

INTERSTITIAL CYSTITIS: A Commonly Misdiagnosed Condition

by Debbie Field

For most women, urinary tract infections (UTI) are an occasional but expected inconvenience that can be treated with antibiotics and cleared up in about a week. However, for nearly 16 million Americans — more than half of them women — with symptoms of urinary urgency, burning, and frequency, antibiotics provide no relief. These individuals, and even their doctors, may suspect chronic urinary tract infections, but in reality, they may suffer from a lesser-known inflammatory bladder condition called interstitial cystitis or IC.

IC Symptoms

Early stage IC symptoms such as urinary urgency, frequency, burning sensation, and occasional incontinence are similar to UTI symptoms, but as IC progresses, patients can develop other more aggravating symptoms, including cramping, pain, or nagging discomfort in the abdominal area as well as the lower back and toward the lower rib cage. In addition, many IC patients will feel pain during sexual intercourse. In its late stages, IC is often marked by chronic pelvic pain.

“IC patients often equate their pain with infections, but IC is actually an inflammation of the bladder,” says Dr. Joan T. Meaney, one of only two female adult urologists in San Antonio and a specialist in interstitial cystitis with Urology San Antonio. “It is the bladder’s version of a stomach ulcer or gastritis.”

The medical community is unsure of IC’s exact cause, but most suspect it results from an epithelial defect or small breaches in the mucus barrier that normally prevent noxious substances in the urine from seeping into and irritating the bladder wall.

“We might not know all the causes, but it certainly compromises a patient’s entire quality of life,” notes Dr. Meaney. “Symptoms can vary from feelings of mild discomfort or pressure where ‘the

bladder just doesn’t feel right’ to more severe inflammatory pelvic pain that leads some patients to sleep on the rug in their bathroom in order to quickly relieve themselves.”

Unfortunately, says Dr. Meaney, some patients have come to her for help only after living with their symptoms for five years or longer. Until recently, many physicians considered IC as strictly an adult condition — resulting in the misdiagnosis of numerous patients. But in actuality, IC can affect any age group, though often the diagnosis is not made until the patient is 30 to 40 years old.

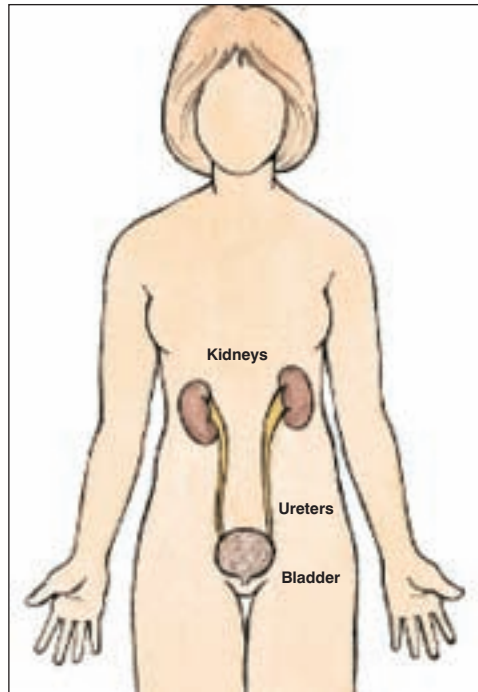
Moreover, interstitial cystitis is difficult to diagnose. Urologists describe IC as a “diagnosis of exclusion” because they must rule out other urinary conditions that cause similar symptoms before arriving at an IC diagnosis.

“If we’ve ruled out other possibilities and I suspect IC in a patient, the next step is to perform a cystoscopy under anesthesia,” Dr. Meaney explains. “This allows me to view the bladder internally and note abnormalities in the bladder lining without causing undue discomfort for the patient.”

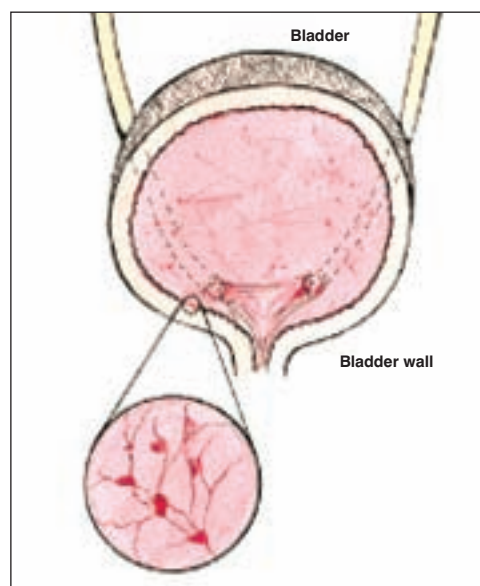
Another less invasive diagnostic alternative is a potassium sensitivity test that involves filling the bladder with a mild potassium solution that does not cause irritation in most normal bladders but does cause a reaction in an IC bladder.

Treatment Options

Once diagnosed, IC patients have some treatment options. They can take pentosan polysulfate sodium (marketed as Elmiron®), the only oral prescription medication that has been approved for



In interstitial cystitis, the bladder wall becomes inflamed and can't hold as much urine as usual.



During diagnosis the doctor will examine the bladder wall for pinpoint bleeding that is characteristic of interstitial cystitis.

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treating IC. In addition, a variety of other options exist that can be tailored to treat specific patient symptoms.

“Based on the individual’s circumstances, we have a choice of administering medications directly into the bladder and using oral medications that specifically address the issue of urinary frequency or anti-inflammatory medications for the pain,” Dr. Meaney points out.

While these treatments may provide relief from IC symptoms, they are not cures, and the disease is not yet preventable. However, lifestyle modifications — including changing diet to eliminate highly acidic foods and drinks, eliminat-

ing caffeine, potassium, carbonated beverages, and alcohol, and drinking more water to dilute the urine — can help minimize IC’s flare-ups.

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Dr. Meaney notes that alternative therapies such as acupuncture and physical therapy to relieve chronic pelvic pain are also receiving more attention and have proven effective for some of her patients.

“The one thing I would tell patients with symptoms of IC is that just because they are used to pain and have put up with the flare-ups for years doesn’t mean that it is normal,” she says. “They don’t have to live that way. Getting the right diagnosis is the first step, and from there, we can provide relief.” 