

GIBS Newsletter

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Managing Bladder Flares

Literal meaning of "flares" in medical world is symptom exacerbations and for patients of Bladder Pain Syndrome (BPS), it applies to "Urologic or pelvic pain symptoms that are much worse than usual." These may vary widely in presentation e.g. from mild to severe in intensity, from minutes to months induration and frequency may vary from less than once per year to multiple times per day [1]. Women especially elderly ones are prone to get these and presence of non-urological pain disorders and worse non-flare symptoms are other risk factors[2]. Apart from this following are the common "Triggers" which could be responsible for these flares [1].

• **Diet-** 95% BPS patients with flares will show some association with certain foods high in acid, caffeine and/or alcohol.

- Vitamins & Supplements Multivitamins containing Vitamins C and B6.
- **Driving** pain and discomfort with jerks and long distances has been seen in around 50% of these patients.
- Stress & Anxiety High periods of physical or emotional stress and change in weather could be responsible in around 25.5% patients.
- Sex & Intimacy Flares are seen in men at the moment of orgasm, while in women often 24-48 hours after intercourse (39.2%)
- Exercise Exercise that jars or puts pressure on the pelvic floor (i.e. riding a bicycle or motorcycle, spinning, running or stairs) and even wearing shoes/boots with high heels can induce flare in around28.6% of patients.
- **Hormones** short term flares can be seen during ovulation (21.4%), high progesterone levels (28.6%)/ high estrogen levels on one side and also in post-



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menopausal ladies on other side indicates different pathophysiology involved.

- Chemical Exposure- Inhalation of certain products e.g. active and passive smoking, vaping, scented candles, room fresheners, wearing perfume or being near someone wearing perfume, cleansers, paints, solvents and pest control products; or exposure to irritants e.g. scented laundry detergent, fabric softeners and/or dryer sheets, hair coloring or dying products and even use of a new toothpaste have shown association with flare.
- Urinary Tract Infections (58.8%)evidences indicate contributions of the
 microbiome both bacterial (Burkholderiacenocepaciain men/ Lactobacillus gasseri
 in women) and fungal (Candida/
 Saccharomyces spp in women)[3].

Assessment

Brief Flare Risk Factor Questionnaire has been especially designed to assess and follow-up these flares [4]. Apart from this "Empirical induction period (the length of time it takes for an exposure to trigger a flare)" and Diurnal timing of flares should also be noticed.

Prevention Strategies

Flare triggers are specific to certain patients and, therefore, that adoption of global flare prevention strategies would be too restrictive for many patients. Therefore strategies addressing individual needs should be followed. Few Self-management Strategies adopted by patients are drinking additional water or fluid, stopping and resting; placing a cold pack, heating pad, or hot water bottle on abdomen/pelvis, or taking a sitz bath and going back to a "strict diet". Certain Neutralisers like "Calcium glycerophosphate" (FDA approved) and Sodium basedUrine Alkalisers may be of special help. Changing the dose or started a new prescription medication with or without approval from their healthcare provider is also prevalent in these individuals seeking symptomatic relief for their acute flare symptoms [3].

Conclusions

Future research should focus on approaches to preventing flares (e.g. by trigger identification and therapy); to reducing their frequency, severity, and/or duration and to reducing flare-related anxiety (e.g. by on-hand medications, same-day medical appointments, mindfulness meditation/stress reduction). Patients' quality of life might also be improved by engaging them socially and therefore formulation of social groups should be promoted.

References

- 1. Lai HH, Vetter J, Song J et al. Management of Symptom Flares and Patient-reported Flare Triggers in Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS)-Findings From One Site of the MAPP Research Network. Urology. 2019 Apr;126:24-33. doi: 10.1016/j.urology.2019.01.012. Epub 2019 Jan 22. PMID: 30682464; PMCID: PMC6874838.
- 2. Sutcliffe S, Gallop R, Henry Lai HH et al. A longitudinal analysis of urological chronic pelvic pain syndrome flares in the Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network. BJU Int. 2019 Sep;124(3):522-531. doi: 10.1111/bju.14783. Epub 2019 May 29. PMID: 31012513; PMCID: PMC6706296.
- 3. Clemens JQ, Mullins C, Ackerman AL et al.MAPP Research Network Study Group. Urologic chronic pelvic pain syndrome: insights from the MAPP Research Network. Nat Rev Urol. 2019 Mar;16(3):187-200. doi: 10.1038/s41585-018-0135-5. PMID: 30560936; PMCID: PMC6800057.
- 4. Sutcliffe S et al. Urological CPP syndrome symptom flares: characterisation of the full range of flares at two sites in the Multidisciplinary Approach to the



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GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY

For Bladder Pain Warriors

3"GIBS
International IC/BPS
PATIENT DAY
(HYBRID)

It's Time to Talk About IC/BPS!



Compassion and Care for Bladder Flare

An Initiative by
Swati Spentose
4PM to 5PM | 05 March, 2023

Patients, Speak

Patients open their heart out to tell their journey of this miserable disease Talk by experts.

Program Schedule

3PM-4PM	Informal consultation		
4PM-5PM	Trouble shooting with experts		
Followed By Hi-tea			

THE OFFLINE CENTRES ARE

Indraprastha Apollo Hospital

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Please Note: Patients who are interested in joining offline can connect with the respective contact details and share their names by 2nd march 2023.

For Online Participation

Register Now on the below link https://us06web.zoom.us/webinar/register/WN_mS6IN4mET1SMdhubZJ6KMA

Kindly send us your query in advance : \implies info@gibsociety.com \implies +91 80972 53466 \oslash +91 87795 15840

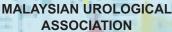
















Invites you to the LIVE WEBINAR





Malaysian Urological Association [MUA] GIBS - MUA

In association with

THEME

Understanding Bladder Pain Syndrome To Provide Effective Treatment

03:00PM-5:30PM MYT// 12:30PM-03:00PM IST

SCIENTIFIC PROGRAM

	Timings Topics	Speakers	Chairpersons	
03:00PM - 03:05PM	Library all Publica Constraints	Dr Siti Nur Masyithah Ma'arof (Malaysian Perspective)	Dr. Amit Agrawal Dr Rohana Zainal Dr Noor Ashani Md Yusoff	
03:05PM - 03:10PM	Introduction and Problem Overview	Dr Rajesh Taneja (Global Perspective)		
03:10PM - 03:20PM	Current Scenario of IC/BPS Management in Malaysia	Dr Ng Poh Yin		
03:20PM - 03:30PM	Pathophysiology of IC/BPS			
03:30PM - 03:45PM	Clinical Approach to IC/BPS	Dr. Vikky Ajwani		
03:45PM - 03:55PM	Discussion			
03:55PM - 04:10PM	Role of Botox & Sacral Neuromodulation for IC/BPS	Dr Warren Lo Hwa Loon	Dr. Tanvir	
04:10PM - 04:25PM	Treatment Options in Patients with IC/BPS	Dr. Amita Jain	Dr Siti Nur Masyithah Ma'arof	
04:25PM - 04:35PM	Discussion		Dr Ngoo Kay Seong	
04:35PM - 05:15PM	Case based Panel Discussion	Moderator : Dr Sanjay Pandey Panelist : Dr. Amit Shah Dr. Meera Ragavan Dr. Ng Poh Yin Dr. Poongkodi Nagappan Dr. Warren Lo Hwa Loon	Dr. A. Tamilselvi Dr Ch'ng Ling Sing Dr Suzliza Shukor	
05:15PM - 05:25PM	How Do We Move Forward In Improving Care For Patients Dr Rajesh Taneja			
05:25PM - 05:30PM	Closing Remarks	Dr Warren Lo Hwa Loon		

Registeration Link for Delegate

https://us06web.zoom.us/webinar/register/WN_XhJY8M1uQ_68anObolkV8w

For More Information

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