

PRIMARY CARE FACT SHEET

INTERSTITIAL CYSTITIS (IC), BLADDER PAIN SYNDROME (BPS), HYPERSENSITIVE BLADDER (HSB), HUNNER LESION (HL).

What is it?

Chronic pain, pressure or discomfort in the urinary bladder, associated with lower urinary tract symptoms such as urgency and frequency day and night, with or without Hunner lesions, in the absence of infection or other identifiable causes.

Who gets it?

Mainly women (80-90%), men (10-20%, but may be higher) and children. Found in all countries and all races. Prevalence unclear.

Symptoms:

Symptoms can vary from mild to severely debilitating and include pain, burning, stabbing, pressure, discomfort or other unpleasant sensation in and around the bladder. This may increase as the bladder fills and be at least partly alleviated when the bladder is emptied. The pain may be suprapubic, pelvic, in the lower back, groin or thighs; in women in the vagina and vulva, in men in the penis, testicles, scrotum and perineum; both male and females may have pain in the urethra and rectum. There may typically be dyspareunia in both men and women. Characteristic symptoms are frequent urination day and night and an urgent need to urinate due to overwhelming pain, discomfort or other unpleasant sensation. Spontaneous flares and remission of symptoms form a characteristic feature in many patients.

Associated disorders:

In some patients, IC/BPS may be accompanied by one or more other disorders, for example: allergy/hypersensitivity, drug/chemical intolerance, irritable bowel syndrome, vulvodynia, fibromyalgia, chronic fatigue syndrome, systemic autoimmune diseases such as Sjögren's syndrome, systemic lupus erythematosus and rheumatoid arthritis. This means that a multidisciplinary approach is essential.

Cause:

Despite much research and many different theories, the cause(s) of this complex condition is still unknown. While the symptoms may be exacerbated by stress or over-exertion, IC/BPS is not a psychosomatic disorder.

Diagnosis:

After checking for urine infection (stix + culture), pelvic cancer (vaginal and rectal exam), scars or lower back deformities, the primary care physician should refer patients with symptoms suggestive of IC/BPS to a urologist or urogynaecologist, preferably one with expertise in this field, for further evaluation. Since there is as yet no specific test or marker that can diagnose IC/BPS, diagnosis is primarily based on symptoms + exclusion, with investigations aimed at ruling out other identifiable disorders which could be the cause of the symptoms (including checking for recreational ketamine abuse in young people).

Cystoscopy with hydrodistension will reveal whether Hunner lesion (formerly known as Hunner's ulcer) is present. This "Classic IC" type, which is believed to be a separate disease, requires a different therapeutic approach to the non-lesion type.

Investigations vary from country to country but may include a detailed medical history, physical examination, urinalysis, urine culture, cytology if indicated, ultrasound & imaging, urodynamics if indicated, cystoscopy with/without hydrodistension under anaesthesia, biopsy.

Treatment:

Since at the present time no cure is available for either lesion or non-lesion disease, treatment is aimed at alleviating the symptoms based on phenotyping the patients. Treatment is highly individual and no medication exists that is equally effective in all IC/BPS patients. While many different treatments are used for IC/BPS, few are evidence-based, many are used off-label and some are experimental. Non-reimbursement can present a problem in many countries. Certain treatments are reserved for Hunner lesion disease and can be very effective.

Treatment may include dietary and lifestyle modification, stress management, physiotherapy, oral drugs, intravesical instillations or injections, hydrodistension, neuromodulation / electrical stimulation, laser/electrocoagulation/resection (Hunner lesion), and as a very last resort surgery with cystectomy. Patients with severe, intractable pain may need referral to a pain specialist for pain management.

DIET MODIFICATION
The effect of food items on the IC bladder is highly individual but foods best avoided include:
Food/drink containing caffeine
Citrus fruit and juices
Other acidic food such as tomatoes, vinegar etc.
Artificial sweeteners
Alcoholic drinks
Carbonated drinks/soda
Highly spiced food

Complementary and alternative management therapies include biofeedback, hypnotherapy, trigger-point therapy, myofascial pain therapy, pelvic floor re-education, acupuncture, herbal supplements.

Impact on patient:

IC/BPS can have a major impact on the social, psychological, occupational, domestic, physical and sexual life of the patient and greatly affect quality of life. The frequent and urgent need to urinate can form an obstacle to work, travel, visiting friends, or simply going shopping and can make the patient very anxious and stressed. When outside their home, the IC/BPS patient’s life is dominated by the question “where am I going to find the next toilet?” This kind of situation can make a patient afraid to leave the safety of their home. IC/BPS can have a big impact on sexual relationships since sexual intercourse may be painful and sometimes impossible for both male and female patients. Some patients will find it easier to cope with their IC/BPS than others, and the support or lack of it from their home environment may play a significant role in this ability to cope. IC/BPS patients also need a great deal of time, understanding, empathy and support from their doctor. The impact of IC/BPS, including sleep deprivation, can make patients feel tired, stressed, anxious, helpless and depressed. The health provider’s role in providing empathy, understanding and emotional support for these patients should not be underestimated.

Patient support groups

Patient support groups play an important role not only in providing information but also emotional support. Patient-to-patient counselling is invaluable since only another patient truly understands what IC/BPS is actually like, but in some cases professional counselling is essential, for example in the case of suicidal patients.

Useful websites:

IPBF: www.painful-bladder.org

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