

Is a Sexual Dysfunction Domain Necessary to UPOINT System for Women with Interstitial Cystitis/ Bladder Pain Syndrome-A Comment

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Commentary

Interstitial cystitis/Bladder pain syndrome (IC/BPS) is a debilitating chronic syndrome, manifested by bladder filling-related pain and increased urinary frequency without infection or other identifiable pathology [1]. Strikingly, sexual dysfunction is present in 88% of female patients with IC/BPS [2]. These women experience dyspareunia, often in conjunction with other forms of chronic pelvic pain [3]. Patients with IC/BPS avoid sex because of a fear of the pain experience [4]. Sexual functioning is a strong predictor of quality of life among these patients [5]. It has been reported that women with IC/BPS symptoms experience very high levels of sexual dysfunction, which has been shown to negatively affect the quality of life in this patient group and may progress with age [2,5,6]. Vice versa, patients with IC/BPS and sexual dysfunction have been shown to experience substantially worse depression symptoms, more severe IC/BPS symptoms, and worse health condition [2]. Therefore, there is no doubt that sexual functioning should be a salient therapeutic target in the multidisciplinary treatment of patients with IC/BPS. However, little attention has been focused in previous studies on dyspareunia, sexual function, and little attention has been focused on therapy of sexual dysfunction.

The UPOINT clinical classification system, developed by Shoskes et al. [7], has been recently evaluated and validated in the populations of IC/BPS [7-9]. Recently, a large study found a correlation between the number of positive UPOINT domains and symptom severity of chronic prostatitis / chronic pelvic pain syndrome (CP/CPPS) patients in the German cohort when a sexual dysfunction domain was included [10]. In addition, a recent research, in a Chinese cohort of CP/CPPS patients, has found that the correlation was improved after adding an ED domain to create a modified UPOINT system [11]. Those studies indicated that sexual dysfunction should be considered as a potential unique phenotype domain in CP/CPPS patients. As for IC/BPS patients, Peters KM et al showed that women with IC had significantly more female sexual dysfunction (FSD) and sexual distress than women without IC [12]. And reduction in symptom scores was associated with the improvement in IC/BPS patients' sexual function [13]. Vice versa, 75% of patients had complained that sexual intercourse exacerbated their pain and urinary symptoms [14]. Therefore, sexual dysfunction should be considered as a potential unique domain to UPOINT systems. Our previous study demonstrate that sexual dysfunction is an important component of the clinical phenotype of IC/BPS and the addition of a sexual dysfunction domain to the UPOINT system adds a value to the clinical assessment of IC/BPS symptom severity [15]. It is proposed that the sexual dysfunction domain should be taken into consideration when clinicians guide treatment for female patients with IC/BPS.

Another reason why sexual dysfunction should be merited consideration as a unique phenotype domain to UPOINT domains is that most women did not seek medical therapy, and those who did so rarely received treatment because they might be reluctant to initiate the discussion, most likely because of the shame and discomfort when discussing sexual behavior during the treatment process [2], although sexual dysfunction was found to be common among women with IC/BPS [16]. Inclusion of the sexual dysfunction domain to the UPOINT phenotype may enable better characterization of the symptom profile in patients with IC/BPS and the modified "UPOINTS" system may catch clinicians' consideration for patients' aspect of sexual dysfunction when they direct treatment for IC/BPS patients.

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