



# GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY

# Newsletter

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## Practical Tips of Managing Bladder Pain Syndrome / Interstitial Cystitis

In Indian scenario, many a times we receive these patients even without confirmed diagnosis (1,2) despite of being extensively investigated. They may present at different stages of disease with different combinations of symptoms and co-morbidities. Therefore we will discuss various ways of modifying the treatment as per needs of individual patient in order to give best improvement in their quality of life.

After prolonged sufferings, patients are usually desperate for immediate relief. They must be first educated regarding possibility of this disease and start fast acting medications for relief or combinations as per need. Any mandatory investigation can also be advised simultaneously, but do not wait for reports before starting first line treatment for symptomatic relief.

Few of the *oral non-specific medications* for immediate relief are as follows:

**Urine Alkalisers:** Simply changing the acidic pH of urine to neutral or slightly alkaline can reduce the pain in such patients.

**Amitriptyline (Tryptomer)** should be the treatment of choice in patients with the 'burning' or 'pricking' character of pain. Its main side effects are sedation and dryness of mouth. Dose: 10 mg at bedtime slowly escalated to 25 mg two times a day.

**Hydroxyzine (Atarax)** should be considered in patients with history of allergies like seasonal rhinorrhea, urticarial or bronchial asthma. It may have sedative effect in some individuals. Dose: 10 mg oral tablet at bed time but can be increased to 25 mg two to three times a day.

**Skeletal muscle relaxants** like clonazepam or cyclobenzaprine may be used if the symptoms are suggestive of pelvic floor spasm or on examination there are tender trigger points in levator ani muscle. Dose: Clonazepam (Clonotril) 0.25 mg at bed time; Cyclobenzaprine (Skelebenz 15 mg) 15 mg at bed time. The main side effects of this class of drugs is sedation and light headedness.

**Analgesics** like tramadol, Gabapentin and pregabalin. These medicines

must be used with caution as drug dependency is a frequent occurrence.

**Oral specific medication: PentosanPolysulphate (PPS)** is a synthetic sulphated polysaccharide which may be used as oral tablet or intravesical instillation. It is estimated that 4-6% of this drug when ingested orally is excreted unchanged in urine. It is expected to replenish the Glycosamine Glycan (GAG) layer of the urothelium which is responsible for the impermeability of the urothelium. It is recommended in the dose of 100 mg three times a day, to be taken at least 1 hour before or 2 hours after meals to improve the bioavailability of drug. Usually the drug is well tolerated as the incidence of overall adverse events is almost 4% which include alopecia, diarrhoea, nausea, rash and rarely bleeding tendencies. A trial for at least 3-6 months must be given before labelling a failure. (3)

It must be emphasized that the treatment might be prolonged and the relief might be slow to appear. There could be need to change medications during the course of treatment as this is a heterogeneous entity and so are the treatment modalities. Therefore an early follow up, should preferably be encouraged. This gives you an opportunity to assess the effect of treatment (relief indirectly confirms the diagnosis). Early change in type and dose of the medication can also be done to avoid poor compliance and to gain patient confidence.

Patients with **frequent recurrences**, especially if they are coming from remote places; should be taught to handle acute exacerbations. Few tips are:

1. Immediate urine sampling to rule out infection.
2. To drink baking soda (easily available at kitchens) with water instead of looking for commercially available urine alkalizers during odd hours.
3. To maintain a food diary (noting down every new food items being taken in past 2- 3days)
4. Self-administration of oral (eg. Amitriptyline) or Intravesical treatment for (4) immediate relief on as and when required basis.

## References

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3. Jain A. Bladder Pain Syndrome—Current Concepts and Management Guidelines. Pan Asian J Obs Gyn 2018;1(1):18-23.
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# Newsletter

## GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY





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# Newsletter



## Dr. Rajesh Taneja (Organizing Chairperson GIBS)

Dear Colleagues,

It is a great pleasure to announce the upcoming **4th Annual Conference** of the Global Interstitial Cystitis Bladder Pain Society (GIBS) to be held in Mumbai, **24-25 August 2019**. The aim of GIBS has been to perpetuate and disseminate the science of IC/BPS and this has been amply exemplified in the past.

After the conferences on 'Basic Understanding' (2016), 'Practical guidelines' (2017) and 'On the Horizon' (2018), this year the theme is going to be '**Beyond Horizon**'. I am sure you would be looking forward to this conference as the science of Interstitial Cystitis/ Bladder Pain syndrome is going to be presented at a yet higher plane on understanding. This year will mark the scientific deliberations on the subjects which may not seem to be directly part of current clinical practices, but as part of research, including basic sciences, which may form the basis of treatment of this for midable disease in the coming years.

International participation in the form of faculty and delegates makes the meeting truly 'Global'. This year too we are expecting eminent faculty from major international organizations spearheading the science of IC/BPS. I do hereby extend invitation to you and your colleagues to register for this scientific bonanza and be a part of the 'science in evolution' on this yet incompletely understood subject of IC/BPS.

Looking forward to meeting you in Mumbai.  
Best Wishes.



## Dr. Sanjay Pandey (Organizing Secretary GIBS)

Dear Colleagues,

This year it is a time to take the campaign of IC-BPS to highest levels @GIBS. With your dedicated and focussed concern on this subject we have truly turned the tide in past 3 editions and reached the pinnacle of management by multi disciplinary care in solving the agony of so many patients.

We still have miles to go as the Global body awaits your latest clinical and research work with bated breath. 2019 edition of GIBS hold the vision and rightfully the theme "**Beyond Horizon**" of all that we can and which is in grasp of the medical realm to solve the phantasmagoria of this dreaded subject IC-BPS.

I heartily welcome you to the discovery "**Beyond Horizon**" of the scientific feast as never before. Your contributions and presence on **24<sup>th</sup> – 25<sup>th</sup> Aug 2019** will strengthen the resolve to overtake the challenges of IC-BPS.

With each of you being there on the occasion to hear out the experts and the patients "**Yes! We can**" **March - BEYOND HORIZON**.

Best Wishes.

## 4<sup>th</sup> Annual Meeting on Interstitial Cystitis Bladder Pain Syndrome

24th & 25th August 2019, Mumbai

**GIBS 2019**

**"Beyond Horizon"**

"Registration Started"  
Visit [www.gibsociety.com](http://www.gibsociety.com)

### HIGHLIGHTS OF SCIENTIFIC PROGRAM "GIBS 2019"

#### 1. Differential diagnosis in women

- Overactive Bladder
- Endometriosis
- Recurrent UTI
- Chronic Pelvic pain

#### 2. IC / BPS management

#### 3. Video workshop on IC

#### 4. Quality of Life with IC/BPS

- Indian IC diet
- Pain management in IC/BPS
- Stress and IC
- Sexually Dysfunction Couples

#### 5. Abstract Presentations

#### 6. Scientific Session based on theme '**Beyond Horizon**'

- Innovative Treatments
- Biomarkers of IC where have we reached
- GUT microbiota and Interstitial Cystitis
- New Delivery systems for oral PPS
- Hunner's Disease

#### 7. Evaluation of a suspected patient of IC/BPS: How do I do it

#### 8. New aiding devise for self -instillation

#### 9. Diagnostics and treatment of IC in consideration of patients Interest

#### 10. Peroneal Nerve stimulation