



## CONSENSUS DOCUMENT

# Recommendations for the diagnosis and management of bladder pain syndrome. Spanish urological association consensus document<sup>☆</sup>



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Working group for recommendations on the diagnosis and management of bladder pain  
syndrome. Conducted under the auspices of the Spanish Association of Urolog<sup>◇</sup>

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### KEYWORDS

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Consensus;  
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Treatment

### Abstract

**Introduction:** Bladder pain syndrome/interstitial cystitis (BPS/IC) and other bladder pathologies share common manifestations, such as the presence of mictional symptoms and a negative impact on the patient's quality of life. To be properly diagnosed and clinically managed, it is important to distinguish between its clinical modalities and diagnostic criteria for adequate exclusion.

**Objective:** The purpose of this study was to standardize criteria for making decisions in BPS management, for its diagnosis, initial treatment and follow-up.

**Material and method:** A nominal group methodology was employed, using scientific evidence on BPS taken from a systematic (non-exhaustive) literature review for developing recommendations along with specialist expert opinions.

**Results:** The diagnosis of BPS should be made based on the patient's clinical history, with emphasis on pain and mictional symptoms as well as excluding other pathologies with similar symptomatology. BPS treatment should be directed toward restoring normal bladder function, preventing symptom relapse and improving patients' quality of life. It is therefore advisable to start with conservative treatment and to adopt less conservative treatments as the level of clinical severity increases. It is also recommended to abandon ineffective treatments and reconsider other therapeutic options.

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<sup>◇</sup> More information on the Task Force recommendations in the diagnosis and management of bladder pain syndrome is available in Appendix 1.

**PALABRAS CLAVE**

Síndrome de dolor vesical;  
 Consenso;  
 Diagnóstico;  
 Manejo de la enfermedad;  
 Guía práctica;  
 Tratamiento

**Conclusions:** Quickly identifying the pathology is important when trying to positively influence morbidity and care quality for these patients.

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## Consenso de la Asociación Española de Urología en el diagnóstico y manejo del síndrome de dolor vesical

### Resumen

**Introducción:** El síndrome de dolor vesical/cistitis intersticial (SDV/CI) y otras enfermedades vesicales comparten una sintomatología común, como la presencia de los síntomas miccionales y la repercusión negativa sobre la calidad de vida de los pacientes. Para su correcto diagnóstico y manejo clínico es importante distinguir entre sus diferentes modalidades clínicas y criterios diagnósticos de exclusión adecuados.

**Objetivo:** El propósito de este trabajo ha sido homogeneizar los criterios para la toma de decisiones en el manejo del SDV, tanto en su diagnóstico y tratamiento inicial como en su seguimiento.

**Material y método:** Se utilizó metodología de grupo nominal, utilizando para la elaboración de las recomendaciones las evidencias científicas sobre el SDV extraídas de una revisión sistemática (no exhaustiva) de la literatura, junto con el juicio experto de especialistas.

**Resultados:** El diagnóstico del SDV debe hacerse basándose en la historia clínica del paciente, prestando importancia al dolor y a los síntomas miccionales y a la exclusión de otras enfermedades de sintomatología parecida. El tratamiento del SDV debe dirigirse a la restauración de la función vesical normal, la prevención de recaídas de los síntomas y la mejora de la calidad de vida de los pacientes. Para ello es recomendable empezar con un tratamiento conservador y adoptar tratamientos menos conservadores conforme el nivel de gravedad clínica aumenta. También se recomienda abandonar tratamientos ineficaces y replantearse otras opciones terapéuticas.

**Conclusiones:** La rápida identificación de la enfermedad resulta importante para intentar influir positivamente en los indicadores de morbilidad y la calidad asistencial de estos pacientes.

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## Introduction

For several years, efforts have been directed to standardize a definition and evaluation of bladder pain syndrome (BPS), also known as interstitial cystitis (IC). While IC represents a special type of chronic inflammation of the submucosa and bladder muscle tissues, the term BPS encompasses those patients suffering from pain in the bladder region.<sup>1,2</sup> In the latest update of the guideline for chronic pelvic pain,<sup>3</sup> the European Association of Urology [EAU], defined the BPS as a pelvic pain associated to the urinary bladder accompanied by at least one other urinary symptom, such as day or night urinary frequency, while the American Urological Association [AUA]<sup>4</sup> decided on the definition given by the Society for Urodynamics and Female Urology, which defines the BPS as "the unpleasant sensation (pain, pressure, discomfort) perceived in relation to the urinary bladder and accompanied by lower urinary tract symptoms, for more than 6 weeks and in the absence of infection or other identifiable cause".<sup>5</sup> On the other hand, the International Society for the Study of BPS [ESSIC] has proposed a standard scheme of diagnostic criteria<sup>6</sup> in order to facilitate comparison of different studies.

Some studies performed in the European context estimate a prevalence of 8–16 cases per 100,000 inhabitants.<sup>7–9</sup>

Subsequent studies indicate that the prevalence of IC/BPS in the United States could exceed 0.5% of the adult population, indicating that the incidence of IC/BPS would have been underestimated so far,<sup>10</sup> although others point to an incidence (1.1/100,000),<sup>11</sup> of clearly female predominance (5:1 or 10:1).<sup>12</sup>

The Spanish Association of Urology, in its efforts to develop documents for specialist help, designed to facilitate and improve the correct diagnosis and management of each disease process, decided to publish this consensus document on the management of BPS, based on the scientific evidence available and on the knowledge of experts who exercise their profession in the National Health System (NHS). This document adapts certain criteria and processes to the conditions of the NHS, thus providing added value in the most useful aspects of clinical practice.

The consensus document of diagnosis and management of SDV was developed with the following purposes: (1) standardize the criteria for decision making in the management of BPS, both in its diagnosis and initial treatment and follow-up; (2) highlight the importance of early identification of these patients; and (3) positively influence the morbidity indicators and the quality of care of these patients. It is addressed to any medical or health professional to diagnose

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