

Interstitial Cystitis

(IC) is a chronic inflammatory condition of the bladder wall which frequently goes undiagnosed. Although the exact cause is unknown and no treatment works for everyone, many treatments are available and most patients get relief. "Common" cystitis, also known as a urinary tract infection (UTI), is caused by bacteria and is usually successfully treated with antibiotics. Unlike common cystitis, IC is not caused by bacteria, therefore it won't respond to antibiotics. For many women it takes years to get the correct diagnosis so they are made to feel like it is all in their head...it's not!

Symptoms

FREQUENCY: Day and/or night frequency of urination. In early or mild cases, frequency may be the only symptom.

URGENCY: The sensation of having to urinate immediately, which may also be accompanied by pain, pressure or spasms.

PAIN: Can be in the lower abdomen, urethra or vaginal area. Pain is frequently associated with sex.

OTHER DISORDERS: Some IC patients report muscle and joint pain, migraines, allergies and GI problems. IC seems to have an association with other chronic diseases & pain syndromes such as vulvar vestibulitis, endometriosis, fibromyalgia & irritable bowel syndrome.

Diagnosis

IC is frequently misdiagnosed as UTI, which is easily treated with antibiotics. There isn't a single test that diagnoses IC, it is a diagnosis of exclusion, which means that if IC is suspected, the following tests may be performed to rule out other causes or further confirm the diagnosis of IC.

1. *A urinalysis and urine culture: Other conditions need to be ruled out that have symptoms resembling IC. These may include kidney problems, UTI, vaginal infections, sexually transmitted diseases, endometriosis, radiation cystitis, neurological disorders and bladder cancer. IC is not associated with bladder cancer.*
2. Post-void Residual: placing a catheter inside your bladder right after you void, if you have more than 100 ml, there is probably another cause for your symptoms.
3. Bladder instillation while the patient is awake with either numbing medicine (relieves the pain) or potassium chloride (reproduces the pain, since it hurts, this test is rarely done anymore).
4. PUF score: a questionnaire that helps to decide if a patient may have IC.
5. Bladder diary (timing of voiding, amount voided and amount of what you drink).
6. A cystoscopy with hydro distention under general anesthesia may be used to make a diagnosis and treat IC. The bladder is distended to check bleeding or ulcers in the bladder wall.

Treatments

At this time there is no cure for IC; there isn't one treatment that works for everyone. Most IC patients are helped by one or more of the following treatments. First line treatment is avoidance of triggers, please pay special attention to the list of dietary triggers.

1. ORAL MEDICATIONS

- A. **ELMIRON®** (*pentosan polysulfate sodium*): It is believed to work by repairing damaged bladder lining, it can take 6 months to start working.
- B. **ANTIDEPRESSANTS:** Tricyclic antidepressants such as *amitriptyline* help with the pain and frequency of IC. In IC, these medications are used for their anti-pain properties, not as a treatment for depression. They work very well but have side effects. Start at 10-25 mg at night and slowly increase to 75-150/night.
- C. **OTHER ORAL MEDICATIONS:**
 - a. anti-inflammatory agents
 - b. antispasmodics: levsin
 - c. bladder pain: UTA, pyridium
 - d. antihistamines when allergies are a trigger: hydroxyzine, singularair
 - e. muscle relaxants: valium by mouth or compounded as a vaginal cream, flexeril
 - f. Anti seizure med: Neurontin.

- D. **Over the Counter medications:** Prelief or baking soda (1 teaspoon in 8 oz water) may help reduce bladder pain and urinary urgency when used with acidic foods and beverages. Cysta-Q may reduce urinary urgency, frequency, and pain of IC.

2. BLADDER INSTILLATIONS (often done 1-3 times/week in the office or self-treatment at home)

- A. **BLADDER INSTILLATIONS:** Steroids, heparin, and/or local anesthetics can be mixed together to form a "cocktail" that is directly instilled into the bladder with a catheter, may take up to 6 or more instillations to see maximum improvement if the flare is severe.
- B. **RIMSO:** This medication is instilled directly into the bladder. This medication is not used as often due to side effects, smell like garlic after the instillation.
- C. **BLADDER DISTENTION:** The bladder is stretched under general anesthesia.

3. OTHER TREATMENTS

- A. Identifying **triggers** is helpful. The most common triggers are diet, stress, sexual intercourse, medications (aspirin, ibuprofen, decongestants, antibiotics, diuretics- fluid pills) and allergies (food, seasonal, animals). Decreasing triggers can reduce frequency and severity of IC flares.
- B. **DIET:** Many IC patients find that diet changes help control symptoms and avoid flares. It is best to start with eliminating the highlighted foods since they are the most bothersome. Avoid these foods for 2-3 weeks, then slowly reintroduce the foods, one at a time, every 5-7 days. Try eating several small meals instead of one large one. Keep a food diary where you record everything you eat and drink so you can carefully monitor your diet. If symptoms do recur, remove that food from your diet. After you figure out which foods and beverages to remove, you may find that you can tolerate some troublesome items on a rotation basis. If symptoms do not flare, this can be a good alternative to giving up favorite foods entirely. Here is a list of some of the suggested items to restrict, followed by foods and beverages that may not cause problems. (***The most bothersome are highlighted***).

- **Milk/Dairy Products**

AVOID: *aged cheeses*, sour cream, yogurt and ***chocolate***

TRY: white chocolate, non-aged cheeses such as cottage or American, frozen yogurt and milk

- **Vegetables**

AVOID: fava and lima beans, onions, tofu, soy beans & soy-based products, and ***tomatoes***

TRY: other vegetables, beans, green onions/chives, and home grown tomatoes (may be less acidic)

- **Fruits**

AVOID: apples, apricots, avocados, bananas, cantaloupes, ***citrus fruits***, cranberries, grapes, nectarines, peaches, ***pineapples***, plums, pomegranates, rhubarb, strawberries and juices made from these fruits

TRY: melons (other than cantaloupes), blueberries and pears

- **Carbohydrates and Grains**

AVOID: rye and sourdough bread

TRY: other breads, pasta, potatoes and rice

- **Meats and Fish**

AVOID: aged, canned, cured, processed or smoked meats and fish, caviar, corned beef, and meats that contain nitrates or nitrites

TRY: other poultry, fish and meat

- **Nuts**

AVOID: most nuts

TRY: almonds, cashews and pine nuts

- **Beverages**

AVOID: ***alcoholic beverages; carbonated drinks such as sodas; coffee, tea; sweet tea, and fruit juices, especially citrus or cranberry juice***

TRY: non-carbonated water, decaf, acid-free coffee and tea, and some herbal teas

- **Seasonings**

AVOID: mayonnaise, ketchup, mustard, salsa, ***spicy foods*** (especially such ethnic foods as Chinese, Indian, Mexican and Thai), soy sauce, miso, salad dressing and vinegar, including

balsamic and flavored vinegars
TRY: garlic and other seasonings

- **Preservatives and Additives**

AVOID: benzal alcohol, citric acid, monosodium glutamate (MSG), **artificial sweeteners (aspartame, NutraSweet and saccharine)**, foods containing preservatives and artificial ingredients and colors.

- **Miscellaneous**

AVOID: **tobacco, caffeine, diet pills, junk foods, recreational drugs**, cold and allergy medications containing pseudoephedrine.

- Some IC patients report that they have the least trouble with lightly seasoned rice, potatoes, pasta, vegetables, meat, and chicken. You may want to consider adding a source of fiber to your diet to promote regular bowel movements.

- **Suggestions:**

- Learn to read labels, the fewer ingredients in a product, the safer it is.
- Boil down all sauces containing alcohol.
- Try reduced-acid foods, such as orange juice.

- **Food Allergies**

If you have food allergies to wheat, corn, rye, oats and barley or milk allergies and lactose intolerance, you may experience more severe flares with these foods.

- **What If I Have Eaten Something I Shouldn't Have?**

If you have eaten an irritating food or tried a new dish only to discover afterwards that it has brought on symptoms, consider trying one teaspoon of baking soda in a glass of water, this helps prevent the acids in urine from irritating the bladder. Soda has a high salt content so if you have high blood pressure or heart disease, ask your doctor before trying soda. If you have a flare in symptoms after eating, you should also drink plenty of water to dilute the urine. Finding something for you that works well for flares is an important part of your management that will be part of your treatment plan.

- **What About Vitamins and Supplements?**

Vitamins and supplements worsen IC symptoms. If you want to take vitamins, take them individually in order to make sure something doesn't bother you.

- o Vitamin C, because it is acidic, can cause IC flares. Ester-C, a pH balanced (acid-neutralized) version of C, may be an option for IC patients. Start out with small doses to see if you can tolerate it.
- o Cranberry pills, because acidic can also cause flares, this is common because a lot of women with IC think they have or were diagnosed with recurrent UTIs.
- o The B-Complex vitamins can also cause problems with IC.
- o The fat soluble vitamins (A, D E, and K) and minerals, such as calcium and magnesium, are usually well-tolerated by most IC patients.

C. **Physical Therapy:** helpful if you have trigger points or muscle spasms on pelvic exam.

D. **Exercise:** Excellent stress reliever, yoga- restorative, power yoga may worsen your symptoms if you may muscle spasms (common in flares).

E. **SURGERY:** For a small minority of patients whose symptoms are severe and who do not respond to other IC treatments, bladder surgery may be considered. However in some cases, IC symptoms may not improve. Several types of surgery have been used to treat IC, including removing the bladder and urinary diversion. Laser surgery should be reserved solely for the Hunner's ulcer form of IC.

The Interstitial Cystitis Association has an excellent website with great resources, please go to: www.ichelp.org