CLINICAL EFFICACY OF 1-YEAR DIETARY MANIPULATION ON FEMALE INTERSTITIAL CYSTITIS PATIENTS

Hypothesis / aims of study
We examined clinical efficacy of 1-year dietary manipulation (DM) for female interstitial cystitis (IC) patients followed in our hospital.

Study design, materials and methods
Thirty female IC patients followed in our hospital with relatively stable conditions (disease duration: 1.9-8.5; median 5.2 years, age: 27-88: median 63.0 years old, IC type: Hunner type 15 patients). Cooperation with nutrition control team, we created basic interstitial cystitis diet menu for one month (total daily calories; 1500kcal, protein; 65g, fat; 40g, carbohydrate; 220g, water 1000ml, salt; 7g) and, doctors, nurses and nutritionists relevance had made a detailed interview from the individual patient regarding daily food intake and food related symptoms. In accordance with nutrition amount of the above-mentioned, we provided useful information of meal menu to control IC symptoms and advised to reduce following food as much as possible. We evaluated treatment efficacy after 1-year intervention employing; O'Leary-Sant symptom index and problem index (OSSI, OSPI), urgency visual analogue scale (UVAS, 0: no urgency, 10: severe urgency), bladder or pelvic pain VAS (PVAS, 0: no pain, 10: worst possible pain), and numerical patient reported QOL index (PRQOL, 0: very satisfied, 6: very dissatisfied). Any other IC treatment did not change during DM.

RESULTS
OSSI and OSPI improved from 11.8 to 8.7 (p<0.0001), and 10.8 to 7.7 (p<0.0001), respectively. UVAS relieved statistically significant from 6.4 to 4.6 and PVAS also improved from 6.2 to 4.0 (p<0.0001), respectively. PRQOL index revealed markedly significant improvement from 5.1 to 3.1 (p<0.0001). No statistical significance was observed regarding abovementioned parameters between IC type (Hunner or non-Hunner).

Interpretation of results
Although repeated notes were taken and patients who were followed up for a long term were consulted on the meal, as appropriate, at the time of visit, DM was found to alleviate the symptoms and PRQOL of IC for at least 1 year.

Concluding message
DM as systematic treatment modality for IC should be attempted more aggressively for every IC patient (Hunner or non-Hunner type) because of its non-invasiveness, without alterations to the other IC treatments.

Disclosures
Funding: I receive no funding or grant. Clinical Trial: Yes Public Registry: No RCT: No Subjects: HUMAN Ethics Committee: Institutional Riview Board of Kobe Medical Center Helsinki: Yes Informed Consent: Yes