

## 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; 7gr.) 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 (OSSSI, 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.

REMOVED OR RESTRICTED FOOD; tomatoes, tomato products, soy, tofu product (seasoning is acceptable), spices (pepper, curry powder, mustard, horseradish, etc.), excessive potassium, citrus, those strong acidity (caffeine, carbonate, citric acid), etc.

### Results

OSSSI 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 Review Board of Kobe Medical Center **Helsinki:** Yes **Informed Consent:** Yes