



PAINFUL BLADDER SYNDROME / INTERSTITIAL CYSTITIS

This is a common and often misdiagnosed condition characterised by pelvic and bladder pain and symptoms of urinary frequency and urgency. It is a part of a wider condition of pelvic pain, analogous to "headache in the pelvis". There is cross over between painful bladder syndrome/interstitial cystitis and irritable bowel syndrome and endometriosis. Painful bladder syndrome/interstitial cystitis affects women more often than men and is most prevalent during reproductive years of adulthood. It tends to be recurrent with intermittent flare ups and symptoms fluctuate, often on a day-to-day basis. The symptoms are commonly mistaken for recurrent urinary tract infection and managed with multiple courses of antibiotics. However, the urine is commonly sterile when sent for laboratory culture. Whilst some antibiotics may improve the symptoms, this does not indicate underlying urinary tract infection, although urinary tract infection may contribute to painful bladder syndrome symptoms. Hunner's ulcer disease is an uncommon variant of painful bladder syndrome / interstitial cystitis and may be recognised by cystoscopy. Hunner's ulcer disease may respond well to surgical treatment.

Painful bladder syndrome is most likely a functional neurological syndrome, although the initial triggers may have been urinary tract infection or some other specific event. Investigation and management of patients with these symptoms are initially structured to exclude other pathologies. Having excluded other urological pathologies, for patients without Hunner's ulcer disease, management is multimodal and is both systemic and on occasion local bladder treatment.

Treatment aims to identify and avoid specific triggers for flare-ups of symptoms.

Medications include histamine blockade, systemic neuromodulator drugs, and occasionally immunosuppressive agents.

Anticholinergic medications and intravesical Botox injections may help with frequency and urgency but commonly do not relieve associated pain.

Local treatment using medications delivered directly into the bladder intermittently, often by intermittent self catheterisation by patients, may be further beneficial.

Psychotherapy may help patients to cope better with the condition.

Some patients find benefit from physiotherapy and pelvic floor exercises.

Some patients recognise certain dietary triggers that exacerbate symptoms. It may be helpful to eliminate common trigger foods from the diet, and to assess the outcome from this. Such foods include:

- Coffee
- Spicy foods and chili pepper
- Citrus fruits and juices
- Tomatoes
- Chocolates
- Artificial sweeteners
- Alcoholic drinks
- Carbonated drinks

There are several web-based resources on PBS / IC which may offer useful information to help understand the condition and the management options.

Listed below are the web addresses for some of these sites.



Treatment of Interstitial Cystitis interstitial-cystitis-bladder-pain-syndrome-beyond-the-basics	www.uptodate.com/contents/treatment-of-interstitial-cystitis-bladder-pain-syndrome-beyond-the-basics
Interstitial Cystitis Association	www.ichelp.org
Interstitial Cystitis Network	www.ic-network.com
European Society for the Study of Interstitial Cystitis	www.essic.eu