City and Hackney Guideline for the Management of Interstitial Cystitis/Painful Bladder Syndrome in Adults Pathway

Background

- Chronic clinical syndrome of urinary frequency, urgency and pain present for more than 6 weeks
- Typified by periods of remission and exacerbation
- Part of chronic pelvic pain syndrome which includes prostate, gynaecological and bowel pain syndromes. It is associated with several other co-morbidities including on the one hand IBS and the other SLE
- Treatment approach is aimed at symptom relief and pain management.
- Patients have been commonly treated for recurrent bacterial cystitis despite negative cultures. Men have often been treated for chronic prostatitis.
- Various theories of aetiology but it is probably multi-factorial including psychosocial. There is a history domestic violence in around 50% and sexual abuse in around 60%.
- Bladder endothelial abnormalities, cytokine dysregulation and up-regulation of pelvic C-afferent signals triggering central sensitisation and sacral reflex signalling probably play a part.
- Present between 20-60 years, 5:1 women to men (though probably doesn't account for men being labelled as having chronic prostatitis) and primarily white women.

Presentation

Patient with ≥ 6/52 pain, pressure, discomfort perceived to be related to the bladder and associated with LUTS in absence of evidence of infection (MSU, HVS, NAATs)

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- Bi-manual PV-typically pain over supra-pubic region and anterior vaginal wall. If absence of this consider gynae referral to exclude endometriosis ?Pelvic MRI to exclude pelvic congestion syndrome, undertaken in secondary care.
- If pain on palpation of vaginal side walls (5 and 7 o'clock position, pubococcygeus and ileococcygeus), myofascial trigger points consider Pelvic Floor Dysfunction syndrome, refer pelvic floor clinic for physio/pelvic floor rehabilitation using the standard Adult Community Nursing (ACN) referral form and emailing to: Huh-tr.acnreferrals@nhs.net

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Pelvic Pain and Urinary Frequency questionnaire (PUF) to be completed - click here

- Score <12 treat in primary care
- Score > 12 refer to urology for cystoscopy

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Cystoscopy with hydro-distension

- non-ulcerative
- ulcerative

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Return to primary care for initial management (see below)

1. Lifestyle e.g. if urinary frequency an issue keep a voiding diary and try bladder retraining (patient instructed to hold on to urine a little longer each time e.g. Goal hourly for week 1 then 2 hourly week 2 e.t.c) and trial of trigger food avoidance

Foodstuff	**Avoid**	**May try**
Meat and fish	Aged, cured, canned or smoked meats and fish. Meats/fish that contain nitrates and nitrites	Poultry and unprocessed meats/fish
Fruits	Apples, apricots, avocados, bananas, cantaloupes, citrus, cranberries, grapes, nectarines, peaches, pineapples, plums, pomegranates, rhubarb and strawberries.	Melons, blueberries and pears
Vegetables	Lima, fava or soybeans; tofu, onions and tomatoes	Home-grown tomatoes and other vegetables
Beverages	Alcohol and carbonated drinks, coffee, tea and fruit juices (citrus and cranberry).	Non-carbonated water and decaffeinated coffee/tea
Nuts	Most nuts	Almonds and cashews
Carbohydrates	Sourdough and rye breads	Other breads, pasta, potatoes and rice
Seasonings	Ketchup, mayonnaise, mustard and salsa; Chinese, Indian, Mexican and Thai foods; soya sauce, vinegar and all salad dressings	Garlic and basil
Preservatives	Monosodium glutamate, aspartame (NutraSweet), saccharine, benzyl alcohol, citric acid and artificial colours	
Other	Tobacco, caffeine, diet pills, junk food, chocolate, cold and allergy medications with ephedrine or pseudoephedrine and recreational drugs	

2. Explore and treat concomitant mood disorders eg. anxiety and depression and exclude any history of domestic violence or sexual abuse. Click here for HARK template.

3. First line pharmacotherapy:
   - Anti-histamines eg. Hydroxyzine 25mg at night titrate up to 75mg if necessary - it's for down-regulation of the excess histamine in the bladder wall not for specific symptoms - this is an unlicensed indication
   - Low dose Amitriptyline 25mg at night up-titrate to 50mg
   - Anti-muscarinics eg oxybutynin 5mg bd-qds
   - Short course prednisolone for exacerbations if ulcerative IC on cystoscopy 15-30mg od for 5/7
   - Gabapentin for persistent pain
   - Simple analgesia - avoid opioids

4. Failure first line management, refer back to urology
   - If proven ulcerative IC trial of ciclosporin
   - Intra-vesical treatment eg sodium hyaluronate, DMSO
   - Percutaneous tibial nerve stimulation (PTNS) in selected cases. Click here for PoLV policy as this will require an Individual Funding Request (IFR).
   - If relief with hydro-distension but only short-lived and/or pelvic floor dysfunction trial intra-vesical injection Botox A

Click for Patient Information from patient.info

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