THE ROLE OF MALADAPTIVE THOUGHTS AND BEHAVIOURS ON PAIN IN INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME (IC/BPS)

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INTRODUCTION / AIM

Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) is a chronic pelvic pain syndrome characterized by cycling pain localized to the bladder and urologic symptoms of urgency, frequency, and dysuria (Nickel et al., 2009). The relationship between catastrophizing and pain among IC/BPS patients has been established in cross-sectional research (Tripp et al., 2006; Tripp et al., 2012). The present longitudinal study aimed to identify the mechanisms through which earlier levels of catastrophizing impact later levels of pain using a multiple mediation model.

METHODS

92 women diagnosed with IC/BPS were recruited from tertiary care urology clinics and completed questionnaires (Pain Catastrophizing Scale, Brief Chronic Pain Coping Inventory, McGill Pain Questionnaire) after a urology appointment (Time 1), 6 months post-appointment (Time 2), and 12 months post-appointment (Time 3). A multiple mediation model was employed to test if use of illness-focused coping and wellness-focused coping at Time 2 mediated the relationship between catastrophizing at Time 1 and levels of pain at Time 3.

RESULTS

Catastrophizing at Time 1 had a direct effect on pain at Time 3, b=0.25, SE=0.075, p=.001. Illness-focused behavioural coping at Time 2 was a significant mediator of the catastrophizing-pain relationship, b=0.070, SE=0.037, p<.05. Wellness-focused behavioural coping at Time 2 was not a significant mediator, b=-0.0002, SE=0.0009, p>.05.

DISCUSSION / CONCLUSIONS

The relationship between earlier levels of catastrophizing and later levels of pain is mediated by intermediate use of illness-focused behavioural coping strategies. Understanding the mechanisms through which catastrophizing affects pain highlights critical targets for management of pain in IC/BPS.

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