PS2.160

Interstitial cystitis - review of the medical treatment approach

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Background and Aim: Painful bladder syndrome (PBS), also known as interstitial cystitis, is a poorly-understood and debilitating chronic condition seen predominantly in women and characterised by bladder pain, urgency, frequency and nocturia. The diagnosis of PBS should be made based on the patient's clinical history, excluding other pathologies with similar symptomatology. Treatments for PBS include dietary/lifestyle interventions, oral medication, intravesical instillations and, in some cases, surgery. Success rates are generally modest. The purpose of this review was to assess the effectiveness of the behavioural and pharmacological therapies in restoring normal bladder function, preventing symptom relapse and improving patients' quality of life.

Method: Systematic review of the literature using the MEDLINE®, National Guideline Clearing House and Cochrane Library databases, was conducted using the MESH term "cystitis interstitial" to identify meta-analyzes, systematic reviews or clinical guidelines published between 2010-2015. The primary outcomes measures were clinical and urodynamic parameters.

Results: We included 2 meta-analyzes, 13 systematic reviews and 2 guidelines. Overall, conservative therapies should be performed on all patients (including behavioral modifications, manual physical therapy techniques, stress management practices). No single treatment has been found effective for the majority and acceptable symptom control may require trials of multiple therapeutic options. Multimodal pain management approaches should be initiated. Amitriptyline, cimetidine, hydroxyzine, pentosan polysulfate or immunosuppressant therapy may be administered as oral medications. Dimethyl sulfoxide, oxybutin, hyaluronon or resiniferatoxin may be administered as second-line intravesical treatments. Neuromodulation and surgery has been suggested as a possible treatment for refractory pain.

Conclusions: Limited evidence exists for the few oral treatments for PBS, although the knowledge on the topic continues to evolve. The lack of definitive conclusions is due mainly to heterogeneity in methodology, symptoms assessment or duration of treatment or follow-up. The most effective approach for a particular patient may be best determined at the individual level.