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IC/BPS No Longer Considered A Bladder Disease

New AUA Guidelines Release Identify 3 Distinct Patient Groups

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(Santa Rosa, CA) In a move that has taken many clinicians and patients by surprise, the American Urological Association no longer considers interstitial cystitis (aka bladder pain syndrome) a bladder disease. Updated guidelines released in May of 2022 suggest that IC is a pelvic pain syndrome and that patients fall within three distinct patient groups: (1) bladder wall driven, (2) pelvic floor muscle dysfunction and (3) chronic overlapping pain conditions.

"Bladder wall driven is the most logical subtype. These patients can have Hunner's lesion, genitourinary syndrome of menopause, chemocystitis or perhaps chronic UTI" offered Jill Osborne, Founder of the IC Network. *"Their treatments will focus on the bladder wall."*

The AUA recommends that patients with pelvic floor hypertonicity work with a physical therapist to resolve trigger points, ease tension and restore normal muscle tone.

Chronic overlapping pain conditions (IC, IBS, vulvodynia, fibromyalgia, TMJ, migraines etc.) appear to be driven by an underlying central nervous system dysfunction. "*Their therapies must focus on calming the nervous system and reducing 'fight or flight' which exacerbates pain and increases muscle tension'"* offered Ms. Osborne. Mind-Body medicine techniques have become an essential tool for reducing the high levels of anxiety and catastrophic thinking found in this subtype.

In years past, a diagnosis of IC/BPS was often confirmed by the presence of petechial hemorrhages (aka glomerulations) on the bladder wall. The new guidelines have removed this requirement, stating that these are not unique to IC/BPS and have been seen in other disorders and some normal bladders.

The AUA acknowledges that no single therapy works over time for the majority of

patients. Treatments should be tailored to the patient depending upon their subtype and for the management of symptoms.

If a patient is not responding to multiple treatments and/or bladder therapies are not effective, the diagnosis of IC/BPS should be reconsidered. Is another condition present that could be producing pelvic and/or urinary symptoms, such as: endometriosis, fibroid tumors, coccyx injury, pudendal neuralgia, posterior fornix syndrome or pelvic congestion syndrome?

"One of the most common causes of severe pain in IC/BPS is untreated Hunner's lesions" offered Ms. Osborne. *"The AUA recommends that lesions be treated immediately with fulguration or steroid injection."* Pain should be assessed at every appointment and treated with multimodal therapy, including: urinary analgesics, NSAID's, narcotics and non-narcotics.

September 1 launches the annual IC Awareness Month campaign. The new guidelines represent a critical step forward in the treatment of IC/BPS in the United States and, with time, more subtypes are likely to be identified. It is essential that both providers and patients learn about these unique patient groups and their related treatments.

Learn more about IC Awareness Month at: www.icawareness.org

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