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Bladder Pain Syndrome

Syndrome de la vessie douloureuse : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Verghese 2016

Verghese TS, Riordain RN, Champaneria R, Latthe PM. Complementary therapies for bladder pain syndrome: a systematic review. Int Urogynecol j. 2016. 27(8):1127-36. [185254].

Introduction and hypothesis	Bladder pain syndrome is a difficult condition to treat. The purpose of this systematic review is to assess the effectiveness of various complementary therapies available for treatment.
Methods	This review was conducted in adherence with Preferred Reporting Items for Systematic Reviews. Citations were retrieved using a comprehensive database search (from inception to July 2014: CINAHL, Cochrane, EMBASE, Medline and SIGEL and grey literature). Studies that fulfilled the inclusion criteria were selected. Eligibility consisted of women with bladder pain syndrome, an intervention of alternative/complementary therapies and an outcome of improvement of symptoms. Information regarding study characteristics and primary outcomes was collated. The Cochrane risk of bias scale was used to evaluate the quality of the studies included.
Results	A total of 1,454 citations were identified, 11 studies fulfilled the inclusion criteria (4 randomised control trials [RCTs] and 7 prospective studies). The key interventions studied were **acupuncture**, relaxation therapy, physical therapy, hydrogen-rich therapy, diet and nitric oxide synthetase.
Conclusion	Therapies with the potential for benefit in patients with bladder pain syndrome are dietary management, acupuncture and physical therapy. These findings were obtained from small studies and hence caution is advised. Robustly designed multicentre RCTs on these complementary therapies are needed to guide patients and clinicians.
Acupuncture	Aucun ECR en acupuncture inclus.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported) Ø negative recommendation (or lack of evidence)

2.1. Association Française d'Urologie (AFU, France) 2026 ⊕

Meyer F, Brandon C, Saussine C, Borojeni S, Bosset PO, Campagne-Loiseau S, Cornu JN, Donon L, Even L, Florin M, Hervé F, Klap J, Perrouin-Verbe MA, Plassais C, Richard C, Vidart A, Lebdai S, Levesque A, Thuillier C, Peyronnet B. Treatment of interstitial cystitis/bladder pain syndrome: Guidelines from the

Committee of Female Urology (CUROPF) of the French Association of Urology (AFU). Fr J Urol. 2026 Jul 23;36(9):103169. doi: 10.1016/j.fjurol.2026.103169. Epub ahead of print. Erratum in: Fr J Urol. 2026 Aug 18;36(9):103177. https://doi.org/10.1016/j.fjurol.2026.103169

Consider transcutaneous posterior tibial nerve stimulation (TTNS) as part of a multimodal approach to IC/BPS, primarily to reduce any concomitant filling disorders, but its analgesic efficacy is limited and inconsistent. Level of evidence: 2. Grade: Weak

2.2. Society of Interstitial Cystitis of Japan (SICJ, Japan) 2019 ⊕

The Society of Interstitial Cystitis of Japan. [Clinical Guideline for Interstitial Cys- titis/Bladder Pain Syndrome] . Tokyo: RichHill Medical Inc.; 2019 [in Japanese] . *Cited by* Okawa Y, Yamashita H, Masuyama S, Fukazawa Y, Wakayama I. Quality assessment of Japanese clinical practice guidelines including recommendations for acupuncture. Integr Med Res. 2022 Sep;11(3):100838. https://doi.org/10.1016/j.imr.2022.100838

Interstitial Cystitis/Bladder Pain Syndrome. No firm evidence, but recommend. Grade C1 (out of A to D and I).

2.3. Canadian Urological Association (CUA, Canada) 2016 ⊕

Cox A, Golda N, Nadeau G, Curtis Nickel J, Carr L, Corcos J, Teichman J. CUA guideline: Diagnosis and treatment of interstitial cystitis/bladder pain syndrome. Can Urol Assoc J. 2016;10(5):E136-E155. [192988].

Acupuncture (option in motivated patients, Grade B);
Guideline: Based on Level 1 evidence, pelvic floor physiotherapy can be recommended for patients identified with PFD, while some weak Level 2 evidence suggests that massage techniques, **acupuncture**, and trigger point injections are options for IC/BPS patients with pelvic floor tenderness.

2.4. European Association of Urology (EAU) 2015 Ø

Engeler D , Baranowski AP, Borovicka J et al. EAU Guidelines on Chronic Pelvic Pain, European Association of Urology (EAU). 2015. [205895].

Bladder pain syndrome. Acupuncture data are contradictory. Level of evidence 3; Acupuncture is not recommended. Grade of recommendation: C

2.5. European Association of Urology (EAU) 2010 ⊕

Fall M , Baranowski AP, Elneil S et al. EAU Guidelines on Chronic Pelvic Pain, European Association of Urology (EAU). 2010. [42445].

Bladder pain syndrome/interstitial cystitis (BPS/IC). Acupuncture. level of evidence: 3 ; grade of recommendation: C; comments: Data contradictory

2.6. Japanese Urological Association (JUA, Japan) 2009 ⊕

Homma Y, Ueda T, Ito T, Takei M, Tomoe H. Japanese guideline for diagnosis and treatment of interstitial cystitis. Int J Urol. 2009;16(1):4-16. [180927].

Grade of recommendation: c, Level of evidence for efficacy: D. Acupuncture is a traditional and relatively noninvasive therapy, although its precise mechanism of action is unclear. The efficacy of acupuncture for IC would be limited and transient, and repeated treatment will be required to maintain the effect. (‡V) A large placebo effect is reported. (‡V) It is an outpatient treatment with minimal morbidity.

2.7. European Association of Urology (EAU) 2003 ⊕

Fall M , Baranowski AP, Fowler CJ et al. EAU Guidelines on Chronic Pelvic Pain, European Association of Urology (EAU). 2003. [109003].

Interstitial cystitis. Acupuncture. *level of evidence:* 3, *Grade of recommendation:* C. *Comments:* Data contradictory.

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