

Tips for Healthcare Providers on Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS)

Understanding the patient experience, diagnosis and treatment options

Diagnosing Interstitial Cystitis/Bladder Pain Syndrome

If you're meeting with a patient who is struggling with the symptoms of Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS), it is likely they have already seen several healthcare providers (HCPs) about their symptoms, and have been living with these symptoms for a long period of time. In addition to bladder pain and urinary symptoms, they may be experiencing emotional distress. The physical, social, emotional, and quality of life impact of their chronic pain condition can be tremendous. HCPs' ability to compassionately communicate with patients is key to a successful relationship in managing IC/BPS.

Definition

The American Urological Association (AUA) guideline panel used the IC/BPS definition agreed upon by the Society for Urodynamics and Female Urology (SUFU)¹

An unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than six weeks duration, in the absence of infection or other identifiable causes.

Diagnostic approach

The AUA guideline recommends the following steps for diagnosing IC/BPS.¹

1. The basic assessment should include a careful history, physical examination, and laboratory examination to rule in symptoms that characterize IC/BPS and rule out other confusable disorders.
2. Review patient's reported baseline voiding symptoms and bladder pain levels to provide a baseline against which treatment effects can be measured.
3. Cystoscopy and/or urodynamics should be considered as an aid to diagnosis only for complex presentations (e.g., those who do not respond to first or second-line treatments); these tests are not generally necessary for making an initial diagnosis of IC/BPS but may be considered if initial presenting symptoms warrant a more aggressive approach.

For more information on patient presentation and diagnosis click [here](#).

Treatment Options

While there are few clinically effective treatment options, there are several guideline-recommended treatment approaches, including stress management, pain management, patient education, self-care (including dietary

interventions), behavioral modification, as well as oral and intravesical treatments. Patient enrollment in clinical research trials may also be appropriate in the treatment process. Many patients require a multi-modal approach.¹

For more information on treatment options, click [here](#) to download a pdf of the AUA treatment algorithm.

Total Impact of IC/BPS

Some people with IC/BPS face severe difficulties as a result of their symptoms, from losing their jobs or getting divorced to suffering from depression and even considering suicide. By striving to be understanding and attentive, valuing the patient's contributions, and working as a team with the individual, HCPs can find a viable and effective treatment plan.

Patients with IC/BPS frequently report:

- Feeling frustration, isolation, and hopelessness due to persistence of symptoms, struggles to receive a diagnosis and/or failure of multiple treatments
- Feeling blame or guilt, like they did something wrong to cause their pain
- Thinking or having been told by other HCPs that it's "in their head"
- Experiencing negative impacts on social relationships, intimate relationships, and employment

HCPs should be mindful of the emotional and psychological effects of IC/BPS and take the time to listen to patients' descriptions of how IC/BPS affects their lives. By closing this communication gap between patients with IC/BPS and their healthcare teams, patients will feel heard and supported, which may help to speed the process to diagnosis and appropriate treatment.

¹ Hanno PM, Burks DA, Clemens JQ, et al. Diagnosis and treatment of interstitial cystitis/bladder pain syndrome. American Urological Association (AUA) Guideline. American Urological Association. 2014; 1-45.