

Interstitial Cystitis

(IC) is a chronic condition of the bladder that often goes undiagnosed. Although the exact cause is unknown and no treatment works for everyone, many treatments are available and most patients get relief. Cystitis or urinary tract infection (UTI), is caused by bacteria and is usually successfully treated with antibiotics. Unlike UTIs, IC is not caused by bacteria, therefore it won't respond to antibiotics, sometimes antibiotics can aggravate IC! Unfortunately, for many women, it may take years to get a diagnosis.

Symptoms

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

URGENCY: The sensation that you have to pee right away, often associated with pain, pressure or spasms.

PAIN: Midline lower abdomen, urethra or vaginal area. Often worse as the bladder fills and better with peeing.

OTHER DISORDERS: Some IC patients report muscle and joint pain, migraines, allergies and GI problems. IC is more common in women with other chronic diseases (Celiac) & pain syndromes (vulvar vestibulitis, endometriosis, fibromyalgia & irritable bowel syndrome)

Diagnosis

IC is frequently misdiagnosed as UTI. There isn't a single test to diagnose IC, it is a diagnosis of exclusion. If IC is suspected, the following tests may be performed to rule out other causes and confirm the diagnosis of IC.

- Urinalysis and urine culture: rule out UTI
- Test for Celiac disease
- Rule out other conditions with symptoms similar to IC, such as kidney or other bladder problems, vaginal infections, STDs especially chlamydia, endometriosis, scar tissue, pelvic floor muscle pain, neurological disorders and bladder cancer.
- Post-void Residual: abnormal > 100 ml and not IC.
- Bladder instillation while the patient is awake with numbing medicine to relieve the pain.
- PUF questionnaire: assesses chance of having IC based on symptoms.
- Bladder diary (timing and amount voided and what you drink and amount).
- Cystoscopy with hydro distention under general anesthesia may be used to diagnose and treat IC.

Treatments

There isn't a cure and there isn't one treatment that works for everyone. Most patients with IC get their best benefit by combining more than one treatment/intervention.

1. **First line treatment: avoid triggers.** Common triggers include diet, stress, poor sleep, sex, prolonged sitting, meds, allergies, constipation. Decreasing triggers reduce frequency and severity of IC flares.
 - **DIET:** Diet changes help control symptoms and avoid flares. Keep a food/drink diary to carefully monitor your symptoms and triggers. Try eliminating the highlighted foods below since they often cause the most pain. Avoid these foods for 3-4 weeks, then slowly reintroduce the foods, one at a time, every 3-4 days. When reintroducing, if symptoms recur, remove that food from your diet. Over time, you may find that some of the foods that you eliminated you can tolerate some of these on a rotation basis or in smaller amounts. Read food labels, the fewer the ingredients, the less likely it will aggravate your symptoms. The

following is a list of common food triggers. **Most bothersome are highlighted.**

- **Foods that you have an allergy or intolerance may trigger a flare.**
- **Milk/Dairy Products:**
AVOID: aged cheeses, chocolate, all dairy
- **Vegetables**
AVOID: onions, soy beans & soy-based products like tofu, tomatoes and all tomato products, fava and Lima beans
- **Fruits**
AVOID: citrus, cranberries, pineapples, peaches, apples, apricots, avocados, bananas, plums, cantaloupes, pomegranates, rhubarb, strawberries, **juices made from these fruits**
- **Carbs and Grains**
AVOID: gluten, rye and sourdough bread
- **Meats and Fish**
AVOID: aged, canned, cured, processed or smoked meats/fish, caviar, meats containing nitrates, turkey
- **Beverages**
AVOID: alcohol, carbonated drinks, caffeine, coffee, tea, sweet tea, fruit juices, especially citrus or cranberry
- **Nuts**
- **Seasonings**
AVOID: mayonnaise, ketchup, mustard, salsa, spicy foods (especially ethnic foods like Chinese, Indian, Mexican and Thai), soy sauce, miso, salad dressing and vinegar (includes balsamic and flavored vinegars)
TRY: garlic and other seasonings
- **Preservatives and Additives**
AVOID: junk food, citric acid, MSG, artificial sweeteners (aspartame, NutraSweet and saccharine), foods containing preservatives and artificial colors.
- Low Histamine diet - **handout,** try 3-4 wks
- **FOODS you may tolerate:**
 - lightly seasoned rice, quinoa, potatoes, pasta
 - freshly cooked meat and poultry (fresh or frozen – no leftovers!), freshly caught or flash frozen fish
 - eggs
 - peanut butter
 - fruits: mango, pear, watermelon, apple, kiwi, cantaloupe, grapes, blueberries
 - Most vegetables except those listed above
 - Dairy alternatives: coconut milk, rice milk, hemp milk, almond milk
 - Oils: olive oil, coconut oil
 - Many of the non-caffeinated herbal teas

● **Miscellaneous Triggers:**

- tobacco, recreational drugs
- diet pills, Sudafed, Tylenol, ibuprofen or aspirin, antibiotics can trigger a flare, fluid pills
- Supplements that include: tryptophan, tyrosine, tyramine, and phenylalanine, vitamin C (Ester C is pH balanced form of vit C and may be tolerated), cranberry pills (acidic and can cause flares). However, fat soluble vitamins (A, D E, and K) and minerals, such as calcium and magnesium, are usually well-tolerated.
- sexual intercourse
- heavy exercise
- prolonged sitting
- some women see more flares before their period
- poor sleep
- allergies (food, seasonal, animals)
- Constipation

2. **ORAL MEDICATIONS**

- Tricyclic antidepressants such as *amitriptyline* or *desipramine* help with pain and urinary frequency. These meds are used for their anti-pain benefit, not as a treatment for depression. They work very well but have side effects. Start at 10-25 mg at night & slowly increase to 75-150. Do not stop abruptly, often triggers a severe flare.
- antispasmodics: levsin
- bladder pain: UTA, Pyridium
- antihistamines (allergic component)
 - hydroxyzine 25-75 mg nightly
 - Singulair
 - Cimetidine 300 mg BID
- muscle relaxers: vaginal valium, flexeril
- Anti seizure med: gabapentin (pain)

3. **SUPPLEMENTS:**

- Probiotics
 - General: Klaire Therbiotic Complete
 - Bladder: Women's Proflora
- Prelief 2 tabs 2x/d or when you eat or drink a trigger, may reduce bladder pain and urinary urgency when taken with acidic foods and beverages.
- L-Arginine: muscle relaxer, dec pain and nocturia, 500 2-3x/d
- Quercetin: pain, 500 2x/d
- Mucopolysaccharides (GAG layer, soother): Slippery Elm, marshmallow root, chondroitin, aloe vera
- freeze dried stinging nettle: antihistamine
- Kava: bladder spasms

4. BLADDER INSTILLATIONS. A "cocktail" of heparin + local anesthetic (lidocaine with bicarbonate) are mixed together and instilled into the bladder with a catheter, may take up to 6 or more instillations to see maximum improvement if the flare is severe. Often done 1-2x/week in the office or by self-treatment at home

5. **OTHER TREATMENTS**

- **Physical Therapy:** VERY helpful when there is a muscle component to your pain, typically diagnosed on physical exam.
- **Exercise:** Focus on gentle forms of exercise such restorative or flow yoga, high impact or over-exercising power may cause a flare.
- **Botox** injections.