

PHYSICAL AND PSYCHOLOGICAL COMPLEXITY IN PATIENTS WITH INTERSTITIAL CYSTITIS WARRANTS A MULTIDISCIPLINARY APPROACH TO CARE

Hypothesis / aims of study

Interstitial Cystitis (IC) is commonly managed by urologists in isolation. Coexistent physical and psychological conditions may make ideal management more complex and demand skill sets not possessed by general urologists. This study aims to understand the co-morbidities in women with IC allowing determination of optimal care models.

Study design, materials and methods

Five hundred women with pelvic health concerns enrolled in a pilot project, The Women's Pelvic Health Centre (2001-2003), were administered REB approved general health and quality of life questionnaires at intake into the centre. Questionnaires were completed by patients at home and reviewed with the nurse practitioner as part of the first consultation. Of these, 76 women had a diagnosis of IC and their demographics were analyzed to understand their unique care needs.

Results

Median age was 44 years (range 21-78) and 72 were white. Referrals to the centre were from urology (43), general practitioners (25), gynecology (6), or other specialists (2). Twenty-eight women reported their IC had resulted in an inability to work and 11 were on disability because of their IC. Self reported health was poor (14), fair (25), good (29), very good (6), excellent (0) and not stated (2). Other comorbid conditions previously diagnosed included: irritable bowel (28), migraines (21), vulvodynia (14), fibromyalgia (12), endometriosis (7), and chronic fatigue syndrome (2). Self reported symptoms of moderate to severe intensity included: trouble sleeping (49), high stress (44), decreased sex drive (34), dyspareunia (27), constipation (25), anxiety or panic attacks (19), diarrhea (15), and depression (14). Only 28 women had unisystem bladder concerns. Marijuana use was reported previously in 15 and currently in 4. Six women screened positive for alcohol abuse. Sexual abuse was reported as a child (22) and as an adult (25) and physical abuse as a child (18) and as an adult (15). Specialists seen prior to intake were: urology (73), gynecology (52), GI (25), psychiatry (17), and neurology (11). Twenty-three had visited emergency in the past 12 months, 12 related to IC. Thirty-four reported that their IC pain was the most important stress in their life while the rest thought it was just one of several problems.

Interpretation of results

Patients with IC have multiple chronic co-morbidities normally treated by other medical specialties. They may suffer from other significant underlying psychological and substance abuse which are not apparent.

Concluding message

Women with IC are complex with many physical and psychological co-morbidities that urologists alone are not equipped to manage. A multidisciplinary approach, addressing these co-morbidities, is required for optimal care.

FUNDING: NONE

DISCLOSURES: NONE

HUMAN SUBJECTS: This study did not need ethical approval because not required. but followed the Declaration of Helsinki Informed consent was obtained from the patients.