

International Painful Bladder Foundation

The IPBF is a voluntary non-profit organization for interstitial cystitis/ painful bladder syndrome
www.painful-bladder.org

IPBF E-Newsletter, Issue 25, April 2011

An IPBF update for patient support groups, country contacts, healthcare professionals and friends around the world in the field of interstitial cystitis/painful bladder syndrome (bladder pain syndrome, hypersensitive bladder syndrome, chronic pelvic pain syndrome) and related disorders.

This issue of the IPBF E-Newsletter includes the following topics:

- News from earthquake zones
- AUA Guideline 2011: diagnosis and treatment of IC/BPS
- 26th Annual Congress of the EAU: presentations on IC and related topics
- 4th Pan-African Pain Congress attracted 250 delegates
- NIH raises awareness of IBS
- News from Patient Organisations
- Upcoming Meetings
- Books & Websites
- Research Highlights
- Donations & Sponsoring

NEWS FROM EARTHQUAKE ZONES

We offer our deepest sympathy to all colleagues, friends, patient support groups and patients affected by the devastating earthquake and tsunami in north-eastern Japan and the second earthquake that caused so much destruction in Christchurch, New Zealand.

This month we received a newsletter from the New Zealand Painful Bladder Support Group in which Dot Milne, chair of this group, writes from Christchurch: "It is a relief to know all our local members are intact although a few will probably need to relocate....We have received many messages of support from group members around the country and overseas. Those kind thoughts help us to feel we are not alone and we can cope with that love and support behind us. Thank you to everyone; we are managing and although it will be a long haul, Christchurch is going to resurface as a modern and even more beautiful garden city."

AUA GUIDELINE 2011: DIAGNOSIS AND TREATMENT OF INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME

AVAILABLE ONLINE: <http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines.cfm?sub=ic-bps>

It has taken a year for this final version to materialise, but the AUA Guideline on the diagnosis and treatment of IC/BPS is now available in full online with a webinar planned, and will be published in a summarised version in *Urology*.

The AUA Guideline Panel (*Philip M. Hanno, David Allen Burks, J. Quentin Clemens, Roger R. Dmochowski, Deborah Erickson, Mary Pat FitzGerald, John B. Forrest, Barbara Gordon, Mikel Gray, Robert Dale Mayer, Diane Newman, Leroy Nyberg Jr., Christopher K. Payne, Ursula Wessellmann, Martha M. Faraday*) used the IC/BPS definition agreed upon by the Society for Urodynamics and Female Urology (SUFU):

"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.” (Hanno P and Dmochowski R: *Status of international consensus on interstitial cystitis/bladder pain syndrome/painful bladder syndrome: 2008 snapshot. Neurourology and Urodynamics 2009; 28: 274.*)

The panel advises that definitions used in research or clinical trials should be avoided in clinical practice: “many patients may be misdiagnosed or have delays in diagnosis and treatment if these criteria are employed” (Hanno PM, Landis JR, Matthews-Cook Y et al: *The diagnosis of interstitial cystitis revisited: lessons learned from the National Institutes of Health Interstitial Cystitis Database study. J Urol 1999; 161: 553.*)

The panel notes that it is not known whether IC/BPS is a primary bladder disorder or whether the bladder symptoms of IC/BPS are secondary phenomena resulting from another cause. Specifically, according to the panel, IC/BPS may be a bladder disorder that is part of a more generalized systemic disorder, at least in a subset of patients.

Each and every guideline that appears around the world underlines the fact that few concrete facts and little scientific evidence are as yet available and that every patient needs an individual approach. According to the AUA Guideline panel, the limitations encountered in the literature include: “poorly-defined patient groups or heterogeneous groups; small sample sizes; lack of placebo controls for many studies, resulting in a likely over-estimation of efficacy; short follow-up durations; and use of a variety of outcome measures”.

The AUA guideline is of course largely geared to the US situation and to US diagnostic concepts and availability of treatments. This means that the AUA Interstitial Cystitis Treatment Algorithm is not going to be usable in all parts of the world, but can indeed be seen as a guide or road map which needs to be adapted to the local situation. While stating that this new Guideline is designed to present a clinical strategy for physicians, the Guideline panel nevertheless notes that the most effective approach for a specific case should be determined by the individual patient and their clinician. It should also be borne in mind that guidelines continually evolve as our knowledge increases, and nothing is carved in stone forever.

26th ANNUAL CONGRESS OF THE EUROPEAN ASSOCIATION OF UROLOGY (EAU), 18-22 MARCH 2011: PRESENTATIONS ON INTERSTITIAL CYSTITIS & RELATED TOPICS ON WEBCAST.

Sunday, 20 March was *the* day at the EAU congress for IC/PBS, chronic pelvic pain and related topics. Fortunately for everyone interested in this field but unable to attend the congress in person, these sessions are available as webcasts, thereby allowing you to play them time and time again. To access the webcasts, either go to the TTMed website (<http://www.ttmed.com/urology/>), EAU 2011 webcast section or to the EAU website <http://www.eauvienna2011.org/> and click on webcasts.

Sub-plenary session 3, chaired by Prof Francisco Cruz, concerned hot topics in painful bladder syndrome with the following speakers and state-of-the-art lectures:

- Talking the same language: Terminology and classification, presented by Dr J.P. van de Merwe, Rotterdam (Netherlands)
- Biomarkers: Where do we stand today?, presented by Y. Igawa, Matsumoto (Japan)
- Immunomodulation, presented by T.L.J. Tammela, Tampere (Finland)
- Botulinum toxin, presented by A. Giannantoni, Perugia (Italy)

ESU Course 13 on Chronic Pelvic Pain Syndromes (CPPS) with special focus on Chronic Prostatitis (CP) and Painful Bladder Syndrome/Interstitial Cystitis (PBS/IC) was chaired by Prof J.J. Wyndaele, Antwerp (Belgium). All presentations are available on webcast. You might also like to look at ESU Course 02: Evaluation and Management of Female Pelvic Floor Disorders.

Poster session 81 on interstitial cystitis, chaired by P. Dinis Oliveira and T. Hánuš, included the following:

Akino et al found that ATP release from bladders is increased in-vivo and suppressed by alpha-1 adrenoceptor blocker in a rat model of bladder outlet obstruction. Charrua and colleagues found that autonomic sympathetic nervous system activity is enhanced during chronic inflammation and believe that this contributes to bladder hyperactivity and pain. Monastyrskaya et al presented on the role of annexins in the urothelial structure and function, showing that annexins are present in the urothelium and detrusor and differentially distributed in the bladder layers. Daly and Grundy presented a paper on the bladder afferent response to stimulation of protease activated receptors (PARs) and suggest that endogenous proteases such as trypsin and thrombin may play a role in the regulation of bladder afferent sensitivity. They believe that understanding the roles protease activated receptors play in bladder sensation may be potentially important in the search for novel treatments of inflammatory bladder disorders. Pinto and colleagues from Portugal discussed the persistence of therapeutic effect after repeated intra-trigonal injections of Onabotulinum toxin A in patients with refractory BPS/IC, concluding that their study suggests that intra-trigonal injection of 100 U of Onabotulinum toxin A is a safe and effective treatment for refractory BPS/IC that is maintained after repeated injections. Del Popolo and colleagues from Italy presented on their investigatory study of the potential use of intravesical instillation of nociceptin/orphanin FQ (N/OFQ) in patients with IC/PBS. Their preliminary results seem to suggest that N/OFQ is able to elicit an inhibitory effect on symptoms in patients, especially pain, with IC/PBS. Fan and colleagues from Taiwan discussed non-bladder conditions in female patients with bladder pain syndrome, concluding that these patients are more likely to have multiple non-bladder conditions and that these conditions correlate with the severity of BPS symptoms. They believe that their findings imply that for some patients their BPS might represent one component of certain systemic disorders. A study on BPS and endometriosis: the prevalence and multidisciplinary approach was presented by Zaitsev and colleagues from Moscow, reporting that their study demonstrated a high prevalence of BPS/IC among patients with endometriosis. In these patients the endometriosis may not be the single cause of the pain symptoms and the bladder may be a predominant pain source. They note that laparoscopic confirmation of endometriosis does not rule out BPS/IC. They suggest that a work-up for CPP should include simultaneous assessment of bladder and an assessment for intraperitoneal pathology. Schwalenberg and colleagues from Germany discussed their work on expression of human chorionic gonadotropin beta in the urothelium of interstitial cystitis patients. Burkhard and colleagues from Switzerland discussed decreased urothelial integrity in chronic bladder pain syndrome and urothelial cell culture might be caused by an up-regulated MIR-199A-5P, concluding that MIR-199a-5p transfected cells do not achieve normal cell tightness in culture. Up-regulation of miR199a-5p in patients with BPS might be detrimental for establishment of tight urothelium barrier during normal cell renewal or recovery from damage, leading to chronic pain. Barcellos and colleagues from Brazil presented a paper on the protective effect of L-glutamine in the bladder wall of irradiated rats, concluding that there was an effect of L-glutamine in protecting the microvasculature of the bladder mucosa in groups RIG 7, RIG 15. The analysis by TEM showed morphological changes in fibroblasts rough endoplasmic reticulum in group without supplementation. There was a protective effect of L-glutamine in supplemented groups.

4TH PAN-AFRICAN PAIN CONGRESS ATTRACTED 250 DELEGATES

The IASP e-Newsletter April 2011 reports that on March 11-13, 2011 more than 250 delegates attended the 4th Pan-African Pain Congress, hosted by the Pain Society of South Africa (PainSA) and the African Association for the Study of Pain (AASP) in Cape Town, South Africa.

This conference attracted delegates from North and sub-Saharan Africa, as well as from Europe and North America. The programme included setting up pain management facilities in under-resourced settings, computational tools and resources for analyzing data, pain and abnormal gait, and managing pediatric pain. According to IASP Developing Countries Working Group Chair Michael Bond, MD, PhD, many presentations and discussions revealed the extensive lack of pain services for Africans, particularly those who live in rural areas, and the enormous shortage of opiate drugs to

treat pain. The vast majority of patients with pain do not receive analgesic medication any stronger than acetaminophen, if they receive anything at all.

Source: *IASP e-Newsletter April 2011*

THE NIH RAISES AWARENESS OF IBS

The National Digestive Diseases Information Clearinghouse (NDDIC) at the National Institutes of Health (NIH) in the USA is raising awareness of irritable bowel syndrome (IBS) during the month of April with the aim of increasing awareness of IBS Among healthcare professionals and the general public. IBS is commonly found among in IC patients and can cause chronic abdominal pain, cramps, bloating, gas, constipation, and diarrhoea. Symptoms can come and go and can vary from mild to severe. IBS can have a major effect on a patient's quality of life. While no cure exists for IBS, symptoms may be controlled through diet, medication, and stress management. The National Digestive Diseases Information Clearinghouse (NDDIC) at the National Institutes of Health has free resources about IBS and related digestive disorders available to the public.

Visit: www.digestive.niddk.nih.gov/ddiseases/a-z.asp to download.

NEWS FROM PATIENT ORGANIZATIONS:

- EURORDIS ANNUAL MEMBERSHIP MEETING 2011, 13/14 MAY, AMSTERDAM

The Annual EURORDIS Membership Meeting 2011 will take place on 13 and 14 May, 2011 in Amsterdam, the Netherlands with the General Assembly being held on 13 May. This year's EURORDIS Membership Meeting organised in collaboration with the Dutch Steering Committee for Orphan Drugs and the Dutch National Alliance VSOP, will focus on National Plans for Rare Diseases. The purpose and objectives of the Annual Membership Meeting are to provide networking opportunities to patients and patient organisations, capacity building in the form of interactive workshops and empowerment to patients and patient organisations as a direct result of the capacity-building sessions. EURORDIS is a non-governmental patient-driven alliance of patient organisations representing more than 434 rare diseases patient organisations in over 43 countries. Venue: Hotel Casa 400 - Eerste Ringdijkstraat 4 - 1097 BC Amsterdam. For more information: Anja Helm, Manager of Relations with Patient Organisations, + (33) 1 56 53 52 17 anja.helm@eurordis.org

IAPO 5th GLOBAL PATIENTS CONGRESS 2012

The International Alliance of Patients' Organizations (IAPO) is pleased to announce that the 5th Global Patients Congress will be hosted in London, UK in spring 2012. According to IAPO, "London provides an excellent hub for our many international colleagues and enables us to draw on the diversity of institutions in the UK, working to involve patients in healthcare at all levels. This will be our most ambitious Congress yet, seeking to address some of the fundamental issues affecting those working with and for patients globally." Further details will be announced shortly. (Website IAPO: www.patientsorganizations.org)

IAPO HIGHLIGHTS THE EFFECT OF COUNTERFEIT MEDICAL PRODUCTS ON PATIENTS' LIVES TO WORLD HEALTH ORGANIZATION (WHO) MEMBER STATES

In January this year, the International Alliance of Patients' Organizations (IAPO) highlighted the negative effects substandard/spurious/falsely-labelled/falsified/counterfeit medical products can have on the lives of patients and on the treatment they receive. The following text is taken from [IAPO's statement](#):

"IAPO has prioritised the issue of counterfeit medical products as one of many patient safety issues that are a real danger to patients. We work closely on these issues with WHO and other stakeholders through the [International Medical Products Anti-Counterfeiting Taskforce \(IMPACT\)](#) and [WHO Patient Safety](#). Counterfeit medical products pose a very real threat to the lives of patients worldwide and are one of many threats to the quality and safety of medicines available to patients. But it is not just

the direct danger of taking a counterfeit that poses a threat to patients but also their potential to erode trust in the healthcare system. If patients do not trust where their medicines are coming from, or that they will be effective, they may fail to take their medicines correctly, if at all, therefore failing to treat their illness or condition”.

NEW CANADIAN IC GROUP IN VANCOUVER

In Vancouver, Canada, five IC patients have set up a new support group, led by Lisa Mighton. This is an informal group known as the Vancouver IC Support Group. It currently meets every 3rd Sunday of the month from 4-6 pm at St. Paul's Hospital, Room 4007, Providence Building, 1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada. Contact email: info.icvancouver@gmail.com

QUEBEC INTERSTITIAL CYSTITIS ASSOCIATION DISSOLVED

At the beginning of this year, Françoise Robert, president of the Quebec interstitial cystitis association, announced that this first French-language association and website for IC patients would regrettably be dissolved at the end of March due to a lack of new people coming forward to run the association. This is indeed a major problem faced by all patient organisations around the world. Many thanks are due to Françoise Robert, Fabienne Savard and colleagues for their hard work in trying to keep this organisation going. Hopefully other patients will come forward in the Quebec region to get this going once again. In the meantime, French-speaking patients can fortunately find information in French on the website of the AFCI: <http://asso.orpha.net/AFCI>, email: ci_france@hotmail.com.

SAD LOSS OF DR DANIEL BROOKHOF, WELL-KNOWN PAIN EXPERT AND IC ADVOCATE IN UNITED STATES

Earlier this month, the ICA reported the sad loss of a great pain consultant and supporter of IC patients, Dr Daniel Brookhoff, MD, PhD, a long-time member of the ICA's medical advisory board. Anyone who ever heard Dr Brookhoff speak will know how much empathy, understanding and compassion he had for IC patients. Over the years, he not only dedicated much of his own pain practice to IC patients, but through his example and his many publications he encouraged other doctors to think about the treatment of pain too. He will be sadly missed in the IC world.

UPCOMING MEETINGS

- 14TH WORLD CONGRESS ON PAIN IN 2012, VENUE CHANGED: MESSAGE FROM IASP

The International Association for the Study of Pain (IASP) has announced that the venue of the 14th World Congress on Pain, originally planned for Yokohama in 2012, has now been changed to Milan. In order to allow Japan sufficient time to recover from the terrible disaster, the IASP decided to change the geographical rotation of the 2012 Congress in Yokohama with the 2016 Congress originally planned for Europe. Due to the extraordinary circumstances and short timeframe, the IASP was fortunate to find an alternative site (Milano Convention Centre) to host the congress in Milan, Italy, August 27-31, 2012. The IASP looks forward to being with its Japanese colleagues in Yokohama in 2016. Further information: www.iasp-pain.org/Milan

- CHRONIC PELVIC PAIN: FEMALE SEXUAL DYSFUNCTION AND VESICO-URETHRAL DYSFUNCTION COURSE IN PORTUGAL

A course will be held on "Chronic Pelvic Pain: Female Sexual Dysfunction and Vesico-Urethral Dysfunction" in the Auditorium of Santo Antonio Hospital, Porto, Portugal on 5th May 2011, with the collaboration of the "Instituto Médico-Legal Norte-Portugal".
For further information, please contact: Dr Mário-João Gomes (majorigo1@gmail.com)

- 11TH INTERNATIONAL SYMPOSIUM ON SJÖGREN'S SYNDROME": 28 SEPTEMBER-1 OCTOBER 2011

The 11th International Symposium on Sjögren's Syndrome will be held in Athens, Greece, 28 September-1 October 2011. This symposium aims to:

- Discuss the most recent scientific contributions in clinical and pathogenetic aspects of the disease
- Educate physicians and basic scientists willing to work with the disease
- To provide a forum for ideas exchange and potential collaboration.

A meeting of collaborating patient organisations in this field (ISN) will also be held during the symposium. Further information about the symposium: <http://www.sjogrensymposium-athens2011.org/>. Information for patient organisations interested in participating in the network: Maggy Pincememin, email: afgs-maggypincemin@orange.fr.

**- INTERNATIONAL PELVIC PAIN SOCIETY (IPPS) ANNUAL SCIENTIFIC MEETING
25-29 MAY 2011, ISTANBUL**

The aim of the International Pelvic Pain Society (IPPS) is to serve as an educational resource for health care professionals, to optimize diagnosis and treatment of patients suffering from chronic pelvic pain, to collate research in chronic pelvic pain and to inform men and women, to serve as a resource of education for treatment options and professional health care members. In 2011, its annual scientific meeting will be held in Istanbul. According to the preliminary scientific programme for 2011 ([click here](#)), Session IV will include a session on interstitial cystitis, neurobiology & treatments, irritable bowel syndrome, neurobiology & treatments and pudendal and other pelvic floor neuralgias, Session V will cover vulvodynia and vestibulitis, Session VI to IX will deal with endometriosis.

- ESSIC ANNUAL MEETING, June 2011

ESSIC will be holding its 2011 Annual Meeting in Moscow, Russia, 2-4 June 2011. Scientific sessions will be open to all registered delegates. Educational courses will be given following the annual meeting. Further information concerning registration is available on the [ESSIC website](#).

- ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY (EULAR): 25-28 MAY 2011, LONDON, UK

EULAR provides a forum of the highest standard for scientific (both clinical and basic), educational and social exchange between professionals involved in rheumatology, liaising with patient organisations, in order to achieve progress in the clinical care of patients with rheumatic diseases. Congress venue: ExCeL London, One Western Gateway, Royal Victoria Dock, London E16 1XL, United Kingdom.

BRIEF CALENDAR OVERVIEW OF SELECTED UPCOMING MEETINGS IN 2011

May

- CHRONIC PELVIC PAIN: FEMALE SEXUAL DYSFUNCTION AND VESICO-URETHRAL DYSFUNCTION COURSE IN PORTUGAL 5 MAY, PORTO, PORTUGAL
- AMERICAN UROLOGICAL ASSOCIATION (AUA) ANNUAL MEETING, 14-19 May, Washington DC, USA
- EURORDIS ANNUAL MEMBERSHIP MEETING, 13 and 14 May, Amsterdam, the Netherlands
- INTERNATIONAL CONFERENCE FOR RARE DISEASES AND ORPHAN DRUGS (ICORD), 21-23 May, Tokyo, Japan
- ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY (EULAR), 25-28 May 2011, London, UK
- INTERNATIONAL PELVIC PAIN SOCIETY (IPPS), 26-29 MAY, 2011, Istanbul, Turkey

June

- ESSIC ANNUAL MEETING, Moscow, Russia, date 2-4 June 2011.

August

- INTERNATIONAL CONTINENCE SOCIETY (ICS) ANNUAL SCIENTIFIC MEETING, 29 August-2 September, Glasgow, Scotland

September

- INTERNATIONAL SYMPOSIUM ON SJÖGREN'S SYNDROME (ISSS), 28 SEPTEMBER - 1 OCTOBER 2011, ATHENS, GREECE

October

- SOCIETE INTERNATIONALE D'UROLOGIE (SIU) annual congress, ICC Berlin 16-20 October

BOOKS AND WEBSITES

PHD THESIS BY DR BENEDIKTE RICHTER FROM DENMARK

The PhD thesis by Dr Benedikte Richter from Denmark on Bladder Pain Syndrome, symptoms, quality of life, treatment intensity, clinical and pathological findings, and their correlations can be found on the ESSIC website at: http://www.essic.eu/pdf/PhD-BR_afhandling-2010.9.20.pdf

THE EU CLINICAL TRIALS REGISTER GOES LIVE - PUBLIC ONLINE REGISTER GIVES ACCESS TO INFORMATION ON CLINICAL TRIALS

<https://www.clinicaltrialsregister.eu>

The EU Clinical Trials Register was recently launched by the European Medicines Agency (EMA). The online register gives for the first time public access to information on interventional clinical trials for medicines authorised in the 27 EU Member States and Iceland, Liechtenstein and Norway. The database also allows the public to search for information on clinical trials authorised to be carried out outside the EU if these trials are part of a paediatric investigation plan.

The information contained in the EU Clinical Trials Register is extracted from EudraCT, the EU clinical trials database. It is provided by the sponsor of the clinical trial, and is a component of its application to a national medicines regulatory authority for authorisation to conduct a trial. The information from the sponsor is loaded into the EudraCT database by the national medicines regulatory authority. The authority adds to this information the authorisation of the clinical trial and the opinion from the relevant ethics committee. Throughout the project the Agency worked together with stakeholders, including patients and healthcare professionals, to ensure that their needs were taken into account, to the extent possible at this stage, when designing the register.

GUIDE TO PAIN MANAGEMENT IN LOW-RESOURCE SETTINGS

Published by the International Association for the Study of Pain, the Guide to Pain Management in Low-Resource Settings is intended to support health care providers in low-resource settings. Chapters were written by a multidisciplinary and multinational team of authors. Practitioners in settings with limited resources will benefit from easy-to-read information about simple and cost-effective approaches that can provide maximum effects in managing pain in their patients. As part of its educational mission, IASP has made the book freely available for educational purposes. A print version is not available, but the book (or individual chapters) may be downloaded and printed to be used or distributed as needed free of charge. [Click here to access the Guide.](#)

RESEARCH HIGHLIGHTS

A REVIEW OF SELECTED RECENT SCIENTIFIC LITERATURE ON INTERSTITIAL CYSTITIS AND RELATED DISORDERS

A continually updated selection of new scientific literature can be found on our website: <http://www.painful-bladder.org/pubmed.html>. Most of these have a direct link to the PubMed abstract if you click on the title. An increasing number of scientific articles "In Press" or "Early View" are being published early online (on the Journal website) as "Epub ahead of print" sometimes long before they are published in the journals. While abstracts are usually available on PubMed, the pre-publication articles can only be read online if you have online access to that specific journal. However, in some cases there may be free access to the full article online.

Terminology: different published articles use different terminology, for example: interstitial cystitis, painful bladder syndrome, bladder pain syndrome, hypersensitive bladder syndrome, chronic pelvic pain syndrome or combinations of these. When reviewing the article, we generally use the terminology used by the authors.

NUMBERS AND TYPES OF NONBLADDER SYNDROMES AS RISK FACTORS FOR INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME.

Warren JW, Wesselmann U, Morozov V, Langenberg PW. *Urology*. 2011 Feb;77(2):313-9. PMID: 21295246

Another most interesting study by Dr J. Warren and his team from Baltimore in which they examined the interaction of types and numbers of antecedent nonbladder syndromes (NBSs) to seek clues to the pathogenesis of interstitial cystitis/painful bladder syndrome (IC/PBS). They note that numerous case series have shown IC/PBS to be associated with several syndromes that do not include bladder symptoms. In a previously reported case-control study, this team confirmed these findings and found that such nonbladder syndromes often preceded the onset of IC/PBS. The Baltimore team found that the odds ratios (ORs) for IC/PBS increased with the increasing number of antecedent NBSs. The types of NBSs were interchangeable in calculating these ORs. The distribution of the types of NBSs was skewed, with allergy overrepresented in those with few NBSs, and the classic functional somatic syndromes of fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome overrepresented in those with many NBSs. This led to two main hypotheses. One was that the incidence of an NBS initiated a process that contributed to the emergence of other NBSs and IC/PBS. The second was that each NBS and IC/PBS was a manifestation of a common, shared pathogenesis. According to the authors, it is likely that a well-designed prospective study will be needed to distinguish between these 2 hypotheses.

This article is followed by an editorial comment by Prof Magnus Fall who describes this as “an ambitious and timely study deserving continuation and additional analysis”. A reply by the authors notes: “It is likely that the pathogenesis of the NBSs and IC/PBS are complicated. As noted in our report, not only IC/PBS but also each of the NBSs might be heterogeneous. The chronologies might differ among the syndromes. Other risk factors will be identified. Some will be causal some will be mediators or modifiers of more important causal risk factors, and some might precipitate 1 syndrome and not another”.

Highly recommended reading.

AUA GUIDELINE FOR THE DIAGNOSIS AND TREATMENT OF INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME.

Hanno PM, Burks DA, Clemens JQ, Dmochowski RR, Erickson D, Fitzgerald MP, Forrest JB, Gordon B, Gray M, Mayer RD, Newman D, Nyberg L Jr, Payne CK, Wesselmann U, Faraday MM. *J Urol*. 2011 Apr 15. [Epub ahead of print]. PMID: 21497847

Full Guideline text available online: <http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines.cfm?sub=ic-bps>

This article provides an abbreviated overview of the AUA Guideline. The purpose of this Guideline was to provide a clinical framework for the diagnosis and treatment of interstitial cystitis/bladder pain syndrome. The evidence-based guideline statements are provided for diagnosis and overall management of interstitial cystitis/bladder pain syndrome as well as for various treatments. The panel identified first through sixth line treatments as well as developed guideline statements on treatments that should not be offered. The authors conclude that interstitial cystitis/bladder pain syndrome is best identified and managed through use of a logical algorithm as is presented in the Guideline. In the treatment algorithm, the panel identifies an overall management strategy for the interstitial cystitis/bladder pain syndrome patient. Diagnosis and treatment methodologies can be expected to change as the evidence base grows in the future.

URODYNAMIC EVALUATION OF PATIENTS WITH INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME.

Hafez H, Salem TA. UroToday Int J. 2011 Apr;4(2):art20. doi:10.3834/uij.1944-5784.2011.04.02

Full text access online [UroToday International Journal](#)

A study from Egypt aimed at determining whether or not patients diagnosed with interstitial cystitis/painful bladder syndrome (IC/PBS) had a specific urodynamic pattern that might aid in diagnosis. The authors note that assessment of pain, pressure, or discomfort felt with bladder filling may be an important aspect of urodynamic testing for patients with IC/PBS. They state that the goals of the diagnostic evaluation are to: (1) determine the source of pain (ie whether or not it is coming from the bladder), and 2) exclude other conditions in the differential diagnosis. The authors ask whether urodynamic investigation affects treatment choices and outcomes. They themselves believe that it does and that without urodynamics we may not be certain of the etiology underlying the patient's symptoms. They report that the "results of this study indicate that patients with bladder pain upon filling had significantly lower median volumes for the main urodynamic outcome measures. The assessment of pain, pressure, or discomfort felt with filling of the bladder may be an important aspect of urodynamic testing for patients with IC/PBS. EMG detected no positive finding in the present study and may not be of value as a standard test for these patients." They conclude that urodynamic investigations appear to aid differential diagnosis of patients and confirm symptom severity, which may influence treatment modalities and add that this objective test may be an important tool in the armamentarium used to diagnose IC/PBS.

TRAITEMENT DE LA CYSTITIE INTERSTITIELLE PAR INSTILLATION INTRAVÉSICALE D'ACIDE HYALURONIQUE: ÉTUDE PROSPECTIVE SUR 31 PATIENTES

[TREATMENT OF INTERSTITIAL CYSTITIS BY INTRAVESICAL INSTILLATION OF HYALURONIC ACID: A PROSPECTIVE STUDY ON 31 PATIENTS.]

Van Agt S, Gobet F, Sibert L, Leroi AM, Grise P. Prog Urol. 2011 Mar;21(3):218-225. PMID: 21354041 [Article in French]

A prospective study from Rouen, France (March 2008 to May 2009) to evaluate the efficacy of instillation of hyaluronate acid for treatment of interstitial cystitis (IC) in 31 female patients (31-81 years, average 60 years). The patients underwent urinalysis, a cystoscopy, a hydrodistension test and bladder biopsies. The urodynamic evaluation was not systematic. Patients received weekly instillations of 40mg (50ml) intravesical hyaluronate acid for six weeks. Van Agt and colleagues report that they obtained 52% positive response (good response and partial response) after 6 weeks of treatment. Patients with abnormal cystoscopy and histology had a response rate of 60%. No serious side effects were observed. The authors concluded that hyaluronate acid is effective and tolerance is good. They note that better selection of patients would improve the response rate. Those with an abnormal cystoscopy and histology show good response. According to the authors, more prospective, randomised, placebo-controlled studies are needed.

CLINICAL AND URODYNAMIC EXPERIENCE WITH INTRAVESICAL HYALURONIC ACID IN PAINFUL BLADDER SYNDROME ASSOCIATED WITH INTERSTITIAL CYSTITIS.

Figueiredo AB, Palma P, Riccetto C, Herrmann V, Dambros M, Capmartin R. Actas Urol Esp. 2011 Mar;35(3):184-187. Epub 2011 Jan 3. PMID: 21397161

Free article, full text available in Spanish only

The aim of this study from Brazil was to verify the safety and effectiveness of treatment with sodium hyaluronate through intravesical instillation in patients with painful bladder syndrome. 18 female patients were treated by means of the weekly infusion of an intravesical solution of 40mg of sodium hyaluronate in sterile solution, over a period of eight weeks. The patients were examined clinically and urodynamically prior to their inclusion in the study and eight months after the instillations had concluded. A statistically significant improvement was seen, tolerance was good and the clinical improvement was associated both with increased bladder capacity and improved bladder sensitivity.

The authors note that more clinical tests are needed in this type of patient to further evaluate the therapeutic potential of this treatment.

THE EFFECT OF ACUTE INCREASE IN URGE TO VOID ON COGNITIVE FUNCTION IN HEALTHY ADULTS.

Lewis MS, Snyder PJ, Pietrzak RH, Darby D, Feldman RA, Maruff P. Neurourol Urodyn. 2011 Jan;30(1):183-7. PMID: 21058363

An interesting study from Australia. In healthy adults, urine retention is associated with increasing bladder pressure that can lead to sensations of pain. This process is divided into 3 stages of sensation: sensation of filling, first urge to void, and strong urge to void. Sensations of the urge to void and pain abate once the bladder has been emptied. However, if voiding is postponed, the symptoms increase and it is suggested here that this is associated with transient deterioration in aspects of cognitive function. [This is certainly familiar territory to IC patients who have repeatedly said that if they need to void they can think of nothing but how to find a toilet.] In this study 8 healthy young adults consumed 250 ml of water every 15 min until they could no longer wait to void. Performance on standardized measures of cognitive function was measured at hourly intervals which were classified as baseline, when individuals reported an increase in the urge to void, a strong increase in the urge to void, an extreme increase in the urge to void and postmicturition. They found that sensations of the urge to void and pain increased with the length of time they suppressed the need to void and with amount of water consumed. Having an extreme urge to void exerted a large negative effect on attention and working memory but this returned to normal after voiding. It did not affect the accuracy of performance but it did affect the speed of being able to make decisions. They concluded that the degree of decline in cognitive function associated with an extreme urge to void was as large and equivalent or greater than the deterioration in cognitive function observed for conditions known to be associated with an increased accident risk.

LONG-TERM EFFICACY AND TOLERABILITY OF PENTOSAN POLYSULPHATE SODIUM IN THE TREATMENT OF BLADDER PAIN SYNDROME.

Al-Zahrani AA, Gajewski JB. Can Urol Assoc J. 2011 Apr;5(2):113-8. PMID: 21470538

The main objective of this retrospective study with 271 patients in 2 groups was to report on the long-term efficacy and tolerability of oral pentosan polysulphate sodium (PPS) in patients with bladder pain syndrome (BPS). The secondary objective was to find the predictors of the long-term outcome. 147 patients reported over 50% improvement using the global response assessment scale (GRA). 93 patients decided to stop taking the medication for various reasons. The most common reasons to stop the medication were poor outcome (16.6% of patients) and side effects (11.1% of patients). The authors concluded that pentosan polysulphate sodium is an effective oral therapy to control the symptoms of BPS with good long-term efficacy and tolerability.

INFLUENCE OF SMOKING, COFFEE, AND TEA CONSUMPTION ON BLADDER PAIN SYNDROME IN FEMALE TWINS.

Tettamanti G, Nyman-Iliadou A, Pedersen NL, Bellocco R, Milsom I, Altman D. Urology. 2011 Mar 23. [Epub ahead of print]. PMID: 21439616

This Swedish study assessed the influence of smoking, coffee and tea consumption on the risk for bladder pain syndrome (BPS) using the O'Leary Interstitial Cystitis Symptom Index (ICSI). In 2005, all twins born between 1959 and 1985 in Sweden were invited to participate in a web-based survey to screen for complex diseases, including BPS. Analyses were limited to female twins with information regarding bladder pain symptoms. The authors concluded that tea and smoking are environmental risk factors for BPS, which are amenable to intervention. The effects of smoking on the risk for BPS may, however, be confounded by familial factors.

EFFECT OF CAFFEINE ON BLADDER FUNCTION IN PATIENTS WITH OVERACTIVE BLADDER SYMPTOMS.

Lohsiriwat S, Hirunsai M, Chaiyaprasithi B. Urol Ann. 2011 Jan;3(1):14-8. PMID: 21346827

[Free article](#)

The purpose of this study from Thailand was to evaluate the effect of caffeine at the dose of 4.5 mg/kg on bladder function in overactive bladder (OAB) adults (9 women + 3 men).

Each subject drank 8 ml/kg of water with and without caffeine at two separate sessions. Cystometry and uroflowmetry were performed 30 minutes after each drink. The effects of caffeine on urodynamic parameters were compared. The authors concluded that caffeine at 4.5 mg/kg caused diuresis and decreased the threshold of sensation at filling phase, with an increase in flow rate and voided volume. So, caffeine can promote early urgency and frequency of urination. Individuals with lower urinary tract symptoms should avoid or be cautious in consuming caffeine containing foodstuffs.

INTERSTITIAL CYSTITIS IS ASSOCIATED WITH VULVODYNIA AND SEXUAL DYSFUNCTION-A CASE-CONTROL STUDY.

Gardella B, Porru D, Nappi RE, Daccò MD, Chiesa A, Spinillo A. J Sex Med. 2011 Apr 7. doi: 10.1111/j.1743-6109.2011.02251.x. [Epub ahead of print]. PMID: 21477020

The purpose of this study from Italy was to conduct a case-control study for evaluating vulvodynia and sexual dysfunction in women with interstitial cystitis in 47 women with a new diagnosis. The authors found an increased prevalence of vulvodynia among women with recently diagnosed IC and that both conditions seem to have profound consequences on women's sexual function. A potential role for sex hormone-dependent mechanisms into the comorbidity of vulvar and bladder pain is proposed, but further research is needed.

[DIAGNOSIS AND TREATMENT OF INTERSTITIAL CYSTITIS.]

Meyer D, Gregorin J, Schmid HP. Praxis (Bern 1994). 2011 Feb 16;100(4):221-227. PMID: 21328236. [Article in German]

Useful article in German on the diagnosis and treatment of IC. The authors believe IC to be underdiagnosed and that the reason for this is the widespread use of strict exclusion criteria. They suggest that the disease can already be suspected by a careful medical history and physical examination at an early stage and then be treated with promising multimodal therapeutic approaches. In addition to a symptomatic oral therapy, local instillations with constituents of the protective glycosaminoglycan-layer are the most common and beneficial therapeutic approach.

INTERSTITIAL CYSTITIS.

Banerjee S. J Pain Palliat Care Pharmacother. 2011;25(1):72-5. PMID: 21426224

Questions from patients about analgesic pharmacotherapy and responses from authors are presented to help educate patients and make them more effective self-advocates. The topic addressed in this issue is interstitial cystitis and a discussion on pathology, genetics, course of disease, symptoms, and treatments.

A NEW EXPERIMENTAL MODEL FOR INDUCING INTERSTITIAL CYSTITIS BY OXIDATIVE STRESS USING BLADDER INSTILLATION OF A NITRIC OXIDE DONOR GEL.

Palma TF, Seabra A, Souto SC, Maciel L, Alvarenga M, Siniscalchi R, Ganzarolli M, Ricetto C. Actas Urol Esp. 2011 Mar 25. [Epub ahead of print][Article in Spanish]

Free full text: [Spanish](#)

The purpose of this study with rats was to develop a new experimental model for inducing interstitial cystitis (IC) through instillation into the bladder of a polymeric solution containing the NO donor S-nitroglutathione (GSNO) and to compare it to the experimental interstitial cystitis induced by instillation of protamine and potassium chloride. The authors found that the inflammatory response to bladder instillation of an aqueous solution of S-nitroglutathione was very similar to that induced by bladder instillation of protamine and KCl. They suggest that instillation of an aqueous solution of GSNO can be considered a new model for experimental induction of interstitial cystitis.

QUANTITATIVE PROTEOMICS IDENTIFIES A {BETA}-CATENIN NETWORK AS AN ELEMENT OF THE SIGNALING RESPONSE TO FRIZZLED-8 PROTEIN-RELATED ANTIPROLIFERATIVE FACTOR.

Yang W, Chung YG, Kim Y, Kim TK, Keay SK, Zhang CO, Ji M, Hwang D, Kim KP, Steen H, Freeman MR, Kim J. *Mol Cell Proteomics*. 2011 Mar 21. [Epub ahead of print]. PMID: 21422242

[Free full article, click on title to access.](#)

This quantitative proteomics study describes the first provisional APF-regulated protein network, within which β -catenin is a key node, and provides new insight that targeting the β -catenin signalling pathway may be a rational approach toward treating IC.

PROOF OF CONCEPT TRIAL OF TANEZUMAB FOR THE TREATMENT OF SYMPTOMS ASSOCIATED WITH INTERSTITIAL CYSTITIS.

Evans RJ, Moldwin RM, Cossons N, Darekar A, Mills IW, Scholfield D. *J Urol*. 2011 May;185(5):1716-21. [Epub ahead of print] PMID: 21420111

This randomized, double-blind, placebo controlled phase 2 study investigated tanezumab, a humanized monoclonal antibody that specifically inhibits nerve growth factor as a treatment for interstitial cystitis pain [NB trials into this drug were recently suspended]. 34 patients with interstitial cystitis received a single intravenous dose of 200 μ g/kg tanezumab and 30 received placebo. The most common adverse events were headache and paresthesia. The authors concluded from their study that tanezumab showed preliminary efficacy in the treatment of pain associated with interstitial cystitis.

NATIVE ANTIGEN FRACTIONATION PROTEIN MICROARRAYS FOR BIOMARKER DISCOVERY.

Caiazza RJ Jr, O'Rourke DJ, Barder TJ, Nelson BP, Liu BC. *Methods Mol Biol*. 2011;723:129-48. PMID: 21370063

In this protocol, the authors used the T24 human bladder cancer cell line as a source of native antigens to construct fractionated lysate microarrays. These microarrays were used to compare the autoantibody responses of individuals with interstitial cystitis/painful bladder syndrome (IC/PBS) to those of normal female controls. This protocol presents a detailed description of the creation and use of native antigen fractionated lysate microarrays for autoantibody profiling.

TREATMENT CHOICE, DURATION, AND COST IN PATIENTS WITH INTERSTITIAL CYSTITIS AND PAINFUL BLADDER SYNDROME.

Anger JT, Zabihi N, Clemens JQ, Payne CK, Saigal CS, Rodriguez LV. *Int Urogynecol J Pelvic Floor Dysfunct*. 2011 Apr;22(4):395-400. Epub 2010 Sep 2. PMID: 20811877

[Free full article](#)

In order to better understand provider treatment patterns for interstitial cystitis /painful bladder syndrome, the authors sought to document the treatments used in the US and their associated expenditures using a national dataset. It was found that the majority of IC expenditure was attributable to oral medical therapy. Hydrodistension and intravesical instillations were utilized in less than 25% of patients. Hydrodistension was used more frequently among subjects with a new diagnosis; according to the authors, this may reflect its utilization as part of a diagnostic algorithm.

ELEVATION OF SERUM C-REACTIVE PROTEIN IN PATIENTS WITH OAB AND IC/BPS IMPLIES CHRONIC INFLAMMATION IN THE URINARY BLADDER.

Chung SD, Liu HT, Lin H, Kuo HC. *Neurourol Urodyn*. 2011 Mar;30(3):417-20. PMID: 21284020

In this study from Taiwan, the authors endeavoured to elucidate the association between C-reactive protein (CRP) and OAB or IC/BPS. The background to this is that chronic inflammation has been implicated in the development of overactive bladder (OAB) and interstitial cystitis/bladder pain syndrome (IC/BPS) and an elevation of C-reactive protein (CRP) has been associated with chronic inflammation and lower urinary tract symptoms. The authors concluded that their data support the association between chronic inflammation of the urinary bladder in patients with OAB or IC/BPS.

CAVEOLIN-1 MAY PARTICIPATE IN THE PATHOGENESIS OF BLADDER PAIN SYNDROME/ INTERSTITIAL CYSTITIS.

Lin XC, Zhang QH, Zhou P, Zhou ZS, Lu GS. Urol Int. 2011;86(3):334-9. PMID: 21335944

The aim of this study from Chongqing in China was to determine whether caveolin-1 expression is associated with bladder pain syndrome/interstitial cystitis (BPS/IC) and to better understand the pathogenesis of BPS/IC, in a study population composed of 19 women with BPS/IC and 7 healthy women as controls. The authors concluded that the results of their study demonstrate that there is a relationship between the raised levels of caveolin-1 expression and BPS/IC. They believe that this preliminary study may provide a basis for further investigation of the role of caveolin-1 in the pathogenesis of BPS/IC.

NORMALIZATION OF PROLIFERATION AND TIGHT JUNCTION FORMATION IN BLADDER EPITHELIAL CELLS FROM PATIENTS WITH INTERSTITIAL CYSTITIS/PAINFUL DERIVATIVES OF BLADDER SYNDROME BY D-PROLINE AND D-PIPECOLIC ACID ANTIPROLIFERATIVE FACTOR.

Key S, Kaczmarek P, Zhang CO, Koch K, Szekely Z, Barchi JJ Jr, Michejda C. Chem Biol Drug Des. 2011 Feb 26. doi: 10.1111/j.1747-0285.2011.01108.x. [Epub ahead of print]. PMID: 21352500

Key and colleagues previously reported that IC/PBS bladder epithelial cells make a glycopeptide antiproliferative factor or "APF" (Neu5Ac α 2-3Gal β 1-3GalNAc α -O-TVPAVVVA) that induces abnormalities in normal cells similar to those in IC/PBS cells in vitro, including decreased proliferation, decreased tight junction formation, and increased paracellular permeability. The authors screened inactive APF derivatives for their ability to block antiproliferative activity of asialylated-APF ("as-APF") in normal bladder cells, and determined the ability of as-APF-blocking derivatives to normalize tight junction protein expression, paracellular permeability, and/or proliferation of IC/PBS cells. Only two of these derivatives blocked as-APF antiproliferative activity in normal cells. Both of these antagonists also significantly increased mRNA expression of ZO-1, occludin, and claudins 1, 4, 8, and 12 in IC/PBS cells by qRT-PCR; normalized IC/PBS epithelial cell tight junction protein expression and tight junction formation by confocal immunofluorescence microscopy; and decreased paracellular permeability of (14) C-mannitol and (3) H-inulin between confluent IC/PBS epithelial cells on Transwell plates, suggesting that these potent APF antagonists may be useful for development as IC/PBS therapies.

BLADDER PAIN SYNDROME TREATED WITH TRIPLE THERAPY WITH GABAPENTIN, AMITRIPTYLINE, AND A NONSTEROIDAL ANTI-INFLAMMATORY DRUG.

Lee JW, Han DY, Jeong HJ. Int Neurourol J. 2010 Dec;14(4):256-60. Epub 2010 Dec 31. PMID: 21253338

Free full text

In this paper from Korea, the authors assessed the effect of triple therapy using gabapentin, amitriptyline, and nonsteroidal anti-inflammatory drugs in women with bladder pain syndrome between May 2007 and May 2010, in a prospective nonrandomized study on 74 patients with bladder pain syndrome (11 men and 27 women). They found that triple therapy was sufficiently effective in patients with bladder pain syndrome and caused no significant adverse effects. However, they feel that large-scale studies should be performed to verify their findings.

EARLY TERMINATION OF A TRIAL OF MYCOPHENOLATE MOFETIL FOR TREATMENT OF INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME: LESSONS LEARNED.

Yang CC, Burks DA, Probert KJ, Mayer RD, Peters KM, Nickel JC, Payne CK, Fitzgerald MP, Hanno PM, Chai TC, Kreder KJ, Lukacz ES, Foster HE, Cen L, Landis JR, Kusek JW, Nyberg LM; Interstitial Cystitis Collaborative Research Network. J Urol. 2011 Mar;185(3):901-6. PMID: 21238993

This study evaluated the efficacy and tolerability of mycophenolate mofetil in patients with treatment refractory interstitial cystitis/painful bladder syndrome in a total of 210 patients with interstitial cystitis/painful bladder syndrome, to be randomized into a multicentre, placebo controlled trial using a 2:1 randomization. However, only 58 subjects were randomized before a black

box warning regarding mycophenolate mofetil safety was issued by the manufacturer in October 2007. The trial was prematurely halted, and interim analysis was performed and presented to an independent data and safety monitoring board. The authors found that mycophenolate mofetil showed efficacy similar to that of placebo to treat symptoms of refractory interstitial cystitis/painful bladder syndrome. The results of this limited study cannot be used to confirm or refute the hypothesis that immunosuppressive therapy may be beneficial to at least a subgroup of patients with interstitial cystitis/painful bladder syndrome.

STATE OF THE ART IN INTRAVESICAL THERAPY FOR LOWER URINARY TRACT SYMPTOMS.

Kaufman J, Tyagi V, Anthony M, Chancellor MB, Tyagi P. Rev Urol. 2010 Fall;12(4):e181-9. PMID: 21234261

[Free full article online](#)

Intravesical therapy has shown considerable promise in the treatment of interstitial cystitis/painful bladder syndrome (IC/PBS) and potentially overactive bladder to justify investments for further improvements. This review takes a bird's eye view of the current status of intravesical therapy, with emphasis on liposomal nanoparticles, in diseases associated with lower urinary tract symptoms (LUTS).

CHARACTERIZATION OF UPPER LAMINA PROPRIA INTERSTITIAL CELLS IN BLADDERS FROM PATIENTS WITH NEUROGENIC DETRUSOR OVERACTIVITY AND BLADDER PAIN SYNDROME.

Gevaert T, De Vos R, Everaerts W, Libbrecht L, Van Der Aa F, van den Oord J, Roskams T, De Ridder D. J Cell Mol Med. 2011 Jan 20. doi: 10.1111/j.1582-4934.2011.01262.x. [Epub ahead of print] PMID: 21251216

The aim of this study from Belgium was to add new data to the morphological and immunohistochemical phenotype of these cells and to find out whether this phenotype is changed in bladders from patients with neurogenic detrusor overactivity (NDO) and bladder pain syndrome (BPS). The upper lamina propria (ULP) area in the human bladder contains a population of ICLC with distinct ultrastructural morphology and immunohistochemical phenotype. Their unique alpha-sma+/desmin-/CD34- phenotype allows to study this population in various bladder disorders. In bladders from patients with BPS and NDO, the authors observed these ULP interstitial Cajal-like cells (ICLC) to shift towards a fibroblast-phenotype.

YOGA FOR PERSISTENT PAIN: NEW FINDINGS AND DIRECTIONS FOR AN ANCIENT PRACTICE

Anava A. Wren a, Melissa A. Wright a, James W. Carson b, Francis J. Keefe Pain. 2011 Mar;152(3):477-80. PMID: 21247696

Yoga for managing persistent pain is an ancient practice. Today many patients with chronic pain try yoga as a therapy. The purpose of this review was to highlight recent studies that shed light on the potential role that yoga can play in pain management for a range of conditions that can be chronically painful. The review is divided into 3 sections: a description of the basic components of yoga-based protocols for pain; a review of 9 of the 13 randomized studies located that test the efficacy of yoga for persistent pain; and a discussion of key clinical issues and future directions for yoga-based pain research and practice. According to the authors, future studies are needed to compare yoga protocols with active treatment control conditions (e.g., aerobic exercise, cognitive and behavioural therapy). In addition, research needs to examine the optimal dose of yoga treatment required to achieve improvements in pain and pain-related outcomes. Finally, long-term follow-up assessments are needed to assess the maintenance of treatment improvements. The authors concluded that a small but growing body of randomized clinical trials suggests that yoga may have promise for persistent pain conditions and clinicians should be aware that yoga could be used as a tool to help patients better address the biological, social, and psychological aspects of persistent pain.

USE OF THE SHORT-FORM MCGILL PAIN QUESTIONNAIRE AS A DIAGNOSTIC TOOL IN WOMEN WITH CHRONIC PELVIC PAIN.

Droz J, Howard FM. J Minim Invasive Gynecol. 2011 Mar-Apr;18(2):211-7. PMID: 21354067

The purpose of this study was to estimate the usefulness of the Short-Form McGill Pain Questionnaire (MPQ) pain descriptors in the diagnostic evaluation of chronic pelvic pain.

The most common diagnoses were endometriosis, interstitial cystitis and painful bladder syndrome, and irritable bowel syndrome. Seventy-one percent of the patients had more than one diagnosis. Several of the MPQ descriptors had high negative predictive values but not high positive predictive values, which suggests that they have diagnostic usefulness in excluding but not predicting pelvic pain-related diagnoses. This was especially the case with cramping as an MPQ descriptor in women with endometriosis. However, overall the MPQ descriptors were not robust as diagnostic tools, suggesting that inclusion of the MPQ descriptors in the evaluation of women with chronic pelvic pain is of limited diagnostic value.

SECONDARY CHANGES IN BOWEL FUNCTION AFTER SUCCESSFUL TREATMENT OF VOIDING SYMPTOMS WITH NEUROMODULATION.

Killinger KA, Kangas JR, Wolfert C, Boura JA, Peters KM. Neurourol Urodyn. 2011 Jan;30(1):133-7. PMID: 20928914

This study evaluated secondary changes in bowel function after successful neuromodulation for voiding symptoms in patients in their prospective neuromodulation database study with comorbid irritable bowel syndrome (IBS), constipation and/or diarrhoea, or faecal incontinence (FI). They conclude that while studies have indicated that neuromodulation improves FI in carefully selected patients, the impact on other bowel conditions, including IBS, is unclear. Since voiding and bowel symptoms often coexist, it is crucial to fully evaluate all potential treatment benefits.

PELVIC FLOOR PHYSIOTHERAPY FOR WOMEN WITH UROGENITAL DYSFUNCTION: INDICATIONS AND METHODS.

Rosenbaum TY. Minerva Urologica e Nefrologica. 2011 March;63(1):101-7. PMID: 21336249

Pelvic floor physiotherapy (PFPT) is considered to be a salient component of the conservative management of women with urogenital dysfunction including urinary incontinence and pelvic organ prolapse (POP). PFPT is an important adjunct to the management of female pelvic and sexual pain disorders which are often associated with bothersome bladder symptoms. Physiotherapists utilize a variety of treatment methods which include behavioural therapy, exercise instruction, manual therapy, biofeedback and electrical stimulation. This review article from Israel provides a literature-based update describing and highlighting current indications and methods for pelvic floor physiotherapy intervention.

CENTRAL SENSITIVITY SYNDROMES: MOUNTING PATHOPHYSIOLOGIC EVIDENCE TO LINK FIBROMYALGIA WITH OTHER COMMON CHRONIC PAIN DISORDERS.

Kindler LL, Bennett RM, Jones KD. Pain Manag Nurs. 2011 Mar;12(1):15-24. Epub 2009 Dec 2. PMID: 21349445

The aim of this study was to review data from that might support or dispute pathophysiologic similarities in pain syndromes and was based on literature search using the terms fibromyalgia, temporomandibular joint disorder, irritable bowel syndrome, irritable bladder/interstitial cystitis, headache, chronic low back pain, chronic neck pain, functional syndromes, and somatization. This paper presents a review of relevant articles with a specific goal of identifying pathophysiologic findings related to nociceptive processing. "Central sensitivity syndromes" denotes an emerging nomenclature that could be embraced by researchers investigating each of these disorders and could be useful in promoting cooperation between researchers. The authors conclude that scientists and clinicians could most effectively advance the understanding and treatment of fibromyalgia and other common chronic pain disorders through an appreciation of their shared pathophysiology.

VALIDATION OF NEW SYMPTOM-BASED FIBROMYALGIA CRITERIA FOR IRRITABLE BOWEL SYNDROME CO-MORBIDITY STUDIES.

Sperber AD, Akiva S, Halpern Z, Buskila D. J Neurogastroenterol Motil. 2011 Jan;17(1):67-72. Epub 2011 Jan 26. PMID: 21369494

[Free access to full text](#)

The purpose of this study from Israel was to determine the diagnostic validity of new symptom-based criteria in patients with fibromyalgia syndrome (FMS) and/or irritable bowel syndrome (IBS) using the American College of Rheumatology (ACR) criteria as a gold standard. The new symptom-based diagnostic criteria for the diagnosis of FMS can be used in large-scale clinical and epidemiological co-morbidity studies, in which physical examination is not feasible. The authors suggest that gastroenterologists investigating the effects of co-morbid FMS in IBS patients can use these new criteria with confidence.

THE USE OF OPIOIDS IN FIBROMYALGIA.

Ngian GS, Guymer EK, Littlejohn GO. Int J Rheum Dis. 2011 Feb;14(1):6-11. PMID: 21303476

This study from Australia looked at the use of opioids in fibromyalgia syndrome (FMS), a chronic disorder of widespread pain with a huge impact on quality of life and which continues to be a challenge to treat. The use of opioids is prevalent despite the lack of randomized controlled trials addressing their short- or long-term use in FMS. This article discusses the role of opioids and other analgesics in the management of FMS, with particular focus on problems associated with their use. There is also a review of aspects of the pathophysiology of FMS and a discussion as to how specific factors may contribute to the lack of efficacy of opioids in this condition. Finally, the authors look at drugs with combined opioid and anti-opioid action and their roles in FMS. There is insufficient evidence to recommend the routine use of opioids in FMS. As well as having a significant adverse effect profile, their inefficacy may be due to their inability to target the pathophysiologic processes involved in this central sensitization syndrome. It is also mentioned here that patients with FMS receiving drug treatment frequently report medication side-effects or intolerance. Since opioids can be particularly problematic in patients with FMS, the authors are of the opinion that without concrete evidence of their benefit, and the availability of other medications which act on pathophysiological mechanisms, it is difficult to see a current role for opioids in a long-term FMS management programme.

WHY SHOULD GASTROENTEROLOGISTS KNOW ABOUT FIBROMYALGIA? COMMON PATHOGENESIS AND CLINICAL IMPLICATIONS.

Kim YS. J Neurogastroenterol Motil. 2011 Jan;17(1):1-3. Epub 2011 Jan 26. PMID: 21369484

[Free access editorial](#)

FUNCTIONAL MRI OF THE BRAIN IN WOMEN WITH OVERACTIVE BLADDER: BRAIN ACTIVATION DURING URINARY URGENCY.

Komesu YM, Ketai LH, Mayer AR, Teshiba TM, Rogers RG. Female Pelvic Med Reconstr Surg. 2011;17(1):50-54. PMID: 21399722

The purpose of this study was to identify abnormal function of the limbic cortex (LC) in response to urinary urgency among patients with Overactive Bladder (OAB) using brain functional MRI (fMRI). The authors found that urinary urgency in patients with OAB is associated with increased activation of the LC. This activation may represent abnormal processing of sensory input in brain regions associated with emotional response to discomfort.

DONATIONS AND SPONSORING – THE IPBF NEEDS YOUR FINANCIAL HELP TO CONTINUE ITS INTERNATIONAL PATIENT ADVOCACY AND AWARENESS CAMPAIGN AROUND THE GLOBE.

The voluntary, non-profit IPBF is entirely dependent on sponsoring and donations to be able to continue to carry out its international advocacy, projects and newsletters. In these difficult economic times, it is not easy for us to keep going and ensure continuity.

All donations to our international work, however small, will be most gratefully received. The IPBF has fiscal charity status in the Netherlands. If you are thinking of making a donation, please go to this link for bank details:

http://www.painful-bladder.org/donations_sponsoring.html

We would like to take this opportunity of thanking **Oxyor bv, Bioniche Pharma Group Ltd.** and private donors for their greatly appreciated financial support for our foundation, projects, patient advocacy, website and newsletters.

THE BOARD

INTERNATIONAL PAINFUL BLADDER FOUNDATION (IPBF)

The IPBF is an associate member of the International Alliance of Patients' Organizations (IAPO) www.patientsorganizations.org and the European Organization for Rare Diseases (EURORDIS) www.eurordis.org.

The International Painful Bladder Foundation does not engage in the practice of medicine. It is not a medical authority nor does it claim to have medical knowledge. Information provided in IPBF emails, newsletters, patient information and website is not medical advice. The IPBF recommends patients to consult their own physician before undergoing any course of treatment or medication.

The IPBF endeavours to ensure that all information it provides is correct and accurate, but does not accept any liability for errors or inaccuracies.

If you do not wish to receive this newsletter in future, please notify the International Painful Bladder Foundation: info@painful-bladder.org with "unsubscribe" in the subject bar.