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THE EFFICACY OF INTRAVESICAL AGENTS

Hypothesis / aims of study

Hyaluronic acid (Cystistat®) and chondroitin sulphate (Uracyst®) are two intra-vesical agents used in our department to treat interstitial cystitis unresponsive to initial medical management. These treatments are believed to replace the deficient Glycosaminoglycan (GAG) layer of the bladder wall. Our aim was to assess and compare the efficacy of these treatments

Study design, materials and methods

Patients referred for intra-vesical therapy were randomly assigned to Cystistat® or Uracsyt®. After 6 months they were asked about changes in bladder pain, urinary frequency, urgency and nocturia face to face or by telephone interview. Any changes in treatment during this time were noted.

Results

30 patients commenced intra-vesical therapy - 15 with Cystistat®, 15 with Uracyst®.

Six (40 %) patients who commenced Cystistat® discontinued therapy – 2 wanted no further treatment and four changed to Uracyst®.

Twelve (80 %) patients started on Uracyst® changed therapy to Cystistat®.

At the end of the six-month period, 22 patients continued on Cystistat®, 7 on Uracyst® and 2 patients had discontinued therapy completely,

Interpretation of results

Overall 77% of patients had decreased bladder pain, 73 % had decreased urgency, 53% had decreased urinary frequency, 50 % had decreased nocturia.

Five of the seven patients continuing on Uracyst® (16.7% of the total group) were satisfied with their treatment as were 19 (63%) of the patients on Cystiststst®. Six patients (20%) had failed to get any relief from the treatments offered to them.

Concluding message

Intravesical agents improve bladder related symptoms especially pain. There were also significant improvements in frequency and urgency.

It was difficult to evaluate each therapy individually as many patients changed between therapies.

Patients who were started on Uracyst were less likely to report an improvement in symptoms and more likely to require a change in their intravesical agent. As a result Uracyst® is no longer used first-line in our department.

Disclosures

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