/CPPS in a longitudinal study.

Methods: Analyses were performed using baseline and follow-up data from a population-based survey which used a stratified 2-stage cluster design to sample adults aged 30-79 years. This analysis reports on data from 3407 participants (1268 men and 2139 women; 1102 Black, 1083 Hispanic, and 1222 White) with both baseline and follow-up data. The average number of years between baseline and follow-up was 4.7. Symptoms suggestive of IC/PBS were defined as pain increasing as the bladder fills and/or pain relieved by urination (fairly often, usually, almost always) for at least 3 months. Symptoms suggestive of CP/CPPS were defined as perineal and/or ejaculatory pain and a Chronic Prostatitis Symptom Index pain score of 4+. We present prevalence, remission, and incidence of IC/PCS and CP/CPPS over the 4.7 y period.

Results: Baseline Mean age of men and women meeting reporting symptoms of IC/PBS and CP/CPPS was 53.8 and 44.8 years respectively. Overall, 3.9% of men (n=62) reported symptoms of CP/CPPS at baseline. 80.1% of those men did not report these symptoms at follow-up. Baseline prevalence of symptoms of IC/PBS was 1.2% in men (n=23) and 2.5% in women (n=80). At follow-up, 84.3% of those men and 88.2% of those women did not report symptoms. Estimates of incidence of symptoms characteristic of both conditions were: CP/CPPS 1.1%, and IC/PBS 0.9% in men and 1.3% in women.

Conclusions: Symptoms suggestive of CP/CPPS and IC/PBS are not reported in over three-fourths of the sample after a period of nearly five years. Identification of factors that may promote remission of symptoms need to be examined.

Supported by: Grant DK 56842 from the National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK).

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