

INTERSTITIAL CYSTITIS

What is it?

Interstitial Cystitis (I/C) is a “symptom complex”, which means in medical terms it is often called many names, but the patient suffers the same symptoms. It is thought to be a range of problems, with differing severity and should only be diagnosed after other specific diseases have been eliminated.

The symptoms which most people with I/C suffer from are:

- frequency - the need to pass urine many times in a short period
- urgency - the inability to delay the passing of urine for any
- pain - mostly felt just above the pubic bone, though can be

These symptoms are those of cystitis caused by an infection and many people are initially treated with antibiotics. These do not relieve the problem, but there is often confusion as the symptoms often spontaneously get a better over any given period of time.

What happens?

The disease mostly progresses very slowly, but the most important thing to accept about it is that there is no cure, though mostly symptoms can be brought into some degree of control for varying lengths of time.

The exact cause of I/C is not known, and there are a numbers of theories, each of which have some value. The immune system is probably involved at some level, but how is not presently known. There is thought to be a defect in the mucus lining of the bladder which allows chemicals in the urine to leak back into the bladder wall causing pain and irritation. What triggers this is not known and this could be anything from a direct allergic reaction to some type of nerve sensitivity. Inflammation seems to be the bottom line

It is important that you try not to give into the urge for frequent voiding - the bladder readily becomes used to such an empty state and in a sense “shrinks”. It is also quite common for you to have “good” and “bad” days, and the bad days are often preceded by one of your “triggers”.

Flares

I/C has a tendency to have *flare-ups* which can be caused by many different factors. One of the most important things for you to do if you suffer from I/C is to learn to recognize those things in your life which act as triggers for your disease. Stress of all types can often be trigger - travelling, exercise, sexual intercourse etc often bring on an “attack” of I/C.

It is important to realise that triggers do NOT cause I/C, but rather aggravate it. They do not increase progression or increase the severity.

Many people who suffer from I/C find they have allergic problems which can often cause a flare of their I/C. It is important that these allergies be cared for as well, and many people will find they can keep their I/C under better control if they take a regular anti-histamine tablet, and avoid those things that cause the allergic reaction.

What can you do?

There are a number of things that you can do to help with controlling your I/C. Probably one of the most important is one of attitude:-

MIND OVER BLADDER!!

- Try not to pass your urine too frequently - it is possible to train your bladder and you can start by trying to delay voiding by 15 minutes, and gradually increase this time
- There are no specific rules to follow with regards to your diet, however you will recognise certain foods that seem to act as a trigger for your I/C - these are the foods that are best to avoid. Some of the foods that seem to be more frequent triggers are:
 - citrus fruits
 - tomatoes, pineapples
 - hot or spicy foods (eg Thai etc)
 - alcohol (more often red than white wine)

- An anti-histamine tablet daily often helps (eg Atarax 50-75mg at bedtime)
- There are a number of medications available at your health food store or pharmacist that seem to give relief to many people:
 - Slippery Elm (in milk)
 - Ural
 - L-Arginine (recently shown to have some benefit in the USA)

What might your doctor do?

Initially your doctor will exclude any other possible disease of the bladder. The most worrying one being carcinoma-in-situ (CIS) of the bladder which is a precursor of malignant bladder cancer and can give the exact symptoms of I/C. This is usually tested for by performing urine cytology.

A cystoscopy will be performed at some stage to make the final diagnosis and ensure there are no other problems in the bladder.

You may be prescribed various medications or treatments which have been shown to be of benefit

Specific Treatments

- **Imipramine or Amitriptyline** - these are anti-depressant medications that have a potent effect on bladder spasms and pain. They are used in children who suffer from bedwetting with great effect, and it is for their bladder effects that they are used
- **DMSO (Dimethyl Sulphoxide)** - this drug is instilled into the bladder (via a catheter) either as a weekly or fortnightly treatment. It can also be instilled at the time of a "bladder stretch" with good effect. It helps settle the inflammation in the bladder, however your symptoms may seem to be worse for a while following the treatment

- **Elmiron** (Pentosan Sulphate) - this is a drug which is designed to restore the mucus lining of the bladder, and so help prevent the leak of urine chemicals into the bladder wall - thought to be the main cause of the pain and irritation.
- **Heparin** - this drug can be instilled into the bladder like DMSO, and seems to restore the mucus lining like Elmiron.
- **Cimetidine** - this drug is commonly used in the treatment of ulcers and works by blocking the histamine receptors in the stomach which produce acid. It has been found that a secondary effect of this tablet often relieves the pain and irritation of I/C.
- Controlled hydrodistension - **BLADDER STRETCH** - this manoeuvre is performed under anaesthetic and can often lead to profound relief of symptoms for a variable amount of time.
- **EMDA** - Electro Motive Drug Administration or iontophoresis is a new method that has been found to be effective in some people. This technique uses an electric current to drive drugs into the bladder wall and ease symptoms

It is important to remember that not all these treatments work in all people, and you may find it takes a while to find the treatment that works best for you. All take a few weeks to months to show their true effect and if successful continue to improve for many months before they reach their most effective level.