Overview of painful bladder and pelvic pain syndromes
What is a Urogynecologist and Female Urologist?

Uro….what?

Gyne…who?

Female Urologist?

Not the same as Male Urologist?
Bladder Health Conditions Significantly Impact Quality of Life (QOL)

- OAB,¹ IC/CPPS,² and UTI³ have a significant negative impact on many aspects of QOL as assessed by the SF-36, including
  - Physical functioning
  - General health
  - Vitality
  - Social functioning
  - Mental functioning

CPPS = chronic pelvic pain syndrome; IC = interstitial cystitis; OAB = overactive bladder; UTI = urinary tract infection.

Framework for Understanding Bladder Health Conditions (in the absence of hematuria)*

- No Pain
  - Culture

- Pain
  - Culture
  + Culture

Consider OAB
Consider IC
Consider UTI

Rule Out Bladder Cancer (Absence of Hematuria)

*Rule out bladder cancer.
Barriers to Identifying Patients With Urge Incontinence

- Patients may be reluctant to volunteer that they are incontinent\(^1,2\)
  - It’s embarrassing
  - Think it’s a normal part of aging
  - Don’t think it’s a legitimate medical condition
  - Don’t know there are simple, effective solutions

- Due to these barriers, prevalence of OAB may be underestimated

Overactive Bladder Symptoms

- Frequency
- Nocturia
- Urgency (due to fear of leakage)
- Urge incontinence

- May present as spontaneous leakage
- Co-exists with SUI 40% of the time
Interstitial Cystitis (IC)

IC = interstitial cystitis; OAB = overactive bladder; UTI = urinary tract infection.
Urgency, frequency, pelvic/suprapubic pain

THE GRINCH’S SMALL BLADDER GREW 3 SIZES THAT DAY.
CPP Is a Significant and Common Disorder in Women

- **Magnitude of CPP**
  - >9 million women in the United States\(^1\)
  - 20% of women had pelvic pain >1 year in duration\(^2\)

- **CPP accounts for**
  - 10% of referrals for OB/Gyn visits\(^3\)
  - Over 40% of laparoscopies\(^4\)
  - 18% of hysterectomies\(^5\)

- Patients with CPP have significantly lower general health scores compared with patients without CPP\(^1\)

- CPP is associated with painful intercourse (dyspareunia)

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Chronic Pelvic Pain Is Characterized by Overlapping Disease Conditions

- Interstitial Cystitis
- Endometriosis
- GI Disorders
- Recurrent UTI
- Vulvodynia
- Pelvic Infection and Adhesions

Consider the Bladder in Women With Unresolved CPP

- 61% have no obvious etiology for CPP
- 80% of women with CPP receive an initial diagnosis of endometriosis
- Up to 54% of women treated medically for endometriosis continue to experience CPP:
  - 5% to 26% have reported continued CPP ≥1 year after hysterectomy
- The bladder is believed to be the source of CPP in over 30% of female patients

IC Can Appear Concurrently With Endometriosis

Two Studies* Confirm the Overlap Between IC and Endometriosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Study 1: Chung et al(^1) (n=60)</th>
<th>Study 2: Chung et al(^2) (n=111)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>80%</td>
<td>75%</td>
</tr>
<tr>
<td>Both</td>
<td>70%</td>
<td>65%</td>
</tr>
</tbody>
</table>

- In a separate study, Clemons et al determined that 38% of women scheduled to undergo laparoscopy for CPP had IC\(^3\)
- Consider the bladder as the source of pain, even when endometriosis is confirmed\(^1\)

*At a regional Pelvic Pain Center.

Assessment for IC Is Warranted Prior to Hysterectomy for CPP

A study by Chung et al of 111 women with continued CPP posthysterectomy

IC Often Misdiagnosed as Recurrent UTI in Women

- Study of 30 women with IC
  - 18 (60%) initial diagnosis of UTI
  - Many showed initial positive culture but subsequent cultures were negative—after six months

- 25/30 women underwent PST
  - PST positive in 20 (80%) women

Data suggest that IC is often misdiagnosed as a UTI, despite negative cultures

In the Past, IC Was Often Diagnosed Late in Disease Continuum

Average time between development of symptoms and diagnosis is 5 years\(^1\)

- See at least 5 physicians before diagnosis\(^2\)
- Significant suffering and reduced QOL\(^3\)
- May have unnecessary hysterectomy\(^4\)

Development of IC Symptoms \hspace{2cm} Diagnosis of IC

2-7 years\(^1,5\)

IC Can Be a Significant Detriment to Quality of Life if Left Untreated

- 25% may be unable to work full time
- 63% report dyspareunia
- 5-fold increase in treatment for emotional problems
- IC patients scored significantly worse on quality-of-life evaluations than patients on renal dialysis

I HAVE INTERSTITIAL CYSTITIS

IT'S A CHRONIC, INCURABLE, PAINFUL & DEBILITATING BLADDER DISEASE
(ONLY HALF OF ALL IC SUFFERERS CAN WORK FULL TIME)

RESEARCH HAS SHOWN IT CAUSES A QUALITY OF LIFE SIMILAR TO THAT OF A CANCER OR KIDNEY DIALYSIS PATIENT

BUT IT'S POORLY UNDERSTOOD & CAN TAKE 2+ YEARS JUST TO GET A DIAGNOSIS!

& IT'S VERY DIFFICULT TO TREAT

...SO PLEASE TAKE IC SERIOUSLY
Factors Associated With IC Flares/Exacerbated Symptoms

- Sexual intimacy/intercourse
- Estrogen withdrawal
- Allergies
- Diet
- Physical, emotional stress
- Pelvic floor spasm

Diagnosis of IC

- High index of suspicion
- PUF questionnaire
- Urethral or bladder tenderness on PE
- Evaluate for other conditions such as VVS and levator spasm

**Diagnostic testing:**
- Potassium sensitivity test
- Intravesical anaesthetics
- Cystoscopy under anaesthesia
Patient Evaluation for Bladder Tenderness

- Suprapubic tenderness
- Anterior vaginal wall/bladder base tenderness
- Levator muscle spasm
- Rectal spasm

Cystoscopic images of glomerulations
Diagnostic test-cystoscopy with HD
Therapy Goals

- Address underlying pathology of IC
- Set expectations
  - Time to response
- Establish long-term treatment plan
  - Lifestyle change
Non-pharmacologic IC treatment options

Essential Oils for Interstitial Cystitis

A Taste of the Good Life
A Cookbook for an Interstitial Cystitis Diet
Hundreds of exciting recipes, practical meal planning strategies and helpful patient-to-patient dietary tips
by Bev Lassmann
Impaired Glycosaminoglycans (GAG) Layer May Be Cause of IC

ELMIRON® May Replenish the Protective GAG Layer of the Bladder

More Than 20% of Patients Experience Symptom Relief Within 4 Weeks

Percentage of Patients With ≥50% Overall Improvement on PORIS at Week 4*

PORIS = Patient’s Overall Rating of Improvement of Symptoms Index.
*Completers.
Data on file, Ortho-McNeil Pharmaceutical, Inc.
ELMIRON®: Increased Symptom Improvement Over Time

Patients With \( \geq 50\% \) Overall Improvement on PORIS

PORIS = Patient’s Overall Rating of Improvement of Symptoms Index.

*Completers.

ELMIRON®: Progressive Improvement Was Shown for Up to 3 Years of Continuous Treatment*

*Evaluated on a 6-point global evaluation scale: worse, no better, slightly improved, moderately improved, greatly improved, and symptoms gone.

ELMIRON®: Dosing and Administration

- One 100-mg capsule tid, at least 1 hour before or 2 hours after meals\(^1\)

- Optimal clinical response requires 3 to 6 months of continuous therapy\(^1\)
  - Some patients experience relief within 4 weeks\(^2\)

- Patients receiving ELMIRON should be reassessed after 3 months\(^1\)
  - If improvement has not occurred, and if limiting adverse events are not present, ELMIRON may be continued for another 3 months

- In patients whose pain has not improved after 6 months of therapy, the clinical value and risks of continued treatment are unknown\(^1\)

ELMIRON®:
Important Safety Information

- ELMIRON is indicated for the relief of bladder pain or discomfort associated with interstitial cystitis.

- Pentosan polysulfate sodium is a weak anticoagulant which may increase bleeding. Patients undergoing surgery or who have an increased risk of bleeding should be evaluated for the risk of hemorrhage.

- In an 8-year retrospective study, adverse events tended to be infrequent, mild, and transient. Diarrhea, nausea, alopecia (reversible upon discontinuation), headache, rash, dyspepsia, abdominal pain, liver function abnormalities, and dizziness occurred at a frequency of 1% to 4%.

- In a 32-week study, 6.3% of 128 patients reported rectal hemorrhage. The severity was described as “mild” by most patients.

- ELMIRON is contraindicated in patients with known hypersensitivity to the drug, structurally related compounds, or excipients.

- Please see full Prescribing Information.

Behavioral Therapy for IC

- Stress reduction\(^1\)
- Warm sitz baths and tub baths\(^1,2\)
- Bladder training\(^2\)
  - Practice scheduled voiding pattern
  - Perform pelvic floor relaxation exercises
- Utilize support groups, such as the Interstitial Cystitis Association, for resources and information\(^1,2\)
- Psychological counseling may help patients manage quality of life issues associated with chronic pain\(^2\)
- Avoid foods that exacerbate symptoms\(^1,2\)

Excellent reading about IC and pelvic pain
Dietary Guidelines  
(Prelief also helpful)

<table>
<thead>
<tr>
<th>Food Category</th>
<th>☺ Permitted Foods</th>
<th>☹ Foods to Avoid or Use Cautiously</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>Blueberries, melons other than cantaloupe, and pears</td>
<td>All other fruits and juices made from them</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Potatoes, homegrown tomatoes, and vegetables other than those listed on the right</td>
<td>Fava beans, lima beans, onions, rhubarb, tofu, and store-bought tomatoes</td>
</tr>
<tr>
<td>Milk/Dairy</td>
<td>White chocolate, cottage cheese, American cheese, milk</td>
<td>Aged cheeses, sour cream, yogurt, chocolate</td>
</tr>
<tr>
<td>Carbohydrates/Grains</td>
<td>Pasta, rice, and breads other than those listed on the right</td>
<td>Rye and sourdough breads</td>
</tr>
<tr>
<td>Meats/Fish</td>
<td>Poultry, fish, and meats other than those listed on the right</td>
<td>Aged, canned, cured, processed, and smoked meats and fish; anchovies; caviar; chicken livers; corned beef; and meats that contain nitrates or nitrites</td>
</tr>
<tr>
<td>Nuts</td>
<td>Almonds, cashews, and pine nuts</td>
<td>Most other nuts</td>
</tr>
<tr>
<td>Beverages</td>
<td>Bottled or spring water; decaffeinated, acid-free coffee and tea; some herbal teas</td>
<td>Alcoholic beverages; beer and wine; carbonated drinks; coffee, tea, and cranberry juice</td>
</tr>
<tr>
<td>Seasonings</td>
<td>Garlic and seasonings other than those listed on the right</td>
<td>Mayonnaise, ketchup, mustard, miso, spicy foods (especially Chinese, Mexican, Indian, and Thai foods)</td>
</tr>
<tr>
<td>Preservatives and Additives</td>
<td></td>
<td>Benzyl alcohol; citric acid; monosodium glutamate; aspartame; saccharin; and foods containing preservatives, artificial ingredients/colors</td>
</tr>
</tbody>
</table>

Numerous useful sites on the Internet

**TOP 10 foods to avoid with IC**

1. Coffee
2. Tea
3. Chocolate
4. Carbonated beverages
5. Alcohol
6. Acidic fruit + juices
7. Spices, nitrates, nitrites
8. Artificial sweeteners
9. Vitamin C + B6
10. Highly allergenic foods

www.healinginterstitialcystitis.com
Other treatments for IC

- Other pharmacotherapy
- Intravesical therapy
  - DMSO
  - Heparin
  - Steroid
  - Bicarbonate
  - Anaesthetics
- Botox
- Sacral nerve implant (Interstim)
Intravesical Botox injections for IC
Summary: Source of Pain in Patients With CPP May Be the Bladder

- Symptoms of CPP and IC are similar
  - Need to consider the bladder as the potential origin of pain

- Improved diagnosis and earlier treatment of IC are needed
  - Prevalent and frequently misdiagnosed
  - May result in unnecessary hysterectomy
  - Targeted and symptoms control treatment options are available
It is not all in your head!

Shame on You, Dr. Drew For Suggesting That Millions of Women With IC & Endo Should Be Treated by Psychiatrists Rather Than Urologists.