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THE USE OF CYSTISTAT® (HYALURONIC ACID) VS URACYST® (CHONDROITIN) BLADDER INSTILLATIONS IN THE TREATMENT OF INTERSTITIAL CYSTITIS: A PROSPECTIVE AUDIT

Hypothesis / aims of study

Interstitial Cystitis/Painful Bladder Syndrome (IC/PBS) is a chronic condition which can often cause debilitating lower urinary tract symptoms. It currently has no defined aetiology, however defects in the glycosaminoglycan (GAG) layer which line the urothelium have been associated with the condition. Several treatments targeted at replenishing the GAG layer have been produced. The audit aimed to determine whether intravesical hyaluronic acid (Cystistat®) or chondroitin sulphate (Uracyst®) were effective treatments for reducing the symptoms associated with IC/PBS and improve the quality of life of patients with the condition.

Study design, materials and methods

In a prospective audit, 80 patients (age range 21-82yrs) attending a UK Urogynaecology unit with symptoms of IC/PBS received either Cystistat or Uracyst intravesical instillations weekly for 1 month, and then monthly for a further 2 months, according to the manufacturers' instructions. Patient outcomes were assessed before, 1 month into and 3 months into treatment using the Parsons Pelvic Pain and Urgency/Frequency (PUF) Patient Symptom Scale, the O'Leary-Sant validated Interstitial Cystitis Symptom Index and Problem Index (ICSI and ICPI), a standard 3-day voiding diary and the Rand Health SF-12 Quality of Life questionnaire. Comparisons were then made between scores at each time point and cohorts.

Results

Overall 77 patients (96.25%) completed the full 3 months of treatment. 3 patients (3.75%) withdrew, 2 due to worsening of symptoms and 1 failure to attend. Scores from the PUF Patient Symptom Scale were significantly ($p<0.005$) reduced after 3 months of treatment with both treatments. ICSI and ICPI scores and average 24-hour voiding frequency were also significantly reduced in both cohorts ($p<0.05$). SF-12 quality of life scores showed significant increases in those receiving Uracyst ($p<0.01$) whereas the increase was not significant in the Cystistat cohort. No statistically significant difference was seen between the two drugs. In the Cystistat arm, 4 (10.3%) patients were discharged due to resolution of symptoms, and 16 (41%) felt the treatment was helping and requested to continue with treatment, with 13 (38.2%) and 16 (42.1%) in the Uracyst arm respectively.

	Cystistat			Uracyst		
	Baseline	3 Months	P*	Baseline	3 Months	P*
PUF	17.87 ±5.70	14.15 ±7.46	<0.0005	18.68 ±6.78	13.68 ±6.61	<0.0001
ICSI	9.87 ±4.41	8.08 ±4.83	<0.01	9.53 ±4.80	7.00 ±4.87	<0.0001
ICPI	9.74 ±4.12	7.90 ±4.71	<0.005	9.55 ±4.45	6.66 ±4.93	<0.0001
24hr Void	11.05 ±7.15	9.82 ±5.93	<0.01	8.79 ±2.95	7.66 ±3.20	<0.01
SF-12	83.97 ±17.07	87.55±17.52	ns	80.38 ±18.12	87.33 ±19.30	<0.01

Data presented mean ±1SD
*P-values calculated using Paired T-test

Interpretation of results

Both cohorts showed significant improvement in scores of the PUF, ICSI, ICPI and 24 voiding frequency, therefore both drugs seem to be effective in reducing symptoms associated with PBS/IC. Uracyst treatment caused a significant improvement in SF-12 quality of life scoring, whereas the Cystistat did not. There were no statistically significant differences found between the two treatments. Overall more patients felt their symptoms resolved with Uracyst instillations and were more likely to be discharged.

Concluding message

Both Cystistat and Uracyst intravesical instillations were effective in reducing symptoms associated with PBS/IC in the patients included in this audit. Uracyst was more successful in improving quality of life and was perceived to be more successful by patients.

Specify source of funding or grant	**None**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**It was a prospective audit of case notes**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**