

PAIN

UPOINT for interstitial cystitis

Nickel *et al.* have used their UPOINT system to characterize the wide range of clinical phenotypes of women presenting with interstitial cystitis (painful bladder syndrome). This classification method should help to individualize therapy for this difficult-to-treat condition.



“We believe that [urologic chronic pelvic pain] syndromes require multifactorial therapy targeted at the specific etiologies and symptoms that the patients have in order to be effective,” says co-researcher Daniel Shoskes, from the Cleveland Clinic, USA. “We developed the UPOINT clinical phenotype classification system as a potential technique to classify patients into clinically meaningful domains (urinary, psychosocial, organ [bladder/prostate] specific, infection, neurologic/systemic and tenderness of skeletal muscles), each associated with specific effective therapies.”

Previously validated in men with chronic prostatitis and chronic pelvic pain syndrome, a total of 100 women with interstitial cystitis (mean age 48 years, median duration of symptoms 7 years) were included in this new study of the UPOINT system. Symptoms were evaluated using the Interstitial Cystitis Symptom Index, as well as questionnaires and visual analogue scale measurements of pain, urgency and frequency.

As expected, Nickel and colleagues observed that 100% and 96% of the patients were positive for symptoms in the urinary and organ-specific domains,

respectively. The percentages of patients positive for symptoms in the psychosocial, infection, neurological/systemic, and muscle tenderness domains were 34%, 38%, 45% and 48%, respectively. “The UPOINT system [classified] these women into distinct phenotypes, and a greater number of positive domains correlated with worse symptoms [as well as symptom duration],” Shoskes comments. Symptoms from at least two of the domains were noted in all of the patients, of whom 13% were positive for just two domains, 35% for three, 38% for four, 13% for five and 5% for all six.

Shoskes notes that although the bladder category is the main UPOINT domain for symptoms of interstitial cystitis, “non-urologic domains (psychosocial, tenderness) were major contributors to symptom severity.” This finding might explain why bladder-specific treatments often fail.

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Original article Nickel, J. C. *et al.* Clinical phenotyping of women with interstitial cystitis/painful bladder syndrome: a key to classification and potentially improved management. *J. Urol.* **182**, 155–160 (2009).