

# Review of the 37<sup>th</sup> Annual Conference of the International Continence Society



20-24 August 2007, Rotterdam, Netherlands

*by Jane Meijlink*



The very successful 2007 annual conference of the International Continence Society was held at De Doelen Concert & Congress Centre in Rotterdam against a rather unusual background of a rubble landscape that might have led some visitors to fear that Rotterdam had suffered a second bombardment. By 2010 this will undoubtedly be looking splendid, but in 2007 we had to pick our way carefully between the bricks and obstacles.

This in no way detracted from an excellent conference with a great atmosphere, organized by Professor Ruud Bosch and his team, with around 2500 delegates from 69 different countries, representing many disciplines including urologists, (uro)gynaecologists, internists, gastroenterologists, geriatricians, neuro-scientists, nurses, continence advisors and physiotherapists, all of whom are involved in research, treatment and care of people suffering from incontinence and pelvic floor disorders.

## International Painful Bladder Foundation booth a huge success

The ICS had kindly given the International Painful Bladder Foundation a complimentary booth which received an unprecedented number of visitors throughout the conference. IPBF board member Florentina Ferreyra, president of the Mexican support group, was in Rotterdam to help with the booth, assisted by two other members of the Mexican patient support group: Rocio Malja and Dorotea Prieto. Many thanks to them for their hard work and enthusiasm.



It was particularly evident at ICS 2007 that there is a rapidly increasing interest in PBS/IC by physiotherapists who are now playing a much greater role in treatment.

Many of the doctors participating in this conference told us that they would like some kind of patient support group because they have seen that the patients can help each other with advice and emotional support. But it is not easy to get a support group going with this group of patients. Patients are often reluctant to take on commitments. We have guidelines on our IPBF website, but these need to be adapted to the specific country and culture. The IPBF is always willing to give help and guidance in this respect. Awareness of PBS/IC is increasing around the world, but in many countries is still limited to a small number of doctors. Treatment remains a problem, particularly for the patients with a more severe form of PBS/IC. Many of the specialists have limited treatment possibilities at their disposal in their country for these patients.

Diagnosis is still a difficult hurdle with the primary care level being the main stumbling block. Every effort has to be made to increase awareness at a primary care level.

### Workshops on PBS/IC

Two workshops (20 and 21) were held this year at the ICS conference on the topic of PBS/IC.

With two workshops on PBS/IC held on Monday 20 August, there was every opportunity for ICS 2007 delegates to update themselves on this still perplexing bladder condition which is difficult to diagnose, difficult to treat and difficult to live with. In the past 12 months, the PBS/IC world has been marked by a high level of activity and controversy with meetings, published statements and sometimes heated argument from one end of the globe to the other. This concerned the touchy issue of nomenclature, the complexities of arriving at a clear definition that has to form a sound basis for research while at the same time ensuring that no patients slip through the net, controversies surrounding the definition of 'urgency' and its use for PBS/IC patients and, last but not least, the question of standard diagnostic procedures with their economic implications in some countries. While none of this has as yet led to any generally accepted consensus, it has nevertheless highlighted differing viewpoints and variations in approaches around the world, often geared to the local healthcare culture. It has, however, become clear in the past year that any future name change will have far-reaching consequences and these all need to be taken into account, including the impact on the patients, patient organisations, medical insurance, social security and healthcare systems.

### Workshop 20

Workshop 22 on *Painful Bladder Syndrome (see also webcast)*, chaired by urologist Jorgen Nordling MD with presentations by urologists Ralph Pecker MD and Arndt van Ophoven MD and internist-immunologist Joop van de Merwe MD presented standard diagnostic procedures and a standard list of so-called confusable diseases that produce similar symptoms and consequently need to be excluded, as proposed by the European Society for the Study of IC/PBS (ESSIC), together with an innovative patient sub-classification system based on diagnostic procedures carried out and cystoscopic and morphological findings. It is planned to put this system to the practical test in research in the coming years. A look was also taken at diet and self-help, and an overview of medical treatment and surgery. Chairman Jorgen Nordling: "Recommendations for treatment remain difficult due to the lack of well-designed, prospective, controlled, randomized studies."

This workshop included a presentation on PBS/IC and associated disorders. Many diseases have been shown to have a higher prevalence in patients with PBS/IC. According to speaker Dr Joop van de Merwe:

- awareness of associated diseases for PBS/IC is important, not for the diagnosis of PBS/IC but for the patient
- for an optimal treatment of the ("complete") patient, associated diseases should be diagnosed and treated by the right specialists
- treating the whole problem may therefore require splitting the problem into separate elements to be handled by different specialists working as a team.

He emphasized that the main problems are under-diagnosis and misdiagnosis. This is particularly the case in Sjogren's syndrome as shown below:

Diagnostic problems in Sjogren's syndrome:

1. severely underdiagnosed  
prevalence in female 1:100; in male 1:1000
2. patients with (non-erosive) arthritis and positive rheumatoid factor are often misdiagnosed as (early) rheumatoid arthritis
3. patients with arthritis, leukopenia, sun-induced rash and positive ANA are often misdiagnosed as systemic lupus erythematosus

The following table taken from Dr Van de Merwe's slides provides a summary of associated disorders:

	prevalence (%)		RR
	PBS/IC	population	
allergy	41-47	22.5	2
irritable bowel syndrome	25-43	3-15	2-9
sensitive skin	22.6	10.6	2
fibromyalgia	12.8	3.2	4
asthma	9.2	6.1	1.5
inflammatory bowel disease	1-7.3	0.07	14-100
systemic lupus erythematosus	1.7	0.05	34
rheumatoid arthritis	4-13	1.0	10
Sjögren's syndrome	8.0	0.5	15

A question list has been developed by Dr Van de Merwe for physicians to assess the possibility of a PBS/IC patient having associated disorders as a useful first screening for the presence of these diseases.

This can be accessed via: <http://www.painful-bladder.org/pdf/QuestionsAssDisPBS.pdf>

Since one of the speakers, Jane Meijlink, was ill and unable to give her own presentation which included diet, an extract from her text on diet is included here since a number of delegates asked about it:

### “Diet and PBS/IC

Many patients will know from their own experience that certain foods and beverages appear to exacerbate their bladder symptoms.

Although there has until recently been little research into this aspect, long lists of potential irritants have been compiled on websites and may be very alarming to a newly diagnosed patient. Every patient is different, but by eliminating items known to cause irritation based on their own experience, a patient can at least avoid unnecessary exacerbation of the symptoms without becoming paranoid about diet. Patients with milder IC may even find that diet modification is the only treatment they need.

Effects of Comestibles on Symptoms of Interstitial Cystitis  
*Barbara Shorter, Martin Lesser, Robert Moldwin, Leslie Kushner*  
*Journal of Urology, July 2007, vol 178, 145-152*

This study on the effects of food and drink was published in July this year. It was based on a questionnaire distributed to a group of 104 IC patients. The aim was to see whether certain foods, beverages and diet supplements affected IC symptoms either positively or negatively. 175 food items were studied.

It was concluded that there is indeed a large number of IC patients whose symptoms are exacerbated by consumption of specific items. The study identified the most bothersome foods as being: items containing caffeine, citrus fruits and juices, tomatoes and tomato products, items containing vinegar, spicy food, alcohol and certain artificial sweeteners. Coffee was found to be the most bothersome. The authors suggest, however, that the effect of caffeine may be related to its diuretic effect, resulting in increased bladder filling.

The study indicated that exacerbation appears to be worse with foods that contain hot pepper (for example Indian, Mexican and Thai food) suggesting that some component of hot peppers may be causing this exacerbation of symptoms, and that this might be capsaicin.

Patients in the study varied greatly regarding the effects of fruits and juices. Analysis of the results suggested a role played by citrate in aggravating symptoms. As far as is known, the mechanism of acidic food on bladder symptoms has not yet been studied.

Some patients are known to experience relief through taking alkalizing agents such as Prelief if available (calcium glycerophosphate), or bicarbonate of soda.

There was no correlation shown in this study between having allergies and reporting that food items exacerbated symptoms.

Foods best avoided by PBS/IC patients:

- Food/drink containing caffeine
- Other acidic food: tomatoes, vinegar etc.
- Certain artificial sweeteners
- Alcoholic drinks
- Carbonated drinks/soda
- Highly spiced food esp. with hot pepper

This list summarises the main foods and beverages that may exacerbate the bladder. But these are simply guidelines.”

#### COB Foundation DVD on Living with interstitial cystitis

Participants in Workshop 20 were given a copy of the new and very moving DVD on Living with Interstitial Cystitis from the Cystitis & Overactive Bladder Foundation in the United Kingdom. If anyone else would like a copy, please contact the COB Foundation: [info@cobfoundation.org](mailto:info@cobfoundation.org).

#### Workshop 21

Workshop 21 on *Multimodal, non-invasive treatments for interstitial cystitis/painful bladder syndrome and/or chronic prostatitis* chaired by urologist Ragi Doggweiler MD with presentations by urologist Christopher Payne MD, gastroenterologist Alain Watier MD and physiotherapist Fetske Hogen Esch, provided insight into the importance of multimodal treatment and of tailoring treatment to the individual patient.

Dr Ragi Doggweiler explained that their aim was to “show that we cannot treat the bladder without consideration of the bowel, the pelvic floor muscles and the whole person. Our goal is to help participants understand that each patient is unique.” Patients need to be seen as a whole person. The body-mind connection is real and important. Patients need to play an active role in their treatment and not a purely passive role.

This workshop underlined the value of myofascial release and re-education of the pelvic floor muscles, present the use of alternative treatments: diet, acupuncture, supplements, stress management, hypnotherapy and mind/body connection, and emphasized the important role of the physiotherapist in the treatment of these patients. This was of course of special interest at a conference such as this since the ICS has many members who are physiotherapists. According to physiotherapist Fetske Hogen Esch: “Although there is some evidence that the pelvic floor muscles are involved in chronic pelvic pain patients, physical examinations often do not include an evaluation of the pelvic floor muscles, lower back and pelvis. Myofascial pain syndromes are often ignored although they can provide symptoms similar to visceral symptoms.”

Dr Christopher Payne gave an overview of treatment, including pain management and emphasized that opioid treatment can be the key to pain management.

A fascinating insight into the body-mind connection was provided by Dr Ragi Doggweiler, including the views held by Hippocrates, Descartes, Hans Selye and Candace Pert.

The workshop handout included an overview of herbal remedies and how to use them, emphasizing that herbal remedies work more slowly than prescription drugs, cost less and have fewer side effects.

### Webcasts

Webcasts of ICS 2007, including workshop 20, can be accessed via: [www.ttmed.com/urology/ics2007](http://www.ttmed.com/urology/ics2007). To access Workshop 20, click on “workshops”.

### Launch of the new Dutch Continence Foundation

The new Dutch Continence Foundation – Continentie Stichting Nederland (CSN) – was officially launched during ICS 2007. The CSN has been founded for the purpose of funding basic and clinical research in the field of incontinence and to serve as a source of objective information.

### CPC Public forum

The Continence Promotion Committee (CPC) of the International Continence Society launched its first day-long Public Forum on 25<sup>th</sup> August at the end of the ICS conference. Presentations from a wide variety of speakers were in Dutch and the aim is for this forum to be focused on the local population of the host country. The purpose of this concept is to raise awareness of continence and endeavour to overcome the stigmas and taboos still attached to the whole area of urogenital disorders and especially incontinence.

### PBS/IC presentations, posters and abstracts presented at ICS 2007

With links to each full abstract on the ICS website ([www.icsoffice.org](http://www.icsoffice.org)). Click on the link or cut and paste to access the abstract.

#### Abstract 9 podium presentation

EVIDENCE FOR CENTRAL HYPEREXCITABILITY IN PATIENTS WITH INTERSTITIAL CYSTITIS  
Twiss C, Kilpatrick L, Triaca V, Arboleda V, Craske M, Ibrahimovic H, Raz S, Mayer E, Ornitz E, Naliboff B, Rodriguez L.

<https://www.icsoffice.org/publications/2007/PDF/0009.PDF>

#### Abstract 84 Poster Presentation

INDICATION OF NEURO-SELECTIVE PATHOGENESIS IN INDIVIDUAL PATIENTS WITH OVERACTIVE BLADDER OR PAINFUL BLADDER SYNDROME BY MEASURE OF CURRENT PERCEPTION THRESHOLD OF THE BLADDER AFFERENT FIBERS.

Ukimura O, Honjo H, Ushijima S, Hirahara N, Toiyama D, Okihara K, Takaha N, Mizutani Y, Kawauchi A, Mili T.

<https://www.icsoffice.org/publications/2007/PDF/0084.PDF>

#### Abstract 107 Poster Presentation

A RANDOMIZED CONTROLLED TRIAL OF BACILLUS CALMETTE-GUERIN AND BOTULINUM TOXIN-A FOR THE TREATMENT OF REFRACTORY INTERSTITIAL CYSTITIS.

Taha M, Farahat Y, Bahnasy A, Damhougy M.

<https://www.icsoffice.org/publications/2007/PDF/0107.PDF>

Abstract 121 Non-discussion poster

PROTEOMIC APPROACH TO EFFECTS OF OVARIECTOMY ON FEMALE RAT BLADDER.

Kim H, Yoo Y, Yang S, Lee J, Kim D, Park H.

<https://www.icsoffice.org/publications/2007/PDF/0121.PDF>

Abstract 125 Non-discussion poster

LOW DOSE INTRADETRUSOR INJECTIONS OF BOTULINUM-A TOXIN: CLINICAL RESULTS, URODYNAMIC EFFECTS AND THE NEED FOR A CHANGE.

Groen J, Marchand W, Block B, Dohle G.

<https://www.icsoffice.org/publications/2007/PDF/0125.PDF>

Abstract 140 Non-discussion poster

GOALS OF INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME (IC/PBS) PATIENTS: WHAT ARE THEY AND HOW CAN GOAL ASSESSMENT IMPROVE RESEARCH AND PATIENT CARE? Payne C, Allee T.

<https://www.icsoffice.org/publications/2007/PDF/0140.PDF>

Abstract 183 Non-discussion poster

SYMPTOMS OF OVERACTIVE BLADDER AND INTERSTITIAL CYSTITIS – HOW DIFFERENT?

Homma Y, Tanaka M, Niimi A.

<https://www.icsoffice.org/publications/2007/PDF/0183.PDF>

Abstract 197 Non-discussion poster

EFFECTS OF CORTICOTROPHIN-RELEASING FACTOR RECEPTOR ANTAGONISTS ON BLADDER OVERACTIVITY INDUCED BY PSYCHOLOGICAL STRESS IN RATS.

Miwa Y, Kaneda T, Akino H, Yokoyama O.

<https://www.icsoffice.org/publications/2007/PDF/0197.PDF>

Abstract 220 Non-discussion poster

A RANDOMIZED SHAM CONTROLLED STUDY OF LIDOCAINE EMDA FOR BLADDER ANAESTHESIA.

Payne C. Allee T.

<https://www.icsoffice.org/publications/2007/PDF/0220.PDF>

Abstract 221 Non-discussion poster

The urothelium in FIC (Feline interstitial cystitis) cat bladders exhibits altered responses to UTP-ELUCIDATED USING OPTICAL IMAGING

<https://www.icsoffice.org/publications/2007/PDF/0221.PDF>

Abstract 222 Non-discussion poster

URINARY HB-EGF VARIATION WITH SYMPTOM SEVERITY AND MENSTRUAL CYCLE IN PATIENTS WITH PAINFUL BLADDER SYNDROME.

Fitzgerald MP, Hejna MJ, Tagge MJ, Senka J, McGuire SO.

<https://www.icsoffice.org/publications/2007/PDF/0222.PDF>

Abstract 261 Non-discussion poster

FUNCTIONAL IMPORTANCE OF CHOLINERGIC AND PURINERGIC NEUROTRANSMISSIONS FOR MICTURITION REFLEX IN ANESTHETIZED MICE.

Palea S, Deba A, Lluell P.

<https://www.icsoffice.org/publications/2007/PDF/0261.PDF>

Abstract 399 Read by title

DIFFERENT CYSTOMETRIC RESPONSES BETWEEN MALE AND FEMALE MICE TO THE LOWER URINARY TRACT IRRITATION BY ACETIC ACID.

Yoshiyama M, Araki I, Kobayashi H, Zakoji H, Du S, Takeda M.

<https://www.icsoffice.org/publications/2007/PDF/0399.PDF>

Abstract 382 Read by Title

THE EFFICACIES OF INTERFERENTIAL THERAPY FOR THE TREATMENT OF URINARY INCONTINENCE AND STORAGE DYSFUNCTION REFRACTORY TO THE CONVENTIONAL CONSERVATIVE TREATMENTS.

Yamanishi T, Mizuno T, Yoshida K, Sakakibara R, Uchiyama T, Ito T, Yamamoto T.

<https://www.icsoffice.org/publications/2007/PDF/0382.PDF>

Abstract 402 Read by Title

PLASTICITY OF SPINAL CORD GLIAL CELL EXPRESSION/FUNCTION AND SPINAL GLUTAMATE TRANSPORTERS IN CATS DIAGNOSED WITH THE CHRONIC BLADDER PAIN SYNDROME INTERSTITIAL CYSTITIS

Hanna-Mitchell A, Chib M, Buffington T, Kanai A, de Groat W, Birder L.

<https://www.icsoffice.org/publications/2007/PDF/0402.PDF>

Abstract 405 Read by Title

MODULATION OF ANTERIOR CINGULATE, HIPPOCAMPAL, AND PONTINE ACTIVITY ASSOCIATED WITH SACRAL NERVE ROOT STIMULATION THERAPY.

Zabihi N, Silverman DH, Triaca V, Twiss CO, Raz S, Rodriguez LV.

<https://www.icsoffice.org/publications/2007/PDF/0405.PDF>

Abstract 408 Read by Title

SACRAL ACUPUNCTURE NORMALIZED BLADDER SENSORY DYSFUNCTION OF C-FIBER IN PATIENTS WITH OVERACTIVE BLADDER AND PAINFUL BLADDER SYNDROME.

Honjo H, Ukimura O, Kitakoji H, Ushijima S, Kawauchi A, Nakao M, Miki T.

<https://www.icsoffice.org/publications/2007/PDF/0408.PDF>

Abstract 416 Read by Title

TEMPORARY SACRAL NERVE BLOCK (TSNB) OF S3 SEGMENT: A MINIMALLY INVASIVE DIAGNOSTIC TOOL FOR PAINFUL BLADDER SYNDROME/INTERSTITIAL CYSTITIS (PBS/IC)

Alloussi SH, Muertz G, Lang C, Alloussi S.

<https://www.icsoffice.org/publications/2007/PDF/0416.PDF>

Abstract 417 Read by Title



A NEW COMBINED INTRAVESICAL THERAPY FOR THE TREATMENT OF REFRACTORY INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME: CHONDROITIN SULPHATE AND HYALURONIC ACID. PRELIMINARY RESULTS.

Cervigni M, Porru D, Natale F, Lovoi R, Weir J, Nasta L.

<https://www.icsoffice.org/publications/2007/PDF/0417.PDF>

Abstract 418 Read by Title

IS URINE IMPORTANT FACTOR IN THE DEVELOPMENT OF BLADDER INFLAMMATION?

Soler R, Freire MP, Truzzi JC, Alvbes MT, Srougi M, Ortiz V, Bruschini H.

<https://www.icsoffice.org/publications/2007/PDF/0418.PDF>

Abstract 419 Read by Title

COMPARISON OF RAT CYSTITIS MODELS IN FREELY MOVING, CONSCIOUS CONDITIONS; CYCLOPHOSPHAMIDE AND ACETONE INDUCED ALTERATIONS IN VOIDING FUNCTION AND PAIN BEHAVIOUR.

Saitoh C, Chancellor MB, de Groat WC, Yoshimura N.

<https://www.icsoffice.org/publications/2007/PDF/0419.PDF>

Abstract 420 Read by Title

Interstitial cystitis and pelvic floor neuromuscular stimulation.

R. de Jonge P, Farnsworth B, Radziszewski P, Borkowski AE, O'Connell H, Nordling J, Cardozo L, Chapple C, Cervigni M, Rosamilia A, Groen J, Bosch J.

<https://www.icsoffice.org/publications/2007/PDF/0420.PDF>

Abstract 421 Read by Title

PREVALENCE OF INTERSTITIAL CYSTITIS (IC/PBS) IN ADULT WOMEN IN THE GENERAL POPULATION IN JAPAN.

Inoue Y, Kato M, Hasegawa Y, Mita K, Usui T.

<https://www.icsoffice.org/publications/2007/PDF/0421.PDF>

Abstract 422 Read by Title

THE EFFECT OF RYUTAN-SHAKAN-TO (LONG-DAN-XIE-GAN-TANG) FOR PAINFUL BLADDER SYNDROME.

Sekiguchi Y, Sekiguhchi M, Kubota Y.

<https://www.icsoffice.org/publications/2007/PDF/0422.PDF>

Abstract 423 Read by Title

INTRAVESICAL HIGH-DOSE RESINIFERATOXIN FOR THE TREATMENT OF INTERSTITIAL CYSTITIS.

Igawa Y, Seki S, Ichino M, Ishizuka O, Takahashi S, Tukamoto T, Nishizawa O.

<https://www.icsoffice.org/publications/2007/PDF/0423.PDF>

Abstract 424 Read by Title

WHAT IS THE BEST TREATMENT FOR INTERSTITIAL CYSTITIS WITH HUNNER'S ULCER?

Tomoe H, Nakazawa H.

<https://www.icsoffice.org/publications/2007/PDF/0424.PDF>

Abstract 425 Read by Title

TREATMENT OUTCOME IN PSYCHOLOGICAL PROFILE OF INTERSTITIAL CYSTITIS PATIENTS.

Fan Y, Lin A, Wu H, Chen K.

<https://www.icsoffice.org/publications/2007/PDF/0425.PDF>

Abstract 426 Read by Title

ADJUVANT INTRAVESICAL DIMETHYLSULFOXIDE INSTILLATIONS AFTER HYDRODISTENTION AND HOLMIUM LASERING IN THE TREATMENT OF INTERSTITIAL CYSTITIS.

Ost D, De Ridder D.

<https://www.icsoffice.org/publications/2007/PDF/0426.PDF>

Abstract 441 Read by Title

SUCCESSFUL THERAPY FOR THE CHALLENGING PATIENT: TRANSVAGINAL BIOFEEDBACK AND ELECTRICAL STIMULATION IN URINARY URGENCY AND FREQUENCY ASSOCIATED WITH PELVIC FLOOR MUSCLE SPASM.

Belarmino J, Bendena E, Cook C, Dihn J, Murray B, De E.

<https://www.icsoffice.org/publications/2007/PDF/0441.PDF>

Abstract 448 Read by Title

EFFECTS OF INTRAVESICAL INSTILLATION OF RESINIFERATOXIN ON BLADDER FUNCTION AND NOCICEPTIVE BEHAVIOUR IN FREELY MOVING, CONSCIOUS RATS.

Saitoh C, Chancellor MB, de Groat WC, Yoshimura N.

<https://www.icsoffice.org/publications/2007/PDF/0448.PDF>