

出國報告（出國類別：海報發表）

參加第八屆泛太平洋學術會議
(8rd PPCS)心得報告

The 8th Pan-Pacific Continenence Society
Meeting

服務機關：衛生福利部豐原醫院

姓名職稱：李明輝院長

派赴國家：韓國釜山

出國期間：102/9/26-102/9/28

報告日期：9/27

摘 要

藉由參與 PPCS 泛太平洋海報發表與各國做學術上的交流，發表過程中，讓各國了解台灣 IC 現況，探討主題部分在場人士如有任何啟發性問題都可以提出發問，與其他國家是否有雷同的特性在裡頭，可在這過程中，審視自己未注意到的部分並了解下一步的方向。

(第八屆國際尿控協會年度會議)

目 次

	頁 碼
壹、封面.....	1
貳、摘要.....	2
參、目次.....	3
肆、本文(目的、過程及心得建議).....	4-8
伍、照片.....	9-11
陸、附錄.....	12-16

本 文

目的

藉由參與 PPCS 與各國做學術上的交流，讓各國了解在這方面我們最新發展狀況及未來方向。

過程

從101年蒐集資料、實驗、整理、分析到結論，讓各國能夠看見最新的發展。在發表過程中，對於其他不同問題點可以思考出不同的切入點，並讓我們發現其他可能性。

ABSTRACT

Symptomatic Profile of Interstitial Cystitis / Bladder Pain Syndrome (IC/BPS) and Medical Syndromes Related to Psycho-endocrine-immune Dysregulation

HYPOTHESIS/AIMS OF STUDY

IC/BPS is a chronic disease of uncertain etiology that is characterized by urgency, frequency, and suprapubic pain related to bladder filling. A recent review found that patients with IC/BPS often have other unexplained conditions and symptoms and is known to commonly coexist with other regional and systemic pain conditions, such as irritable bowel syndrome (IBS), fibromyalgia (FM), chronic fatigue syndrome (CFS), and migraine headaches.

Some studies considered that based on these associations, it has been suggested that IC/BPS may progress from an organ-specific phenotype to a regional phenotype and then to a systemic phenotype. However, there are no data about symptoms severity between with and without comorbid disease. The purpose of this study was to examine the prevalence and symptoms of non-bladder conditions in a physician-diagnosed of women with IC/BPS.

MATERIALS AND METHODS

This was a retrospective study. Of 145 female patients who were compatible with AUA/SUFU criteria including unpleasant sensation (pain, pressure, discomfort) perceived to be related to bladder with duration >6 weeks were included.

- All of IC/BPS patients were assessed by cystoscopic hydrodistension and all of them have different severity of glomerulations.
- These patients were assessed by validated questionnaire including O'Leary-Sant Symptom (ICS) and Problem Index (ICPI) was used to objectify subjective symptoms.
- Visual analog pain and urgent score were also completed.
- All patients completed medical history questionnaire including migraine, skin allergy, allergic rhinitis, FM, IBS, dry eye, depression, urolithiasis and incontinence.

These data were analyzed using student T test.

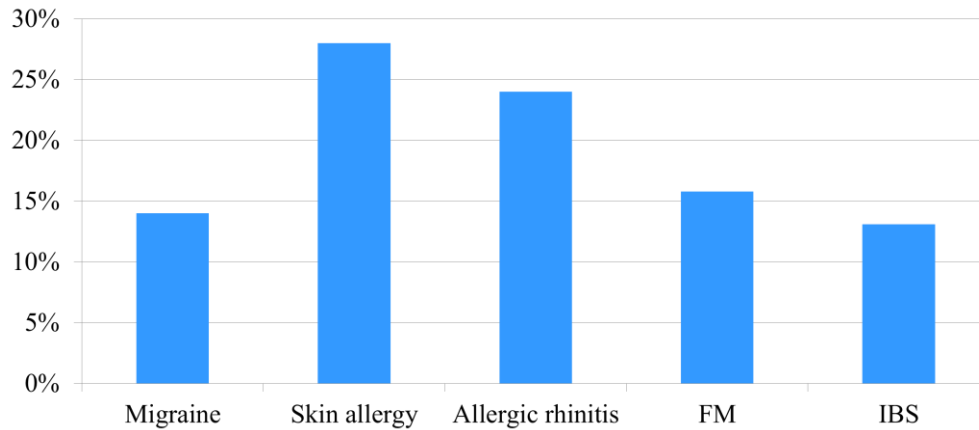


FIGURE 1. The prevalence of non-bladder syndrome in IC/BPS Patients

RESULTS

Patient demographics show the average age being 42.0 ± 13.1 . The prevalence of migraine, skin allergy, allergic rhinitis, FM, and IBS showed 14%, 28%, 24%, 15.8%, and 13.1%, respectively (Figure 1).

The age with or without different comorbid disease showed no difference. There is no difference in urological symptoms between with and without comorbid diseases except urgency score in skin allergy (Urgency score, 6.26 ± 2.37 vs 7.07 ± 2.12 , $p=0.05$), allergic rhinitis (Urgency score, 6.27 ± 2.39 vs 7.22 ± 1.97 , $p=0.03$), and irritable bowel syndrome (Urgency score, 6.35 ± 2.37 vs 7.42 ± 1.80 , $p=0.05$) (Table 1) (Table 2).

	Pain score			Urgent score		
	No history	Yes history	P value	No history	Yes history	P value
Migraine	5.20±3.18	5.41±2.56	0.69	6.46±2.41	6.56±2.14	0.80
Skin allergy	5.05±3.07	5.80±2.74	0.17	6.26±2.37	7.07±2.12	0.05
Allergic rhinitis	5.11±3.08	5.74±2.73	0.28	6.27±2.39	7.22±1.97	0.03
FM	5.31±3.05	5.04±2.70	0.69	6.38±2.35	7.08±2.13	0.18
IBS	5.25±3.00	5.36±2.96	0.87	6.35±2.37	7.42±1.80	0.05

TABLE 1. Pain and urgent score in different comorbid disease

	Pain score			Urgent score		
	No history	Yes history	P value	No history	Yes history	P value
Migraine	5.20±3.18	5.41±2.56	0.69	6.46±2.41	6.56±2.14	0.80
Skin allergy	5.05±3.07	5.80±2.74	0.17	6.26±2.37	7.07±2.12	0.05
Allergic rhinitis	5.11±3.08	5.74±2.73	0.28	6.27±2.39	7.22±1.97	0.03
FM	5.31±3.05	5.04±2.70	0.69	6.38±2.35	7.08±2.13	0.18
IBS	5.25±3.00	5.36±2.96	0.87	6.35±2.37	7.42±1.80	0.05

TABLE 2. ICSI, ICPI in different comorbid disease

CONCLUSION

Our results imply us that comorbid disease combined with IC/BPS may have worse urological symptom in some medical Syndromes Related to Psycho-endocrine-immune dys-regulation, especially in urgency.

心得及建議

在這分享過程中，發現更多值得探討的問題點，這些結論讓我們了解如何給予病患更適合的治療，整合的概念也讓我們可以從多方面去了解病患的需求。期望能有所突破讓更多病患受惠，也建議與病患互相合作也許能加速研究的成形，了解下一步的方向。

照 片







附 錄

The 2nd Announcement

The 8th Pan-Pacific Continnence Society Meeting

DATE September 27(Fri), 2013

VENUE BEXCO (Busan Exhibition & Convention Center), Busan, Korea

www.ppcs2013.org

Organized by



Japanese Management Director Society (JMDS)



Taiwanese Continnence Society (TCS)



Korean Continnence Society (KCS)



Chinese Continnence Society (CCS)

Sponsored by



GP25 Symptomatic Profile of Interstitial Cystitis / Bladder Pain Syndrome (IC/BPS) and Medical Syndromes Related to Psycho-endocrine-immune Dysregulation

Ming-Huei Lee^{1,2}, Wei-Chih Chen¹, Huei-Ching Wu^{1,2}, Chiu-De Chiu³

¹Department of Urology, Fong Yuan Hospital, Department of Health, Taiwan

²Central Taiwan University of Science and Technology

³Unit of Clinical, Health, and Neuro Psychology, Institute of Psychology, Leiden University, Netherlands

• **Purpose**

IC/BPS is a chronic disease of uncertain etiology that is characterized by urgency, frequency, and suprapubic pain related to bladder filling. A recent review found that patients with IC/BPS often have other unexplained conditions and symptoms and is known to commonly coexist with other regional and systemic pain conditions, such as irritable bowel syndrome (IBS), fibromyalgia (FM), chronic fatigue syndrome (CFS), and migraine headaches. Some studies considered that based on these associations, it has been suggested that IC/BPS may progress from an organ-specific phenotype to a regional phenotype and then to a systemic phenotype. However, there are no data about symptoms severity between with and without comorbid diseases. The purpose of this study was to examine the prevalence and symptoms of non-bladder conditions in Physician-diagnosed of women with IC/BPS.

• **Materials and methods**

This was a retrospective study. Of 145 female patients who were compatible with AUA/SUFU criteria including unpleasant sensation (pain, pressure, discomfort) perceived to be related to bladder with duration >6 weeks were included. All of IC/BPS patients were assessed by cystoscopic hydrodistension and all of them have different severity of glomerulations. These patients were assessed by validated questionnaire including O'Leary-Sant Symptom (ICSI) and Problem Index (ICPI) was used to objectify subjective symptoms. Pelvic Pain and Urgency/Frequency (PUF) questionnaire and visual analog pain and urgent score were also completed. All patients completed medical history questionnaire including migraine, skin allergy, allergic rhinitis, FM, and IBS. These data were analyzed using student T test.

• **Results**

Patient demographics show the average age being 42.0±13.1. The prevalence of migraine, skin allergy, allergic rhinitis, FM, and IBS showed 14%, 28%, 24%, 15.8%, and 13.1%, respectively. The age with or without different comorbid disease showed no difference. There is no difference in urological symptoms between with and without comorbid diseases except urgency score in skin allergy (Urgency score, 6.26±2.27 vs 7.07±2.12, p=0.05), allergic rhinitis (Urgency score, 6.27±2.39 vs 7.22±1.97, p=0.03), and irritable bowel syndrome (Urgency score, 6.35±2.37 vs 7.42±1.80, p=0.05) (Table 1) (Table 2).

• **Conclusion**

Our results imply us that comorbid disease combined with IC/BPS may have worse urological symptoms at some medical Syndromes Related to Psycho-endocrine-immune dysregulation, especially in urgency.

Table 1. Pain and urgent score in different comorbid disease

	Pain score			Urgent score		
	No history	Yes history	P value	No history	Yes history	P value
Migraine	5.20±3.18	5.41±2.56	0.69	6.46±2.41	6.56±2.14	0.80
Skin allergy	5.05±3.07	5.80±2.74	0.17	6.26±2.37	7.07±2.12	0.05
Allergic rhinitis	5.11±3.08	5.74±2.73	0.28	6.27±2.39	7.22±1.97	0.03
FM	5.31±3.05	5.04±2.70	0.69	6.38±2.35	7.08±2.13	0.18
IBS	5.25±3.00	5.36±2.96	0.87	6.35±2.37	7.42±1.80	0.05

Table 2. ICSI, ICPI in different comorbid disease

	ICSI			ICPI		
	No history	Yes history	P value	No history	Yes history	P value
Migraine	12.99±3.52	12.41±3.04	0.33	11.67±3.12	11.35±3.41	0.56
Skin allergy	12.53±3.45	13.48±3.11	0.11	11.33±3.33	12.16±2.84	0.15
Allergic rhinitis	12.56±3.40	13.44±3.22	0.17	11.30±3.36	12.33±2.57	0.09
FM	12.87±3.41	12.43±3.23	0.56	11.61±3.25	11.34±3.03	0.71
IBS	12.66±3.37	13.83±3.31	0.17	11.37±3.22	13.00±2.78	0.04

附件二

出國報告審核表

出國報告名稱：Symptomatic Profile of Interstitial Cystitis / Bladder Pain Syndrome (IC/BPS) and Medical Syndromes Related to Psycho-endocrine-immune Dysregulation.				
出國人姓名 (2人以上，以1人為代表)		職稱	服務單位	
李明輝		院長	衛生福利部豐原醫院	
出國類別	<input type="checkbox"/> 考察 <input type="checkbox"/> 進修 <input type="checkbox"/> 研究 <input type="checkbox"/> 實習 <input checked="" type="checkbox"/> 其他 <u>國際會議</u> (例如國際會議、國際比賽、業務接洽等)			
出國期間： 102年9月26日至 102年9月28日		報告繳交日期： 102年10月7日		
出國人員 自我檢核	計畫主辦 機關審核	審 核 項 目		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.依限繳交出國報告 2.格式完整(本文必須具備「目的」、「過程」、「心得及建議事項」) 3.無抄襲相關資料 4.內容充實完備 5.建議具參考價值 6.送本機關參考或研辦 7.送上級機關參考 8.退回補正，原因： (1) 不符原核定出國計畫 (2) 以外文撰寫或僅以所蒐集外文資料為內容 (3) 內容空洞簡略或未涵蓋規定要項 (4) 抄襲相關資料之全部或部分內容 (5) 引用相關資料未註明資料來源 (6) 電子檔案未依格式辦理 (7) 未於資訊網登錄提要資料及傳送出國報告電子檔 9.本報告除上傳至出國報告資訊網外，將採行之公開發表： (1) 辦理本機關出國報告座談會(說明會)，與同仁進行知識分享。 (2) 於本機關業務會報提出報告 (3) 其他 _____ 10.其他處理意見及方式：		
出國人簽章(2人以上，得 以1人為代表)		計畫主 辦機關 審核人	一級單位主管簽章	機關首長或其授權人員簽章